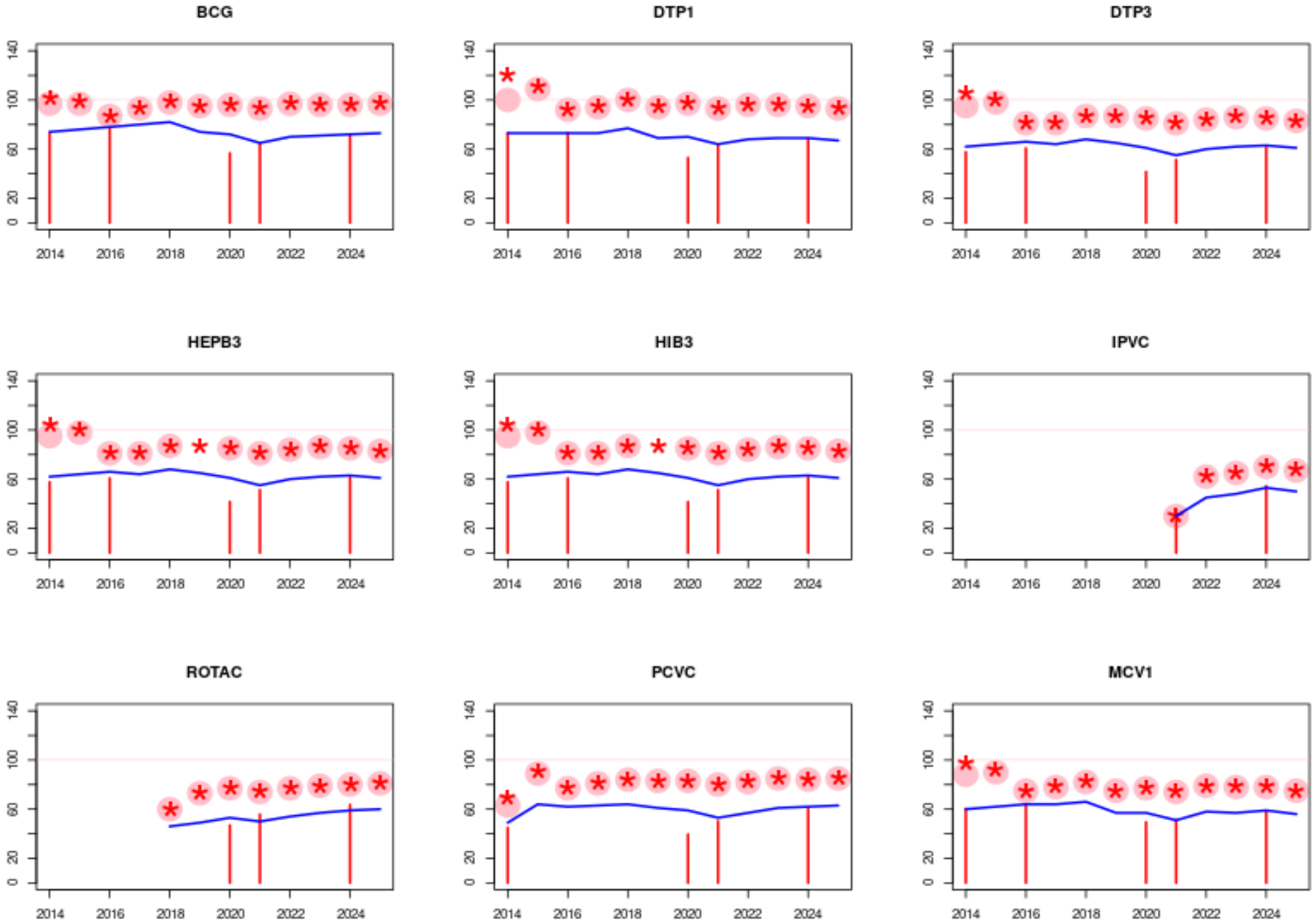

BCG
DTP1
DTP3
HEPB3
HIB3
IPVC
ROTAC
PCVC
MCV1
0
20
60
100
140
2014
2016
2018
2020
2022
2024

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. The estimates refer to immunizations delivered through routine immunization services to children less than 12 months of age, or at the age specified in the recommended immunization schedule, for whom vaccinations are recorded. Immunizations received through supplemental immunization activities, such as polio and measles campaigns, are not included.

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.

**IPV1:** percentage of surviving infants who received the first dose of inactivated polio vaccine.

**IPVC:** percentage of surviving infants who received the final recommended dose of IPV in the primary series, according to the national immunization schedule primary series (e.g., second or third dose).

**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.

**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.

**PCVC:** percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine according to the national immunization schedule (e.g., second or third dose).

**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.

# Afghanistan - BCG


| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | 74 | 76 | 78 | 80 | 82 | 74 | 72 | 65 | 70 | 71 | 72 | 73 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 97 | 97 | 87 | 93 | 98 | 95 | 96 | 93 | 97 | 96 | 96 | 97 |
| Administrative | 101 | 99 | 87 | 93 | 98 | 95 | 96 | 93 | 97 | 96 | 96 | 97 |
| Survey | 74 | - | 78 | - | - | - | 57 | 65 | - | - | 72 | - |

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

## Description:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

2024: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 72 percent based on 1 survey(s). Estimate of 72 percent changed from previous revision value of 68 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 71 percent changed from previous revision value of 68 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 70 percent changed from previous revision value of 69 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 65 percent based on 1 survey(s). Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

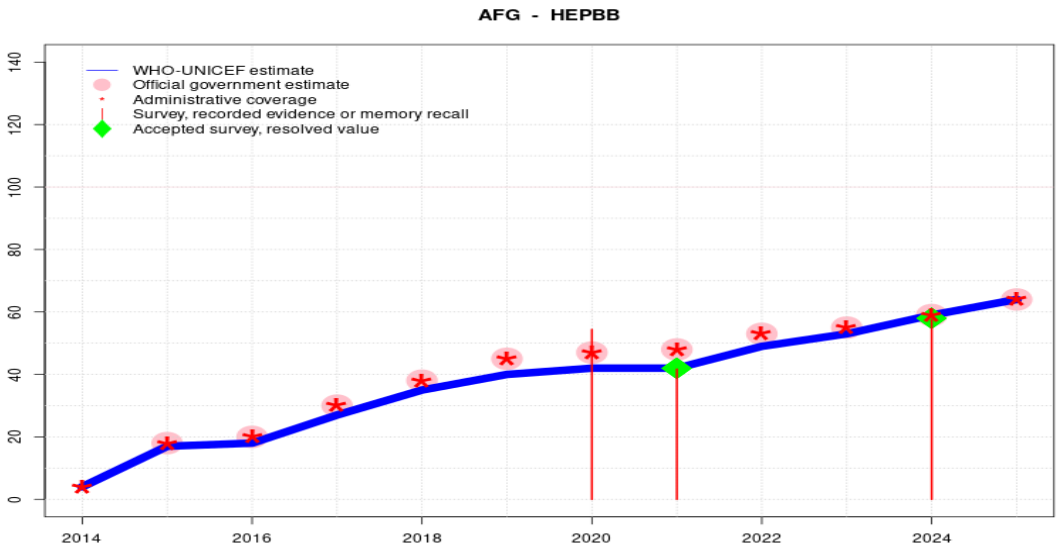
2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-

2016: Estimate of 78 percent assigned by working group. Estimate informed by survey results for consistency with other vaccine doses. 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: R-

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

2014: Survey evidence does not support reported data. Estimate based on survey result. 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 informed by 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 two months vaccine stockout at the national level. Estimate challenged by: D-R-

# Afghanistan - HEPBB




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | 4 | 17 | 18 | 27 | 35 | 40 | 42 | 42 | 49 | 53 | 59 | 64 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | - | 18 | 20 | 30 | 38 | 45 | 47 | 48 | 53 | 55 | 59 | 64 |
| Administrative | 4 | 18 | 20 | 30 | 38 | 45 | 47 | 48 | 53 | 55 | 59 | 64 |
| Survey | - | - | - | - | - | - | 54 | 42 | - | - | 58 | - |

