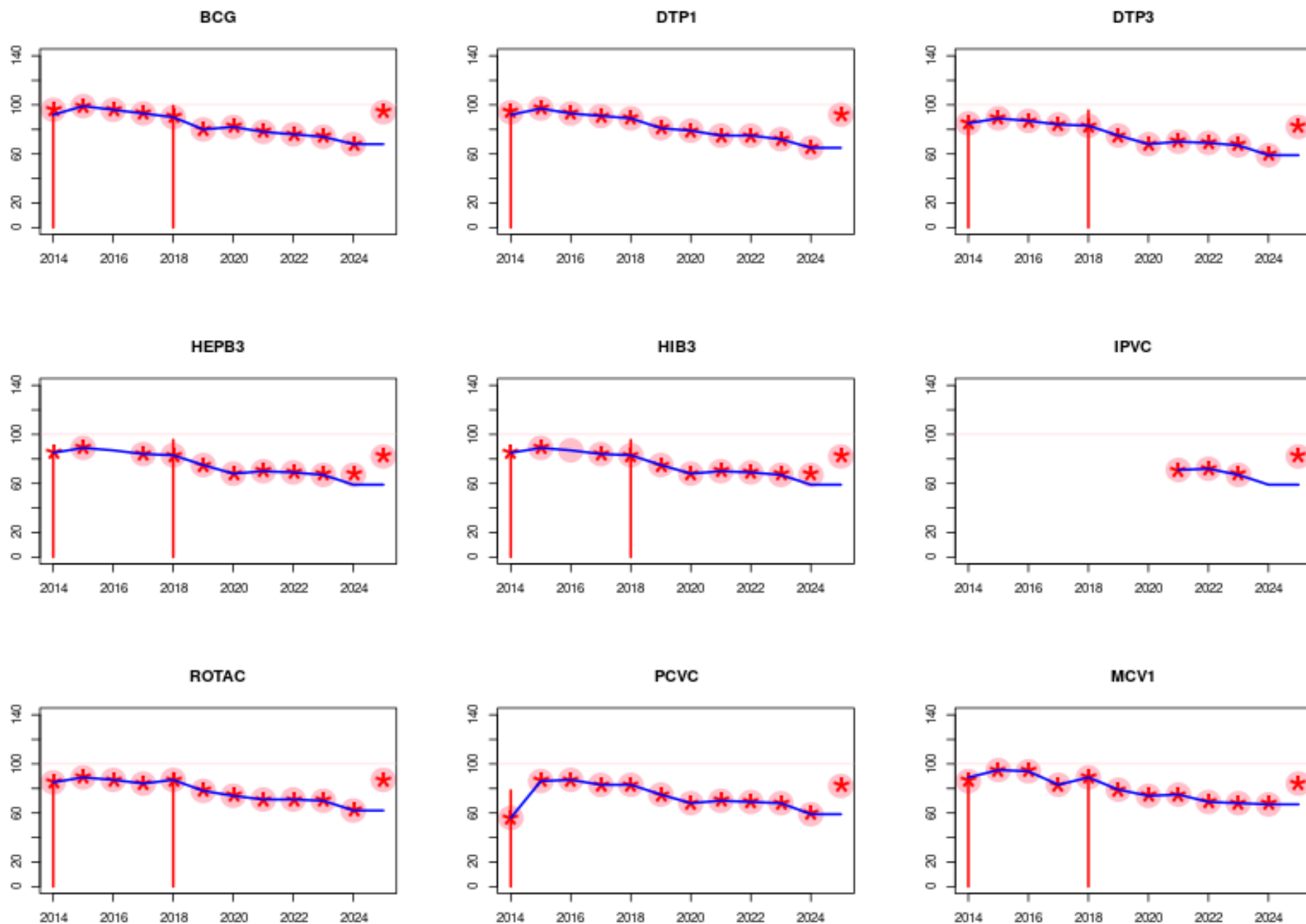




Bolivia (Plurinational State of): WHO and UNICEF estimates of immunization coverage: 2025 revision

BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage. 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.

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Bolivia (Plurinational State of): WHO and UNICEF estimates of immunization coverage: 2025 revision

ANTECEDENTES Cada año, la OMS y UNICEF revisan conjuntamente los informes presentados por los Estados Miembros relativos a la cobertura nacional de inmunización, los informes finales de encuestas de cobertura, así como los datos identificados en la literatura gris y publicada. Sobre la base de esos datos, y teniendo debidamente en cuenta los posibles sesgos e información de expertos locales, la OMS y el UNICEF tratan de distinguir entre las situaciones en que los datos empíricos disponibles reflejan con exactitud el desempeño del sistema de inmunización y aquellas en que los datos puedan estar comprometidos y presentar una visión distorsionada de la cobertura. Las estimaciones se refieren a las vacunas administradas y documentadas por servicios de inmunización sistemática o regular a niños menores de 12 meses de edad, o según la edad especificada en el calendario de vacunación recomendado. No se incluyen las vacunas recibidas a través de actividades de inmunización suplementarias, como las campañas contra la poliomielitis y el sarampión.

Las estimaciones de cobertura de la OMS y UNICEF son específicas para cada país; es decir, los datos de cada país se revisan individualmente y, en ausencia de datos, no se toman prestados datos de otros países. Las estimaciones no se basan en ajustes ad hoc de los datos notificados y en algunos casos solo se dispone de datos empíricos de una única fuente, habitualmente los datos de cobertura notificados a nivel nacional. En los casos en que no se dispone de datos para una combinación determinada de país/vacuna/año, se consideran los datos de años anteriores y posteriores y se realiza una interpolación para estimar la cobertura del año(s) faltante(s). En los casos en que se cuenta con diversas fuentes de datos y éstos muestran una gran diferencia, se intenta identificar la estimación más cercana a la realidad teniendo en cuenta los posibles sesgos de los datos disponibles. Para leer la metodología, véase:

* 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.

FUENTES DE DATOS

Cobertura ADMINISTRATIVA: Datos reportados por las autoridades nacionales en base a informes administrativos agregados procedentes de proveedores de servicios sanitarios sobre el número de dosis administradas durante un periodo determinado (datos del numerador) y datos sobre la población meta (datos del denominador). La cobertura administrativa puede estar sesgada por inexactitudes en el numerador y/o denominador.

Cobertura OFICIAL: Cobertura comunicada por las autoridades nacionales como la estimación que refleja su evaluación de la cobertura más probable usualmente basada en cualquier combinación de cobertura administrativa, estimaciones basadas en encuestas u otras fuentes de datos o ajustes. La metodología para determinar la cobertura OFICIAL puede variar de un país a otro.

Cobertura de ENCUESTA: Basada en la cobertura estimada a partir de encuestas de hogares para la población de niños de 6-11, 12-23 o 24-35 meses, tras una revisión de los métodos y los resultados de la encuesta. La información se basa en la combinación de datos de vacunación extraídas de algún documento (tarjeta de vacunación, registros) o de lo que pueda recordar el responsable del niño. Los resultados de una encuesta se consideran para la cohorte de nacimiento de la mayoría de los niños en función del periodo de recopilación de datos y la edad de los niños incluidos.

ABREVIATURAS Y DEFINICIONES

BCG: porcentaje de recién nacidos que recibieron una dosis de la vacuna Bacillus Calmette-Guerin, contra formas severas de tuberculosis.

DTP1 / DTP3 (del inglés diphtheria-tetanus-pertussis): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª / 3ª dosis, respectivamente, de una vacuna que contiene toxoide diftérico y tetánico y vacuna contra la tos ferina (Pertussis).

IPV1 (del inglés inactivated polio vaccine): porcentaje recién nacidos supervivientes (al año) que recibieron la 1ª dosis de la vacuna inactivada contra la poliomielitis.