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

## Description:

2025: Estimate informed by reported data. Estimate challenged by: D-

2024: Estimate informed by reported data supported by survey.Survey evidence of 58 percent based on 1 survey(s). Estimate of 59 percent changed from previous revision value of 53 percent. Estimate challenged by: D-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 53 percent changed from previous revision value of 49 percent. Estimate challenged by: D-R-S-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 49 percent changed from previous revision value of 47 percent. Estimate challenged by: D-R-

2021: Estimate of 42 percent assigned by working group. Estimate based on survey coverage. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

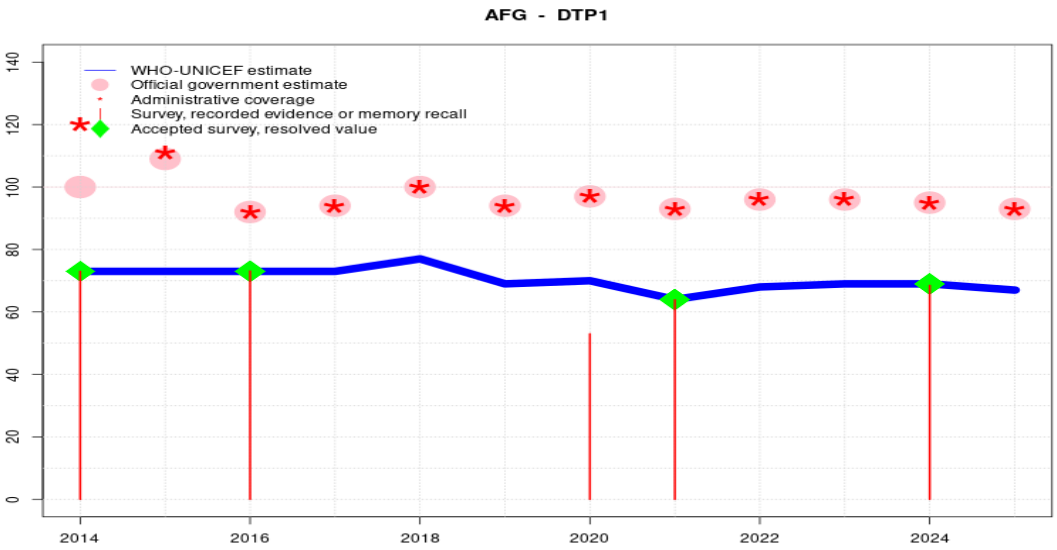
2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: R-

2016: Estimate of 18 percent assigned by working group. Estimate informed by the relative difference between reported administrative coverage for HepB birth dose and BCG applied to BCG estimated coverage. 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: Reported data calibrated to 2014 and 2016 levels. Reported coverage using national target population. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2014: Estimate exceptionally based on reported coverage. Hepatitis B birth dose introduced in August 2014. Primarily administered to infants born in health facilities. 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 informed by 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.

# Afghanistan - DTP1




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | 73 | 73 | 73 | 73 | 77 | 69 | 70 | 64 | 68 | 69 | 69 | 67 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 100 | 109 | 92 | 94 | 100 | 94 | 97 | 93 | 96 | 96 | 95 | 93 |
| Administrative | 120 | 111 | 92 | 94 | 100 | 94 | 97 | 93 | 96 | 96 | 95 | 93 |
| Survey | 73 | - | 73 | - | - | - | 53 | 64 | - | - | 69 | - |

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

## Description:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

2024: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 69 percent based on 1 survey(s). Estimate of 69 percent changed from previous revision value of 66 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 69 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 68 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 64 percent based on 1 survey(s). Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

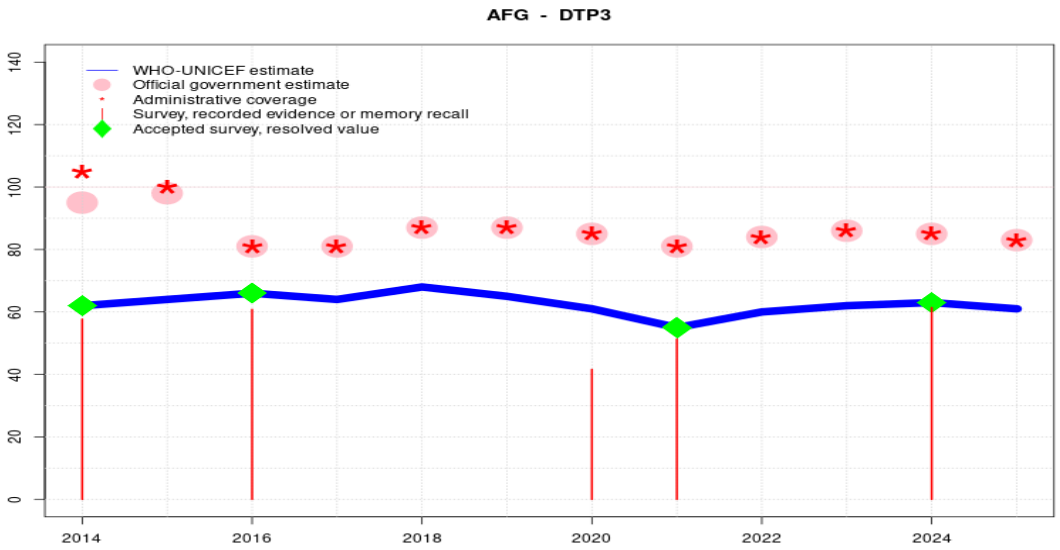
2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 73 percent based on 1 survey(s). 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. 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 result. 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 informed by 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-

# Afghanistan - DTP3




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | 62 | 64 | 66 | 64 | 68 | 65 | 61 | 55 | 60 | 62 | 63 | 61 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 95 | 98 | 81 | 81 | 87 | 87 | 85 | 81 | 84 | 86 | 85 | 83 |
| Administrative | 105 | 100 | 81 | 81 | 87 | 87 | 85 | 81 | 84 | 86 | 85 | 83 |
| Survey | 58 | - | 61 | - | - | - | 42 | 51 | - | - | 61 | - |

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:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

2024: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 1 survey(s). Afghanistan Health Survey 2025 (Key Findings) record or recall results of 61 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 54 percent. Estimate of 63 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 62 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 60 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 51 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 42 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 34 percent. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 and 2021 levels. 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-

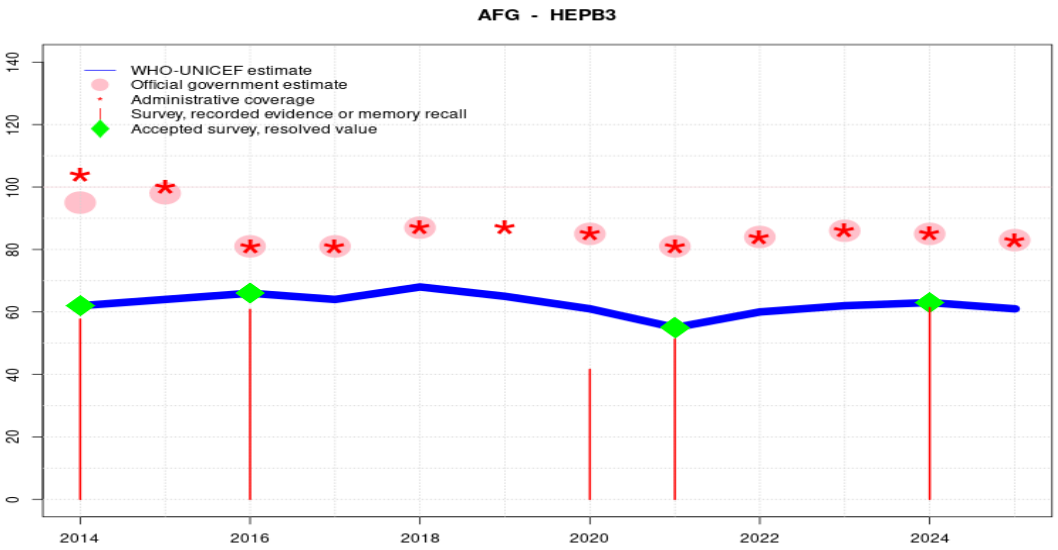
2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 66 percent based on 1 survey(s). Afghanistan Health Survey 2018 record or recall results of 61 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 45 percent. 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. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Demographic and Health Survey 2015 record or recall results of 58 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 55 percent and 3rd dose record 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 informed by 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-