IPVC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la vacuna VPI en la serie primaria, recomendada según el calendario nacional de vacunación (por ejemplo, la segunda o tercera dosis).

MCV1 (del inglés measles-containing vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª dosis de alguna vacuna antisarampionosa. En países en los que el esquema nacional de vacunación recomienda la 1ª dosis vacuna antisarampionosa a partir de los 12 meses de edad, en función de la epidemiología de la enfermedad en el país, las estimaciones de cobertura reflejan el porcentaje de niños que recibieron la 1ª dosis de vacuna antisarampionosa según la edad recomendada.

MCV2: porcentaje de niños que recibieron la 2ª dosis de alguna vacuna antisarampionosa según el calendario recomendado a nivel nacional.

RCV1 (del inglés rubella-containing vaccine): porcentaje de recién nacidos supervivientes (al año), o según la edad recomendada, que recibieron la 1ª dosis de alguna vacuna contra la rubéola. Las estimaciones de cobertura contra la rubéola se basan en las estimaciones de la OMS y UNICEF para la vacuna antisarampionosa correspondiente a la primera vacuna combinada contra el sarampión y la rubéola. La estimación de la OMS y UNICEF no considera la cobertura contra la rubéola notificada.

HEPBB: porcentaje de recién nacidos que recibieron una dosis de vacuna contra la hepatitis B dentro de las primeras 24 horas después del nacimiento. Las estimaciones de cobertura de hepatitis B del recién nacido sólo se elaboran para los países que recomiendan esta dosis de manera universal y no para los países que recomiendan una dosis al nacer solo para recién nacidos de madres infectadas por el virus de la hepatitis B o cuando no hay información suficiente para determinar si la vacunación se administra dentro de las primeras 24 horas después del nacimiento.

HEPB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de una vacuna contra la hepatitis B tras la dosis de nacimiento.

HIB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de la vacuna contra Haemophilus influenzae tipo b.

ROTAC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis recomendada de la vacuna contra el rotavirus, que puede ser la 2ª o la 3ª dosis dependiendo de la vacuna utilizada.

PCVC (del inglés pneumococcal conjugate vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la serie primaria de la vacuna antineumocócica conjugada, recomendada según el calendario nacional de vacunación (p. ej., segunda o tercera dosis).

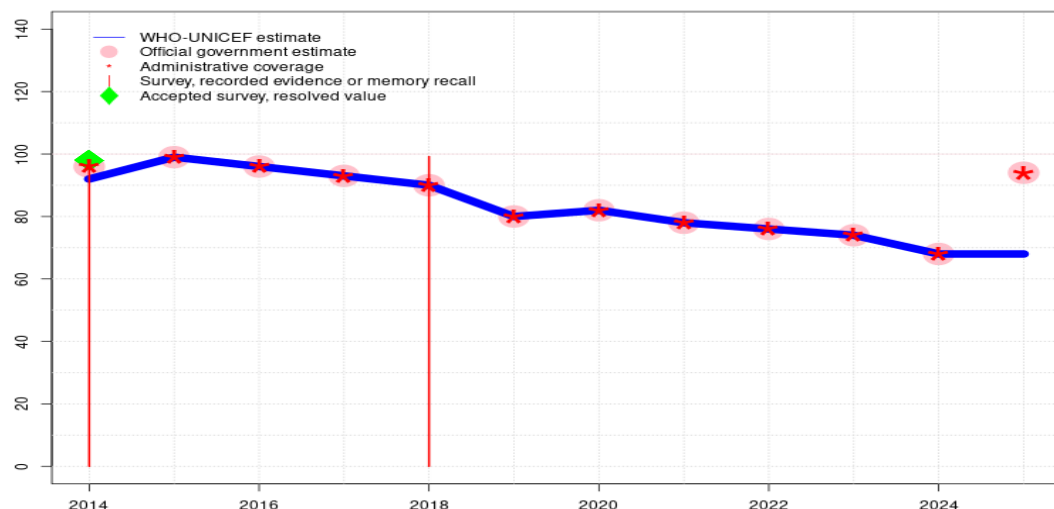
YFV (del inglés yellow fever vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones de cobertura se anualizan para toda la cohorte de recién nacidos supervivientes.

MENGA: porcentaje de niños que recibieron una dosis de la vacuna conjugada antimeningocócica A. Las estimaciones de cobertura MENGA son únicamente elaboradas para los países del cinturón de la meningitis de África subsahariana.

Descargo de responsabilidad: La Organización Mundial de la Salud y el Fondo de las Naciones Unidas para la Infancia han tomado todas las precauciones razonables para verificar la información contenida en esta publicación. No obstante, el material publicado se distribuye sin garantía de ningún tipo, ni expresa ni implícita. La responsabilidad de la interpretación y el uso del material recae en el lector. En ningún caso la Organización Mundial de la Salud o el Fondo de las Naciones Unidas para la Infancia serán responsables de potenciales daños derivados de su uso.

Bolivia (Plurinational State of) - BCG

BOL - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	99	96	93	90	80	82	78	76	74	68	68
Estimate GoC	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	96	99	96	93	90	80	82	78	76	74	68	94
Administrative	96	99	96	93	90	80	82	78	76	74	68	94
Survey	98	-	-	-	99	-	-	-	-	-	-	-

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.

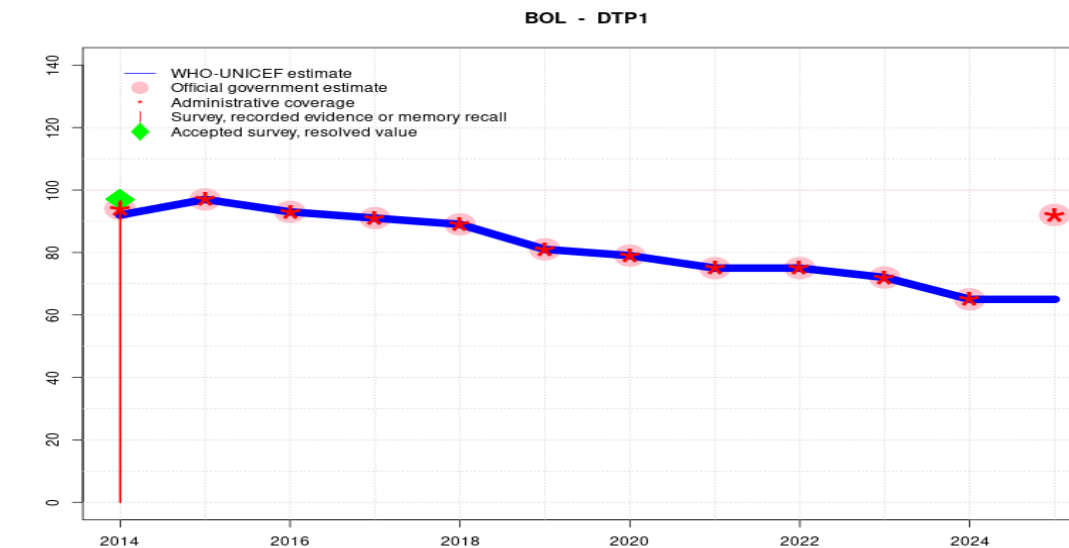
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 extrapolation from reported data. Reported data excluded due to sudden change in coverage from 68 to 94 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported BCG coverage of 99 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Bolivia National EPI Coverage Survey results ignored. Sample size 0 less than 300. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+

Bolivia (Plurinational State of) - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	97	93	91	89	81	79	75	75	72	65	65
Estimate GoC	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	94	97	93	91	89	81	79	75	75	72	65	92
Administrative	94	97	93	91	89	81	79	75	75	72	65	92
Survey	97	-	-	-	-	-	-	-	-	-	-	-

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.