# Afghanistan - HEPB3




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | 62 | 64 | 66 | 64 | 68 | 65 | 61 | 55 | 60 | 62 | 63 | 61 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 95 | 98 | 81 | 81 | 87 | - | 85 | 81 | 84 | 86 | 85 | 83 |
| Administrative | 104 | 100 | 81 | 81 | 87 | 87 | 85 | 81 | 84 | 86 | 85 | 83 |
| Survey | 58 | - | 61 | - | - | - | 42 | 51 | - | - | 61 | - |

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:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

2024: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 1 survey(s). Afghanistan Health Survey 2025 (Key Findings) record or recall results of 61 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 54 percent. Estimate of 63 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 62 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 60 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 51 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 42 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 34 percent. Estimate challenged by: D-R-

2019: Estimate informed by the estimated DTP3 coverage. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 and 2021 levels. 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-

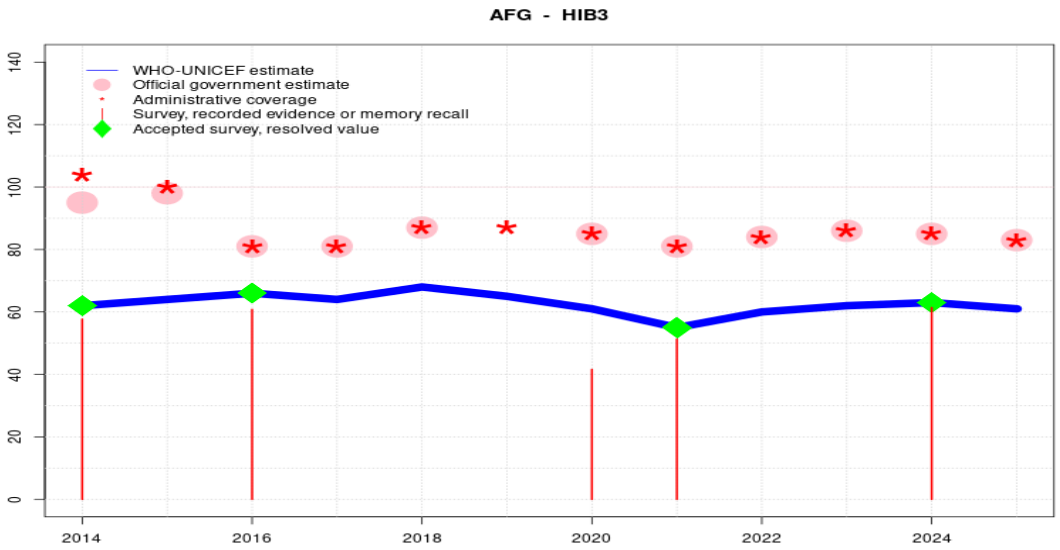
2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 66 percent based on 1 survey(s). Afghanistan Health Survey 2018 record or recall results of 61 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 45 percent. 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. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Demographic and Health Survey 2015 record or recall results of 58 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 55 percent and 3rd dose record 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 informed by 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.

# Afghanistan - HIB3




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | 62 | 64 | 66 | 64 | 68 | 65 | 61 | 55 | 60 | 62 | 63 | 61 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 95 | 98 | 81 | 81 | 87 | - | 85 | 81 | 84 | 86 | 85 | 83 |
| Administrative | 104 | 100 | 81 | 81 | 87 | 87 | 85 | 81 | 84 | 86 | 85 | 83 |
| Survey | 58 | - | 61 | - | - | - | 42 | 51 | - | - | 61 | - |

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:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

2024: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 1 survey(s). Afghanistan Health Survey 2025 (Key Findings) record or recall results of 61 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 54 percent. Estimate of 63 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 62 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 60 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 51 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 42 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 34 percent. Estimate challenged by: D-R-

2019: Estimate informed by the estimated DTP3 coverage. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 and 2021 levels. 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-

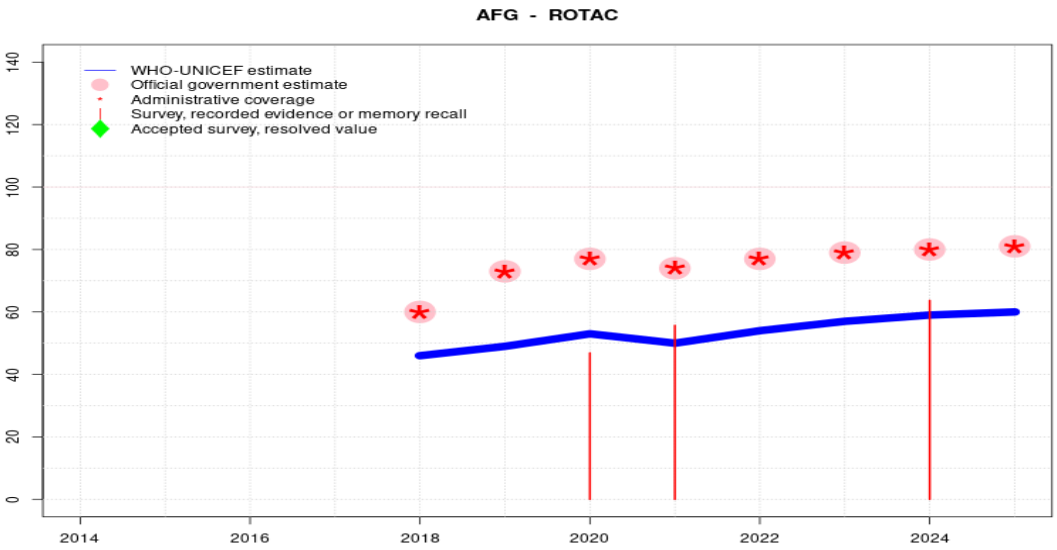
2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 66 percent based on 1 survey(s). Afghanistan Health Survey 2018 record or recall results of 61 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 45 percent. 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. Estimate challenged by: D-R-

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Demographic and Health Survey 2015 record or recall results of 58 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 55 percent and 3rd dose record 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 informed by 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-

# Afghanistan - ROTAC




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | - | - | - | - | 46 | 49 | 53 | 50 | 54 | 57 | 59 | 60 |
| Estimate GoC | - | - | - | - | ● | ● | ● | ● | ● | ● | ● | ● |
| Official | - | - | - | - | 60 | 73 | 77 | 74 | 77 | 79 | 80 | 81 |
| Administrative | - | - | - | - | 60 | 73 | 77 | 74 | 77 | 79 | 80 | 81 |
| Survey | - | - | - | - | - | - | 47 | 56 | - | - | 64 | - |

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:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

2024: Estimate of 59 percent assigned by working group. Estimate is based on the relationship between reported admin coverage for DTP3 and ROTAC applied to the DTP3 estimated coverage. Afghanistan Health Survey 2025 (Key Findings) results ignored by working group. Survey result ignored due to inconsistent relationship between survey and administrative data across antigens. Estimate of 59 percent changed from previous revision value of 56 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 57 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 54 percent changed from previous revision value of 53 percent. Estimate challenged by: D-R-

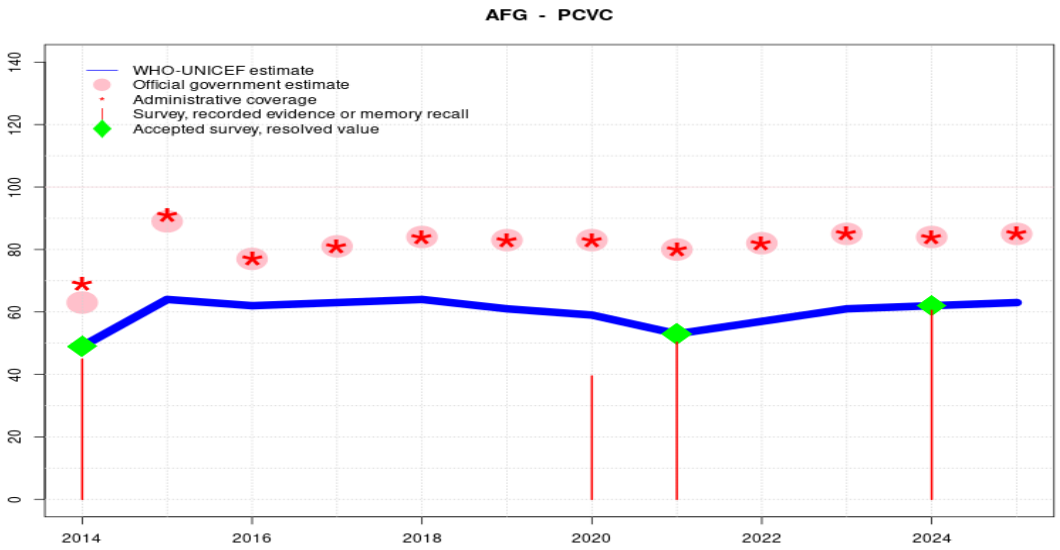
2021: Estimate of 50 percent assigned by working group. Estimate is based on the relationship between reported admin coverage for DTP3 and ROTAC applied to the DTP3 estimated coverage. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey result ignored due to inconsistent relationship between survey and administrative data across antigens. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 56 percent modified for recall bias to 57 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 49 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 47 percent modified for recall bias to 50 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 37 percent and 3rd dose record only coverage of 35 percent. Estimate challenged by: D-R-