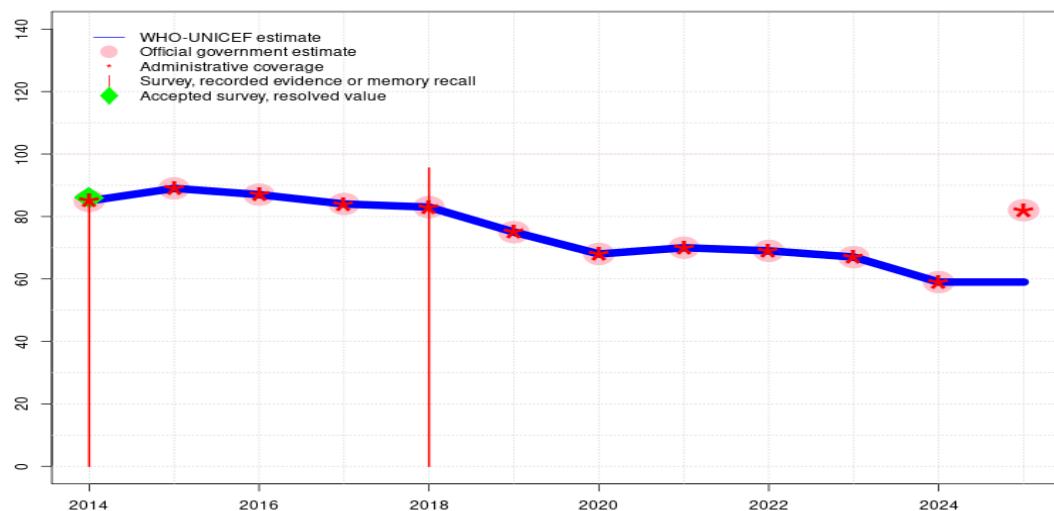
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded due to sudden change in coverage from 65 to 92 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Pentavalent 1 coverage of 98.5 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+

Bolivia (Plurinational State of) - DTP3

BOL - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	89	87	84	83	75	68	70	69	67	59	59
Estimate GoC	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	85	89	87	84	83	75	68	70	69	67	59	82
Administrative	85	89	87	84	83	75	68	70	69	67	59	82
Survey	86	-	-	-	96	-	-	-	-	-	-	-

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.

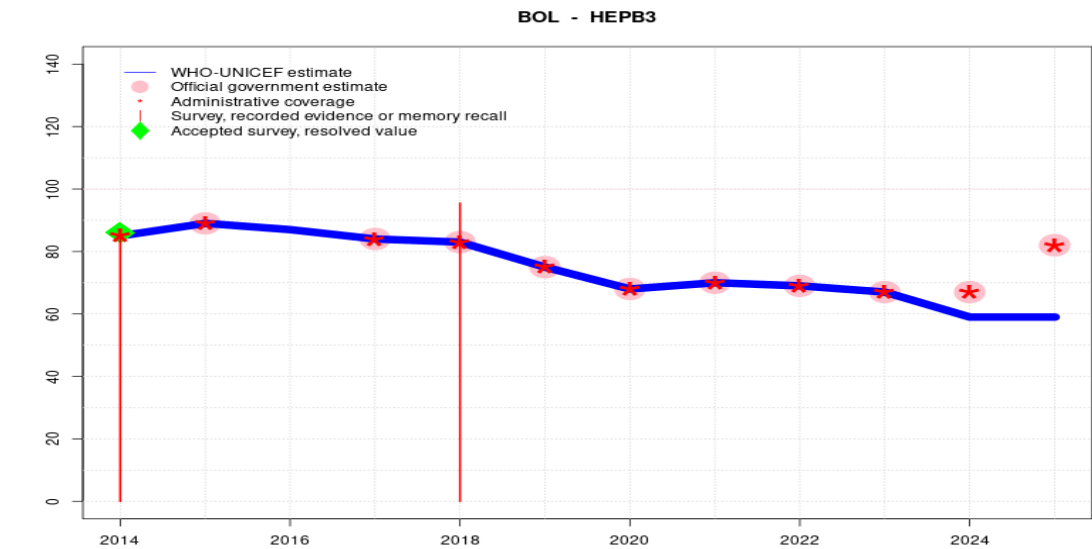
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 extrapolation from reported data. Reported data excluded due to sudden change in coverage from 59 to 82 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Pentavalent 3 coverage of 93 percent for children 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Bolivia National EPI Coverage Survey results ignored. Sample size 0 less than 300. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+

Bolivia (Plurinational State of) - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	89	87	84	83	75	68	70	69	67	59	59
Estimate GoC	●●●	●●●	●●	●●	●●	●	●●	●●	●●	●●	●	●
Official	-	89	-	84	83	75	68	70	69	67	67	82
Administrative	85	89	-	84	83	75	68	70	69	67	67	82
Survey	86	-	-	-	96	-	-	-	-	-	-	-

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.

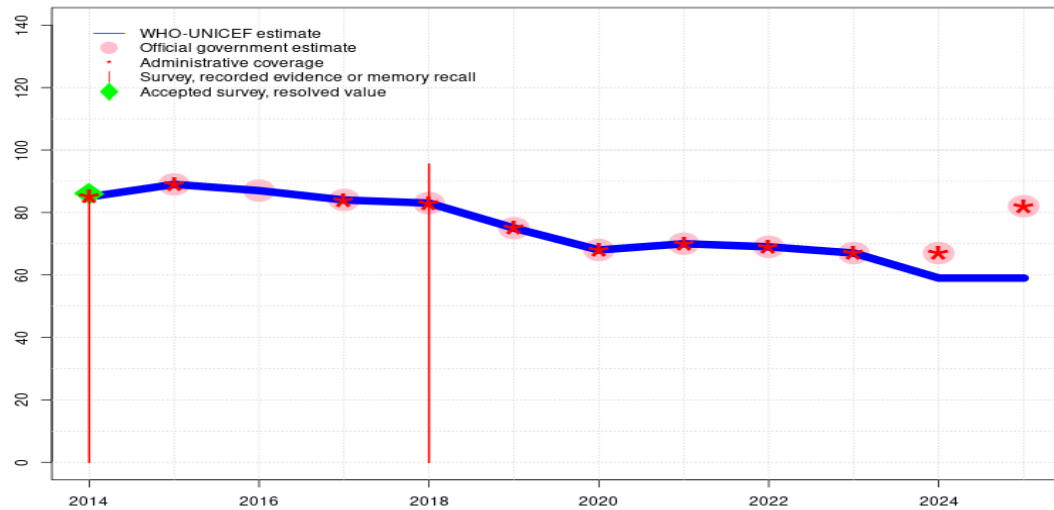
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated DTP3 coverage. Reported data excluded due to sudden change in coverage from 67 to 82 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. Estimate challenged by: R-
- 2024: Estimate based on estimated DTP3 coverage. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. Estimate challenged by: R-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Pentavalent 3 coverage of 93 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by estimated DTP3 level. Estimate challenged by: R-
- 2018: Estimate informed by reported data. Bolivia National EPI Coverage Survey results ignored. Sample size 0 less than 300. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. GoC=S+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 86 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+

Bolivia (Plurinational State of) - HIB3

BOL - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	89	87	84	83	75	68	70	69	67	59	59
Estimate GoC	●●●	●●●	●●	●●	●●	●	●●	●●	●●	●●	●	●
Official	-	89	87	84	83	75	68	70	69	67	67	82
Administrative	85	89	-	84	83	75	68	70	69	67	67	82
Survey	86	-	-	-	96	-	-	-	-	-	-	-

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.