2019: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-

2018: Rotavirus vaccine introduced in January 2018. Estimate based on the relative relationship between reported and estimated coverage for DTP3 applied to reported coverage for RotaC. Estimate challenged by: D-R-

# Afghanistan - PCVC




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | 49 | 64 | 62 | 63 | 64 | 61 | 59 | 53 | 57 | 61 | 62 | 63 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 63 | 89 | 77 | 81 | 84 | 83 | 83 | 80 | 82 | 85 | 84 | 85 |
| Administrative | 69 | 91 | 77 | 81 | 84 | 83 | 83 | 80 | 82 | 85 | 84 | 85 |
| Survey | 45 | - | - | - | - | - | 40 | 50 | - | - | 61 | - |

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:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

2024: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Afghanistan Health Survey 2025 (Key Findings) record or recall results of 61 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 53 percent. Estimate of 62 percent changed from previous revision value of 57 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 61 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 57 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 53 percent based on 1 survey(s). Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 50 percent modified for recall bias to 53 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 40 percent modified for recall bias to 44 percent based on 1st dose record or recall coverage of 51 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 33 percent. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

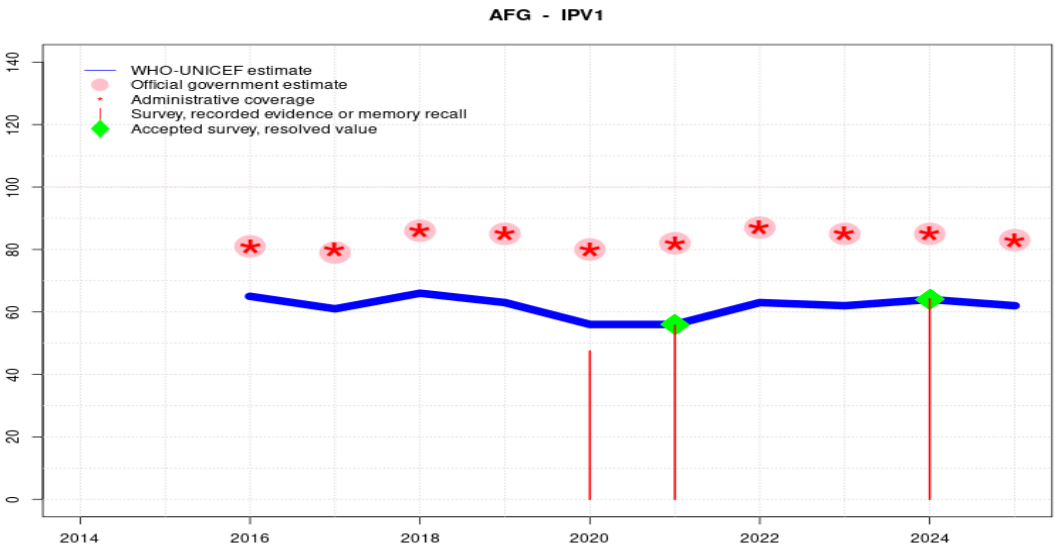
2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-

2016: Estimate of 62 percent assigned by working group. Estimate informed by the ratio of the reported and estimated DTP3 coverage levels applied to the reported coverage for PCVC. 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 64 percent assigned by working group. Estimate informed by estimated DTP3

coverage. Reported doses of PCVC did not reach levels of DTP3, thus, coverage may be overestimated. Reported data excluded. Reported data excluded due to an increase from 63 percent to 89 percent with decrease to 77 percent. Estimate challenged by: D-R-S-2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 49 percent based on 1 survey(s). Afghanistan Demographic and Health Survey 2015 record or recall results of 45 percent modified for recall bias to 49 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage of 48 percent and 3rd dose record only coverage of 37 percent. Pneumococcal conjugate vaccine introduced in 2014. Estimate informed by calibrated DTP3 level. 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 informed by 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-

# Afghanistan - IPV1




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | - | - | 65 | 61 | 66 | 63 | 56 | 56 | 63 | 62 | 64 | 62 |
| Estimate GoC | - | - | • | • | • | • | • | • | • | • | • | • |
| Official | - | - | 81 | 79 | 86 | 85 | 80 | 82 | 87 | 85 | 85 | 83 |
| Administrative | - | - | 81 | 80 | 86 | 85 | 80 | 82 | 87 | 85 | 85 | 83 |
| Survey | - | - | - | - | - | - | 48 | 56 | - | - | 64 | - |

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:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

2024: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 64 percent based on 1 survey(s). Estimate of 64 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 62 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 63 percent changed from previous revision value of 61 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 56 percent based on 1 survey(s). Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate challenged by: D-R-

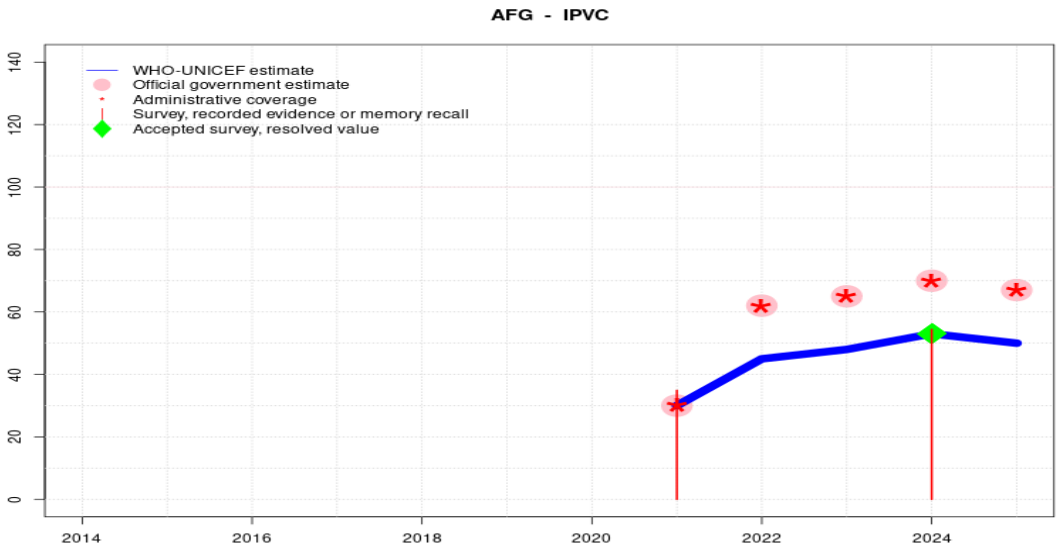
2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 and 2021 levels. 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 of 65 percent assigned by working group. Inactivated polio vaccine introduced in September 2015. Reporting started in 2016. Estimate informed by estimated DTP3 coverage. 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-

# Afghanistan - IPVC




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | - | - | - | - | - | - | - | 30 | 45 | 48 | 53 | 50 |
| Estimate GoC | - | - | - | - | - | - | - | ● | ● | ● | ● | ● |
| Official | - | - | - | - | - | - | - | 30 | 62 | 65 | 70 | 67 |
| Administrative | - | - | - | - | - | - | - | 30 | 62 | 65 | 70 | 67 |
| Survey | - | - | - | - | - | - | - | 35 | - | - | 54 | - |