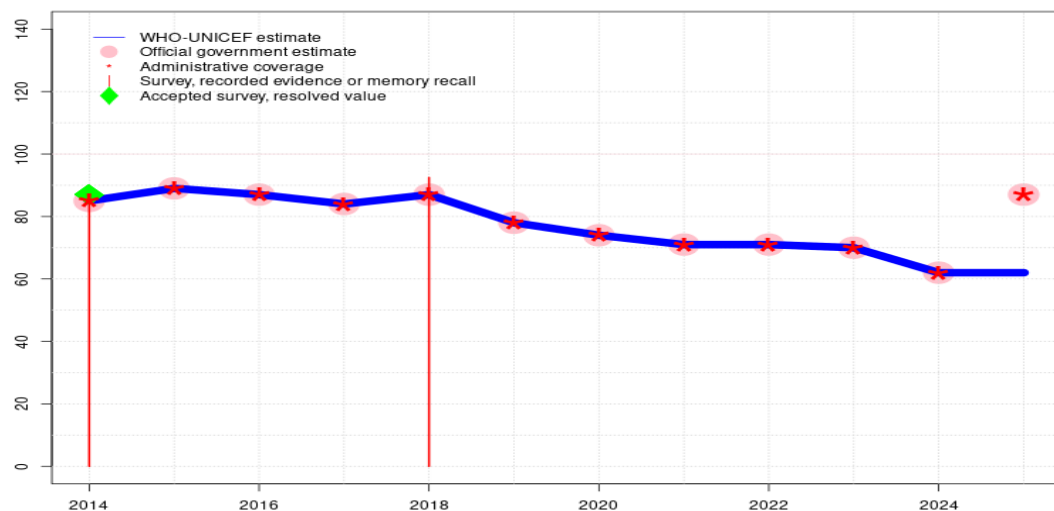
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated DTP3 coverage. Reported data excluded due to sudden change in coverage from 67 to 82 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. Estimate challenged by: R-
- 2024: Estimate based on estimated DTP3 coverage. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. Estimate challenged by: R-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Pentavalent 3 coverage of 93 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by estimated DTP3 level. Estimate challenged by: R-
- 2018: Estimate informed by reported data. Bolivia National EPI Coverage Survey results ignored. Sample size 0 less than 300. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+

Bolivia (Plurinational State of) - ROTAC

BOL - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	89	87	84	87	78	74	71	71	70	62	62
Estimate GoC	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	85	89	87	84	87	78	74	71	71	70	62	87
Administrative	85	89	87	84	87	78	74	71	71	70	62	87
Survey	87	-	-	-	93	-	-	-	-	-	-	-

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.

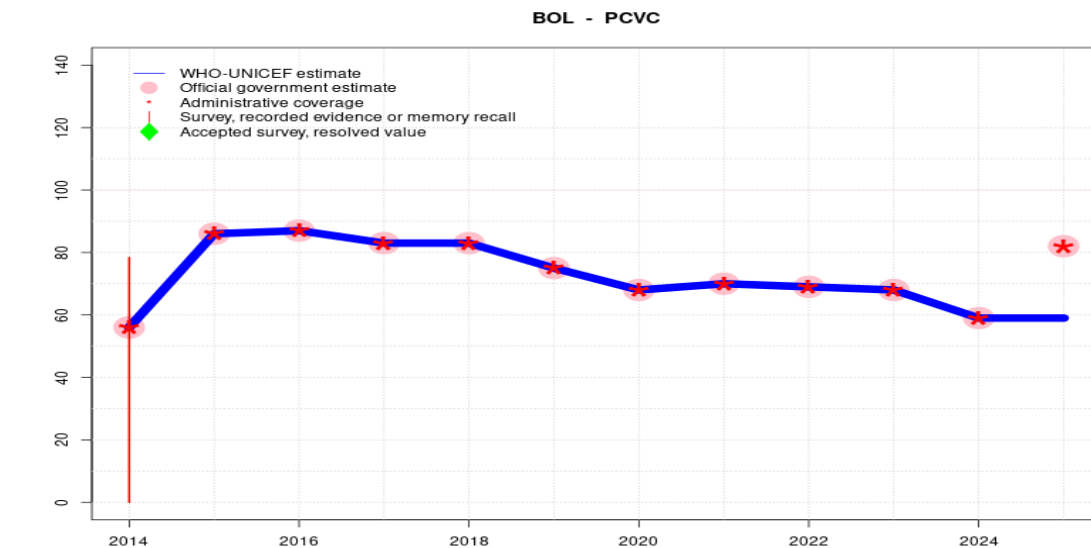
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 extrapolation from reported data. Reported data excluded due to sudden change in coverage from 62 to 87 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported Rotavirus 2 coverage of 96 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a vaccine stockout of unknown duration. GoC=R+ D+
- 2018: Estimate informed by reported data. Bolivia National EPI Coverage Survey results ignored. Sample size 0 less than 300. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. Programme reports two months vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+