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

## Description:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

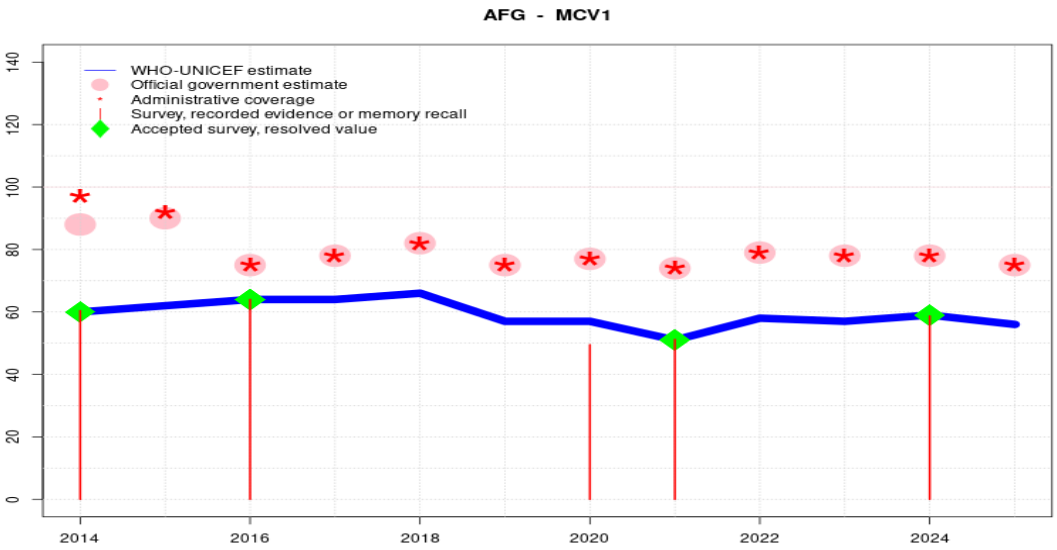
2024: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 53 percent based on 1 survey(s). Afghanistan Health Survey 2025 (Key Findings) record or recall results of 54 percent modified for recall bias to 53 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 45 percent. Estimate of 53 percent changed from previous revision value of 49 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2024 levels. Estimate of 48 percent changed from previous revision value of 45 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2024 levels. Estimate of 45 percent changed from previous revision value of 43 percent. Estimate challenged by: D-R-

2021: Estimate is exceptionally informed by reported coverage during introduction. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Afghanistan Multiple Indicator Cluster Survey 2022-2023 record or recall results of 35 percent modified for recall bias to 41 percent based on 1st dose record or recall coverage of 56 percent, 1st dose record only coverage of 46 percent and 3rd dose record only coverage of 34 percent. Second dose of inactivated polio vaccine introduced in 2020 and reporting started in 2021. GoC=Assigned by working group. Consistency with other antigens.

# Afghanistan - MCV1




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | 60 | 62 | 64 | 64 | 66 | 57 | 57 | 51 | 58 | 57 | 59 | 56 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 88 | 90 | 75 | 78 | 82 | 75 | 77 | 74 | 79 | 78 | 78 | 75 |
| Administrative | 97 | 92 | 75 | 78 | 82 | 75 | 77 | 74 | 79 | 78 | 78 | 75 |
| Survey | 60 | - | 64 | - | - | - | 50 | 51 | - | - | 59 | - |

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:

2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-

2024: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 59 percent based on 1 survey(s). Estimate of 59 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-

2023: Reported data calibrated to 2021 and 2024 levels. Estimate of 57 percent changed from previous revision value of 55 percent. Estimate challenged by: D-R-

2022: Reported data calibrated to 2021 and 2024 levels. Estimate of 58 percent changed from previous revision value of 56 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 51 percent based on 1 survey(s). Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 and 2021 levels. Afghanistan Multiple Indicator Cluster Survey 2022-2023 results ignored by working group. Survey results ignored due to inconsistent results for consecutive birth cohorts. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-

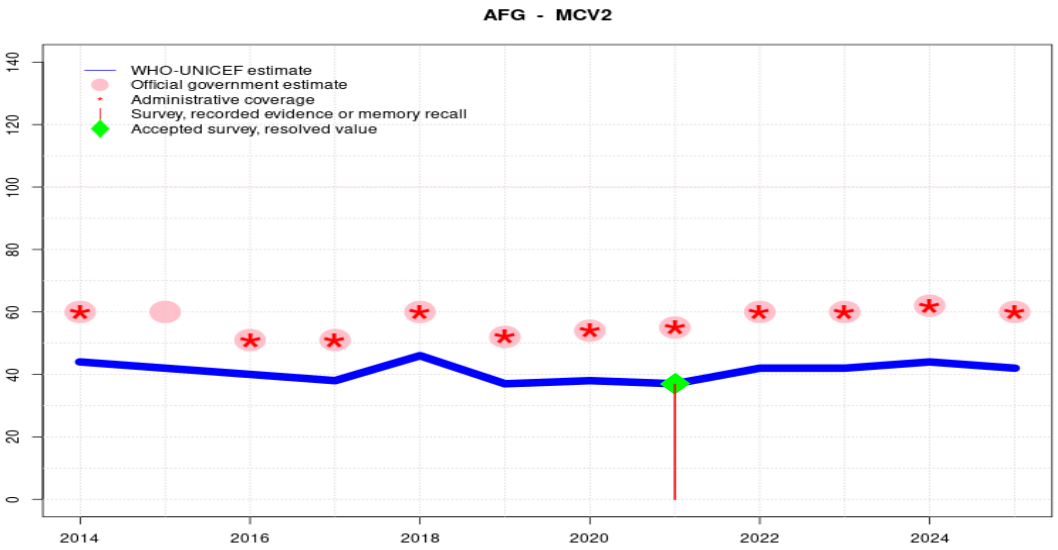
2017: Reported data calibrated to 2016 and 2021 levels. Unexplained temporal change in reported numerator and denominator values. Significant increase in denominator from 2016 to 2017. Denominator obtained from aggregation of health facility micro-plans. Numerator increase from 2016 to levels comparable to those observed in 2015. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 64 percent based on 1 survey(s). 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: R-

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

2014: Survey evidence does not support reported data. Estimate based on survey result. 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 informed by 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-

# Afghanistan - MCV2




| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Estimate | 44 | 42 | 40 | 38 | 46 | 37 | 38 | 37 | 42 | 42 | 44 | 42 |
| Estimate GoC | • | • | • | • | • | • | • | • | • | • | • | • |
| Official | 60 | 60 | 51 | 51 | 60 | 52 | 54 | 55 | 60 | 60 | 62 | 60 |
| Administrative | 60 | - | 51 | 51 | 60 | 52 | 54 | 55 | 60 | 60 | 62 | 60 |
| Survey | - | - | - | - | - | - | - | 37 | - | - | - | - |

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:

2025: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
2024: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
2022: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 37 percent based on 1 survey(s). Estimate challenged by: D-R-
2020: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
2019: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
2018: Reported data calibrated to 2016 and 2021 levels. Estimate challenged by: D-R-
2017: Reported data calibrated to 2016 and 2021 levels. 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 of 40 percent assigned by working group. Estimate informed by difference between MCV1 and MCV2 reported administrative data applied to MCV1 estimates. 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: R-
2015: Reported data calibrated to 2012 and 2016 levels. Reported data excluded. Estimate challenged by: R-
2014: Reported data calibrated to 2012 and 2016 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 informed by 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-

# Afghanistan - 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.

## 2024 Afghanistan Health Survey 2025

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Recall | 12.5 | 12-23 m | 4180 | 61 |
| BCG | Record | 59 | 12-23 m | 4180 | 61 |
| BCG | Record or Recall | 71.5 | 12-23 m | 4180 | 61 |
| DTP1 | Recall | 9.8 | 12-23 m | 4180 | 61 |
| DTP1 | Record | 58.7 | 12-23 m | 4180 | 61 |
| DTP1 | Record or Recall | 68.5 | 12-23 m | 4180 | 61 |
| DTP3 | Recall | 7.6 | 12-23 m | 4180 | 61 |
| DTP3 | Record | 53.8 | 12-23 m | 4180 | 61 |
| DTP3 | Record or Recall | 61.4 | 12-23 m | 4180 | 61 |
| HEPB1 | Recall | 9.8 | 12-23 m | 4180 | 61 |
| HEPB1 | Record | 58.7 | 12-23 m | 4180 | 61 |
| HEPB1 | Record or Recall | 68.5 | 12-23 m | 4180 | 61 |
| HEPB3 | Recall | 7.6 | 12-23 m | 4180 | 61 |
| HEPB3 | Record | 53.8 | 12-23 m | 4180 | 61 |
| HEPB3 | Record or Recall | 61.4 | 12-23 m | 4180 | 61 |
| HEPBB | Recall | 10.6 | 12-23 m | 4180 | 61 |
| HEPBB | Record | 46.9 | 12-23 m | 4180 | 61 |
| HEPBB | Record or Recall | 57.6 | 12-23 m | 4180 | 61 |
| HIB1 | Recall | 9.8 | 12-23 m | 4180 | 61 |
| HIB1 | Record | 58.7 | 12-23 m | 4180 | 61 |
| HIB1 | Record or Recall | 68.5 | 12-23 m | 4180 | 61 |
| HIB3 | Recall | 7.6 | 12-23 m | 4180 | 61 |
| HIB3 | Record | 53.8 | 12-23 m | 4180 | 61 |
| HIB3 | Record or Recall | 61.4 | 12-23 m | 4180 | 61 |
| IPV1 | Recall | 10 | 12-23 m | 4180 | 61 |
| IPV1 | Record | 54.3 | 12-23 m | 4180 | 61 |
| IPV1 | Record or Recall | 64.2 | 12-23 m | 4180 | 61 |
| IPVC | Recall | 9 | 12-23 m | 4180 | 61 |
| IPVC | Record | 45.4 | 12-23 m | 4180 | 61 |
| IPVC | Record or Recall | 54.4 | 12-23 m | 4180 | 61 |
| MCV1 | Recall | 8.7 | 12-23 m | 4180 | 61 |
| MCV1 | Record | 50 | 12-23 m | 4180 | 61 |
| MCV1 | Record or Recall | 58.7 | 12-23 m | 4180 | 61 |
| PCV1 | Recall | 9.6 | 12-23 m | 4180 | 61 |
| PCV1 | Record | 58.5 | 12-23 m | 4180 | 61 |
| PCV1 | Record or Recall | 69.1 | 12-23 m | 4180 | 61 |
| PCVC | Recall | 7.1 | 12-23 m | 4180 | 61 |
| PCVC | Record | 53.4 | 12-23 m | 4180 | 61 |
| PCVC | Record or Recall | 60.5 | 12-23 m | 4180 | 61 |
| ROTAC | Recall | 9.2 | 12-23 m | 4180 | 61 |
| ROTAC | Record | 54.5 | 12-23 m | 4180 | 61 |
| ROTAC | Record or Recall | 63.7 | 12-23 m | 4180 | 61 |

## 2021 Afghanistan Multiple Indicator Cluster Survey 2022-2023

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Recall | 13.9 | 12-23 m | 6383 | 59 |
| BCG | Record | 50.9 | 12-23 m | 6383 | 59 |
| BCG | Record or Recall | 64.7 | 12-23 m | 6383 | 59 |
| BCG | Record or Recall<12m | 64.3 | 12-23 m | 6383 | 59 |
| DTP1 | Recall | 9.9 | 12-23 m | 6383 | 59 |
| DTP1 | Record | 54 | 12-23 m | 6383 | 59 |
| DTP1 | Record or Recall | 63.9 | 12-23 m | 6383 | 59 |
| DTP1 | Record or Recall<12m | 62.4 | 12-23 m | 6383 | 59 |
| DTP3 | Recall | 5.3 | 12-23 m | 6383 | 59 |
| DTP3 | Record | 46.1 | 12-23 m | 6383 | 59 |
| DTP3 | Record or Recall | 51.3 | 12-23 m | 6383 | 59 |
| DTP3 | Record or Recall<12m | 48 | 12-23 m | 6383 | 59 |

| | | | | | |
|---|---|---|---|---|---|
| HEPB1 | Recall | 9.9 | 12-23 m | 6383 | 59 |
| HEPB1 | Record | 54 | 12-23 m | 6383 | 59 |
| HEPB1 | Record or Recall | 63.9 | 12-23 m | 6383 | 59 |
| HEPB1 | Record or Recall<12m | 62.4 | 12-23 m | 6383 | 59 |
| HEPB3 | Recall | 5.3 | 12-23 m | 6383 | 59 |
| HEPB3 | Record | 46.1 | 12-23 m | 6383 | 59 |
| HEPB3 | Record or Recall | 51.3 | 12-23 m | 6383 | 59 |
| HEPB3 | Record or Recall<12m | 48 | 12-23 m | 6383 | 59 |
| HEPBB | Recall | 12.6 | 12-23 m | 6383 | 59 |
| HEPBB | Record | 50.7 | 12-23 m | 6383 | 59 |
| HEPBB | Record or Recall | 41.7 | 12-23 m | 6383 | 59 |
| HEPBB | Record or Recall<12m | 63 | 12-23 m | 6383 | 59 |
| HIB1 | Recall | 9.9 | 12-23 m | 6383 | 59 |
| HIB1 | Record | 54 | 12-23 m | 6383 | 59 |
| HIB1 | Record or Recall | 63.9 | 12-23 m | 6383 | 59 |
| HIB1 | Record or Recall<12m | 62.4 | 12-23 m | 6383 | 59 |
| HIB3 | Recall | 5.3 | 12-23 m | 6383 | 59 |
| HIB3 | Record | 46.1 | 12-23 m | 6383 | 59 |
| HIB3 | Record or Recall | 51.3 | 12-23 m | 6383 | 59 |
| HIB3 | Record or Recall<12m | 48 | 12-23 m | 6383 | 59 |
| IPV1 | Recall | 9.7 | 12-23 m | 6383 | 59 |
| IPV1 | Record | 46.1 | 12-23 m | 6383 | 59 |
| IPV1 | Record or Recall | 55.7 | 12-23 m | 6383 | 59 |
| IPV1 | Record or Recall<12m | 51.8 | 12-23 m | 6383 | 59 |
| IPVC | Recall | 0.8 | 12-23 m | 6383 | 59 |
| IPVC | Record | 34.1 | 12-23 m | 6383 | 59 |
| IPVC | Record or Recall | 34.9 | 12-23 m | 6383 | 59 |
| IPVC | Record or Recall<12m | 30.9 | 12-23 m | 6383 | 59 |
| MCV1 | Recall | 12.3 | 12-23 m | 6383 | 59 |
| MCV1 | Record | 38.8 | 12-23 m | 6383 | 59 |
| MCV1 | Record or Recall | 51.2 | 12-23 m | 6383 | 59 |
| MCV1 | Record or Recall<12m | 43.8 | 12-23 m | 6383 | 59 |
| MCV2 | Recall | 12.5 | 24-35 m | 6222 | 41 |
| MCV2 | Record | 24.3 | 24-35 m | 6222 | 41 |
| MCV2 | Record or Recall | 36.8 | 24-35 m | 6222 | 41 |
| MCV2 | Record or Recall<12m | 34.4 | 24-35 m | 6222 | 41 |
| PCV1 | Recall | 8 | 12-23 m | 6383 | 59 |
| PCV1 | Record | 53.7 | 12-23 m | 6383 | 59 |
| PCV1 | Record or Recall | 61.7 | 12-23 m | 6383 | 59 |
| PCV1 | Record or Recall<12m | 60.3 | 12-23 m | 6383 | 59 |
| PCVC | Recall | 4.5 | 12-23 m | 6383 | 59 |
| PCVC | Record | 45.8 | 12-23 m | 6383 | 59 |
| PCVC | Record or Recall | 50.3 | 12-23 m | 6383 | 59 |
| PCVC | Record or Recall<12m | 47.1 | 12-23 m | 6383 | 59 |
| ROTAC | Recall | 6.9 | 12-23 m | 6383 | 59 |
| ROTAC | Record | 48.8 | 12-23 m | 6383 | 59 |
| ROTAC | Record or Recall | 55.7 | 12-23 m | 6383 | 59 |
| ROTAC | Record or Recall<12m | 53.7 | 12-23 m | 6383 | 59 |

2020 Afghanistan Multiple Indicator Cluster Survey 2022-2023

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Recall | 20.5 | 24-35 m | 6222 | 41 |
| BCG | Record | 36.2 | 24-35 m | 6222 | 41 |
| BCG | Record or Recall | 56.7 | 24-35 m | 6222 | 41 |
| BCG | Record or Recall<12m | 55.7 | 24-35 m | 6222 | 41 |
| DTP1 | Recall | 15.2 | 24-35 m | 6222 | 41 |
| DTP1 | Record | 37.8 | 24-35 m | 6222 | 41 |
| DTP1 | Record or Recall | 53 | 24-35 m | 6222 | 41 |
| DTP1 | Record or Recall<12m | 50.1 | 24-35 m | 6222 | 41 |
| DTP3 | Recall | 8.1 | 24-35 m | 6222 | 41 |
| DTP3 | Record | 33.5 | 24-35 m | 6222 | 41 |
| DTP3 | Record or Recall | 41.6 | 24-35 m | 6222 | 41 |
| DTP3 | Record or Recall<12m | 36.4 | 24-35 m | 6222 | 41 |
| HEPB1 | Recall | 15.2 | 24-35 m | 6222 | 41 |
| HEPB1 | Record | 37.8 | 24-35 m | 6222 | 41 |
| HEPB1 | Record or Recall | 53 | 24-35 m | 6222 | 41 |
| HEPB1 | Record or Recall<12m | 50.1 | 24-35 m | 6222 | 41 |
| HEPB3 | Recall | 8.1 | 24-35 m | 6222 | 41 |
| HEPB3 | Record | 33.5 | 24-35 m | 6222 | 41 |
| HEPB3 | Record or Recall | 41.6 | 24-35 m | 6222 | 41 |
| HEPB3 | Record or Recall<12m | 36.4 | 24-35 m | 6222 | 41 |
| HEPBB | Recall | 19 | 24-35 m | 6222 | 41 |
| HEPBB | Record | 35.4 | 24-35 m | 6222 | 41 |
| HEPBB | Record or Recall | 54.4 | 24-35 m | 6222 | 41 |
| HEPBB | Record or Recall<12m | 53.2 | 24-35 m | 6222 | 41 |
| HIB1 | Recall | 15.2 | 24-35 m | 6222 | 41 |
| HIB1 | Record | 37.8 | 24-35 m | 6222 | 41 |
| HIB1 | Record or Recall | 53 | 24-35 m | 6222 | 41 |

| | | | | | |
|---|---|---|---|---|---|
| HIB1 | Record or Recall<12m | 50.1 | 24-35 m | 6222 | 41 |
| HIB3 | Recall | 8.1 | 24-35 m | 6222 | 41 |
| HIB3 | Record | 33.5 | 24-35 m | 6222 | 41 |
| HIB3 | Record or Recall | 41.6 | 24-35 m | 6222 | 41 |
| HIB3 | Record or Recall<12m | 36.4 | 24-35 m | 6222 | 41 |
| IPV1 | Recall | 14.5 | 24-35 m | 6222 | 41 |
| IPV1 | Record | 33.1 | 24-35 m | 6222 | 41 |
| IPV1 | Record or Recall | 47.5 | 24-35 m | 6222 | 41 |
| IPV1 | Record or Recall<12m | 41.6 | 24-35 m | 6222 | 41 |
| MCV1 | Recall | 19.6 | 24-35 m | 6222 | 41 |
| MCV1 | Record | 29.9 | 24-35 m | 6222 | 41 |
| MCV1 | Record or Recall | 49.5 | 24-35 m | 6222 | 41 |
| MCV1 | Record or Recall<12m | 34.3 | 24-35 m | 6222 | 41 |
| PCV1 | Recall | 13.1 | 24-35 m | 6222 | 41 |
| PCV1 | Record | 37.6 | 24-35 m | 6222 | 41 |
| PCV1 | Record or Recall | 50.7 | 24-35 m | 6222 | 41 |
| PCV1 | Record or Recall<12m | 47.9 | 24-35 m | 6222 | 41 |
| PCVC | Recall | 6.3 | 24-35 m | 6222 | 41 |
| PCVC | Record | 33.2 | 24-35 m | 6222 | 41 |
| PCVC | Record or Recall | 39.5 | 24-35 m | 6222 | 41 |
| PCVC | Record or Recall<12m | 34.5 | 24-35 m | 6222 | 41 |
| ROTAC | Recall | 12 | 24-35 m | 6222 | 41 |
| ROTAC | Record | 34.9 | 24-35 m | 6222 | 41 |
| ROTAC | Record or Recall | 46.9 | 24-35 m | 6222 | 41 |
| ROTAC | Record or Recall<12m | 43.6 | 24-35 m | 6222 | 41 |

## 2016 Afghanistan Health Survey 2018

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Recall | 30.4 | 12-23 m | 4235 | - |
| BCG | Record | 51.2 | 12-23 m | 4235 | - |
| BCG | Record or Recall | 77.5 | 12-23 m | 4235 | - |
| DTP1 | Recall | 26.7 | 12-23 m | 4235 | - |
| DTP1 | Record | 50.4 | 12-23 m | 4235 | - |
| DTP1 | Record or Recall | 73.1 | 12-23 m | 4235 | - |
| DTP3 | Recall | 19.2 | 12-23 m | 4235 | - |
| DTP3 | Record | 44.9 | 12-23 m | 4235 | - |
| DTP3 | Record or Recall | 60.8 | 12-23 m | 4235 | - |
| HEPB1 | Recall | 26.7 | 12-23 m | 4235 | - |
| HEPB1 | Record | 50.4 | 12-23 m | 4235 | - |
| HEPB1 | Record or Recall | 73.1 | 12-23 m | 4235 | - |
| HEPB3 | Recall | 19.2 | 12-23 m | 4235 | - |
| HEPB3 | Record | 44.9 | 12-23 m | 4235 | - |
| HEPB3 | Record or Recall | 60.8 | 12-23 m | 4235 | - |
| HIB1 | Recall | 26.7 | 12-23 m | 4235 | - |
| HIB1 | Record | 50.4 | 12-23 m | 4235 | - |
| HIB1 | Record or Recall | 73.1 | 12-23 m | 4235 | - |
| HIB3 | Recall | 19.2 | 12-23 m | 4235 | - |
| HIB3 | Record | 44.9 | 12-23 m | 4235 | - |
| HIB3 | Record or Recall | 60.8 | 12-23 m | 4235 | - |
| MCV1 | Recall | 26.7 | 12-23 m | 4235 | - |
| MCV1 | Record | 40.8 | 12-23 m | 4235 | - |
| MCV1 | Record or Recall | 64 | 12-23 m | 4235 | - |

## 2014 Afghanistan Demographic and Health Survey 2015

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Record | 54.5 | 12-23 m | 3217 | 56 |
| BCG | Record or Recall | 73.7 | 12-23 m | 5708 | 56 |
| BCG | Record or Recall<12m | 73 | 12-23 m | 5708 | 56 |
| DTP1 | Record | 54.7 | 12-23 m | 3217 | 56 |
| DTP1 | Record or Recall | 73 | 12-23 m | 5708 | 56 |
| DTP1 | Record or Recall<12m | 71.2 | 12-23 m | 5708 | 56 |
| DTP3 | Record | 47 | 12-23 m | 3217 | 56 |
| DTP3 | Record or Recall | 57.7 | 12-23 m | 5708 | 56 |
| DTP3 | Record or Recall<12m | 55 | 12-23 m | 5708 | 56 |
| HEPB1 | Record | 54.7 | 12-23 m | 3217 | 56 |
| HEPB1 | Record or Recall | 73 | 12-23 m | 5708 | 56 |
| HEPB1 | Record or Recall<12m | 71.2 | 12-23 m | 5708 | 56 |
| HEPB3 | Record | 47 | 12-23 m | 3217 | 56 |
| HEPB3 | Record or Recall | 57.7 | 12-23 m | 5708 | 56 |
| HEPB3 | Record or Recall<12m | 55 | 12-23 m | 5708 | 56 |
| HIB1 | Record | 54.7 | 12-23 m | 3217 | 56 |
| HIB1 | Record or Recall | 73 | 12-23 m | 5708 | 56 |
| HIB1 | Record or Recall<12m | 71.2 | 12-23 m | 5708 | 56 |
| HIB3 | Record | 47 | 12-23 m | 3217 | 56 |
| HIB3 | Record or Recall | 57.7 | 12-23 m | 5708 | 56 |
| HIB3 | Record or Recall<12m | 55 | 12-23 m | 5708 | 56 |

| | | | | | |
|---|---|---|---|---|---|
| MCV1 | Record | 43.7 | 12-23 m | 3217 | 56 |
| MCV1 | Record or Recall | 60.4 | 12-23 m | 5708 | 56 |
| MCV1 | Record or Recall<12m | 50.6 | 12-23 m | 5708 | 56 |
| PCV1 | Record | 48 | 12-23 m | 3217 | 56 |
| PCV1 | Record or Recall | 62.6 | 12-23 m | 5708 | 56 |
| PCV1 | Record or Recall<12m | 61.4 | 12-23 m | 5708 | 56 |
| PCVC | Record | 37.2 | 12-23 m | 3217 | 56 |
| PCVC | Record or Recall | 44.9 | 12-23 m | 5708 | 56 |
| PCVC | Record or Recall<12m | 41.8 | 12-23 m | 5708 | 56 |

## 2013 Afghanistan Demographic and Health Survey 2015

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Record or Recall<12m | 64 | 24-35 m | 6598 | - |
| DTP1 | Record or Recall<12m | 60.9 | 24-35 m | 6598 | - |
| DTP3 | Record or Recall<12m | 43.8 | 24-35 m | 6598 | - |
| HEPB1 | Record or Recall<12m | 60.9 | 24-35 m | 6598 | - |
| HEPB3 | Record or Recall<12m | 43.8 | 24-35 m | 6598 | - |
| HIB1 | Record or Recall<12m | 60.9 | 24-35 m | 6598 | - |
| HIB3 | Record or Recall<12m | 43.8 | 24-35 m | 6598 | - |
| MCV1 | Record or Recall<12m | 45.1 | 24-35 m | 6598 | - |

## 2012 Afghanistan National EPI Coverage Survey, 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Recall | 14 | 12-23 m | - | 66 |
| BCG | Record | 63.9 | 12-23 m | - | 66 |
| BCG | Record or Recall | 77.9 | 12-23 m | 6125 | 66 |
| BCG | Record<12m | 62.4 | 12-23 m | 6125 | 66 |
| DTP1 | Recall | 14.5 | 12-23 m | - | 66 |
| DTP1 | Record | 63.1 | 12-23 m | - | 66 |
| DTP1 | Record or Recall | 77.6 | 12-23 m | 6125 | 66 |
| DTP1 | Record<12m | 77.6 | 12-23 m | 6125 | 66 |
| DTP3 | Recall | 6.2 | 12-23 m | - | 66 |
| DTP3 | Record | 53.5 | 12-23 m | - | 66 |
| DTP3 | Record or Recall | 59.7 | 12-23 m | 6125 | 66 |
| DTP3 | Record<12m | 50.7 | 12-23 m | 6125 | 66 |
| HEPB1 | Recall | 14.5 | 12-23 m | - | 66 |
| HEPB1 | Record | 63.1 | 12-23 m | - | 66 |
| HEPB1 | Record or Recall | 77.6 | 12-23 m | 6125 | 66 |
| HEPB1 | Record<12m | 77.6 | 12-23 m | 6125 | 66 |
| HEPB3 | Recall | 6.2 | 12-23 m | - | 66 |
| HEPB3 | Record | 53.5 | 12-23 m | - | 66 |
| HEPB3 | Record or Recall | 59.7 | 12-23 m | 6125 | 66 |
| HEPB3 | Record<12m | 50.7 | 12-23 m | 6125 | 66 |
| HIB1 | Recall | 14.5 | 12-23 m | - | 66 |
| HIB1 | Record | 63.1 | 12-23 m | - | 66 |
| HIB1 | Record or Recall | 77.6 | 12-23 m | 6125 | 66 |
| HIB1 | Record<12m | 77.6 | 12-23 m | 6125 | 66 |
| HIB3 | Recall | 6.2 | 12-23 m | - | 66 |
| HIB3 | Record | 53.5 | 12-23 m | - | 66 |
| HIB3 | Record or Recall | 59.7 | 12-23 m | 6125 | 66 |
| HIB3 | Record<12m | 50.7 | 12-23 m | 6125 | 66 |
| MCV1 | Recall | 9.2 | 12-23 m | - | 66 |
| MCV1 | Record | 49.6 | 12-23 m | - | 66 |
| MCV1 | Record or Recall | 58.8 | 12-23 m | 6125 | 66 |
| MCV1 | Record<12m | 39.2 | 12-23 m | 6125 | 66 |

## 2010 Afghanistan Multiple Indicator Cluster Survey 2010-2011

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Recall | 33.1 | 12-23 m | 2497 | 31 |
| BCG | Record | 31 | 12-23 m | 2497 | 31 |
| BCG | Record or Recall | 64.2 | 12-23 m | 2497 | 31 |
| BCG | Record or Recall<12m | 61.3 | 12-23 m | 2497 | 31 |
| DTP1 | Recall | 25.6 | 12-23 m | 2497 | 31 |
| DTP1 | Record | 31.8 | 12-23 m | 2497 | 31 |
| DTP1 | Record or Recall | 57.5 | 12-23 m | 2497 | 31 |
| DTP1 | Record or Recall<12m | 53.2 | 12-23 m | 2497 | 31 |
| DTP3 | Recall | 8.7 | 12-23 m | 2497 | 31 |
| DTP3 | Record | 31.5 | 12-23 m | 2497 | 31 |
| DTP3 | Record or Recall | 40.2 | 12-23 m | 2497 | 31 |
| DTP3 | Record or Recall<12m | 35 | 12-23 m | 2497 | 31 |
| MCV1 | Recall | 25.6 | 12-23 m | 2497 | 31 |
| MCV1 | Record | 29.9 | 12-23 m | 2497 | 31 |
| MCV1 | Record or Recall | 55.5 | 12-23 m | 2497 | 31 |

| | | | | | |
|---|---|---|---|---|---|
| MCV1 | Record or Recall<12m | 43.8 | 12-23 m | 2497 | 31 |

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

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Record or Recall | 73.9 | 12-23 m | 4520 | 34 |
| DTP1 | Record or Recall | 63 | 12-23 m | 4520 | 34 |
| DTP3 | Record or Recall | 43.3 | 12-23 m | 4520 | 34 |
| MCV1 | Record or Recall | 55.9 | 12-23 m | 4520 | 34 |

2005 Afghanistan Health Survey 2006

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Record or Recall | 70.2 | 12-23 m | 1665 | 17 |
| DTP1 | Record or Recall | 60.4 | 12-23 m | 1665 | 17 |
| DTP3 | Record or Recall | 34.6 | 12-23 m | 1665 | 17 |
| MCV1 | Record or Recall | 62.6 | 12-23 m | 1665 | 17 |

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

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Record or Recall | 78 | 12-23 m | 223 | - |
| DTP1 | Record or Recall | 71.3 | 12-23 m | 223 | - |
| DTP3 | Record or Recall | 45.3 | 12-23 m | 223 | - |
| MCV1 | Record or Recall | 57 | 12-23 m | 223 | - |

1998 EPI Coverage Situation in Women and Children of Afghanistan, Report of Post NID's, Routine Coverage and Acceleration Campaign Survey in Afghanistan (1999)

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---|---|---|---|---|---|
| BCG | Recall | 30 | 12-23 m | 1681 | 48 |
| BCG | Record | 40.2 | 12-23 m | 1681 | 48 |
| BCG | Record or Recall | 70.2 | 12-23 m | 1681 | 48 |
| DTP1 | Recall | 29.3 | 12-23 m | 1681 | 48 |
| DTP1 | Record | 46.5 | 12-23 m | 1681 | 48 |
| DTP1 | Record or Recall | 75.8 | 12-23 m | 1681 | 48 |
| DTP3 | Recall | 19.9 | 12-23 m | 1681 | 48 |
| DTP3 | Record | 27 | 12-23 m | 1681 | 48 |
| DTP3 | Record or Recall | 46.9 | 12-23 m | 1681 | 48 |
| MCV1 | Recall | 19.9 | 12-23 m | 1681 | 48 |
| MCV1 | Record | 37.1 | 12-23 m | 1681 | 48 |
| MCV1 | Record or Recall | 57 | 12-23 m | 1681 | 48 |

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