Bolivia (Plurinational State of) - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	56	86	87	83	83	75	68	70	69	68	59	59
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	••
Official	56	86	87	83	83	75	68	70	69	68	59	82
Administrative	56	86	87	83	83	75	68	70	69	68	59	82
Survey	78	-	-	-	-	-	-	-	-	-	-	-

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

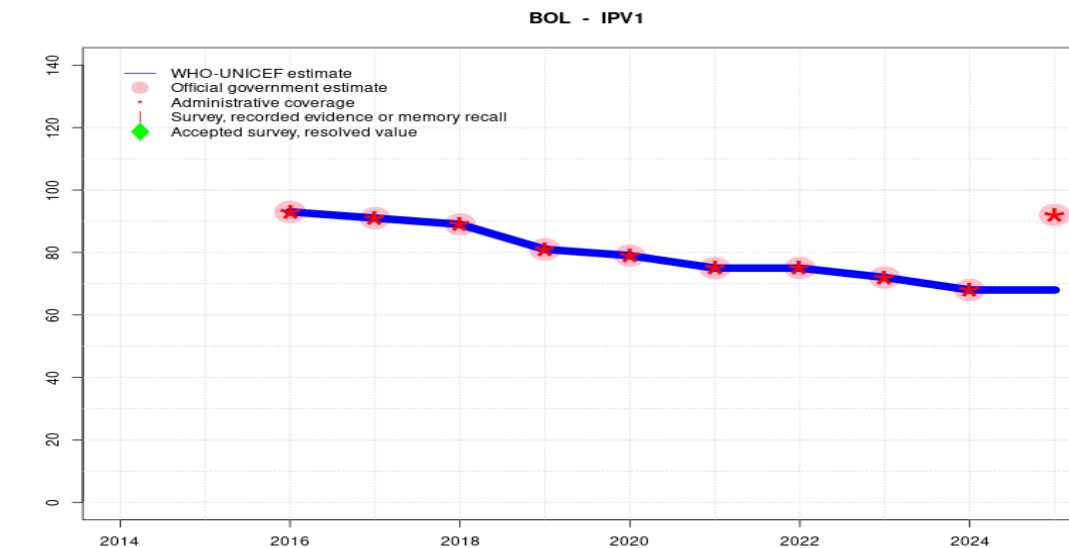
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded due to sudden change in coverage from 59 to 82 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported pneumococcus 3 coverage of 93 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Pneumococcal conjugate vaccine introduced in 2014. Estimate informed by reported data. Bolivia Demographic and Health Survey (EDSA) 2016 results ignored by working group. Survey covers cohort during vaccine introduction. GoC=R+ D+

Bolivia (Plurinational State of) - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	93	91	89	81	79	75	75	72	68	68
Estimate GoC	-	-	●●	●●	●●	●	●●	●●	●●	●●	●●	●●
Official	-	-	93	91	89	81	79	75	75	72	68	92
Administrative	-	-	93	91	89	81	79	75	75	72	68	92
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

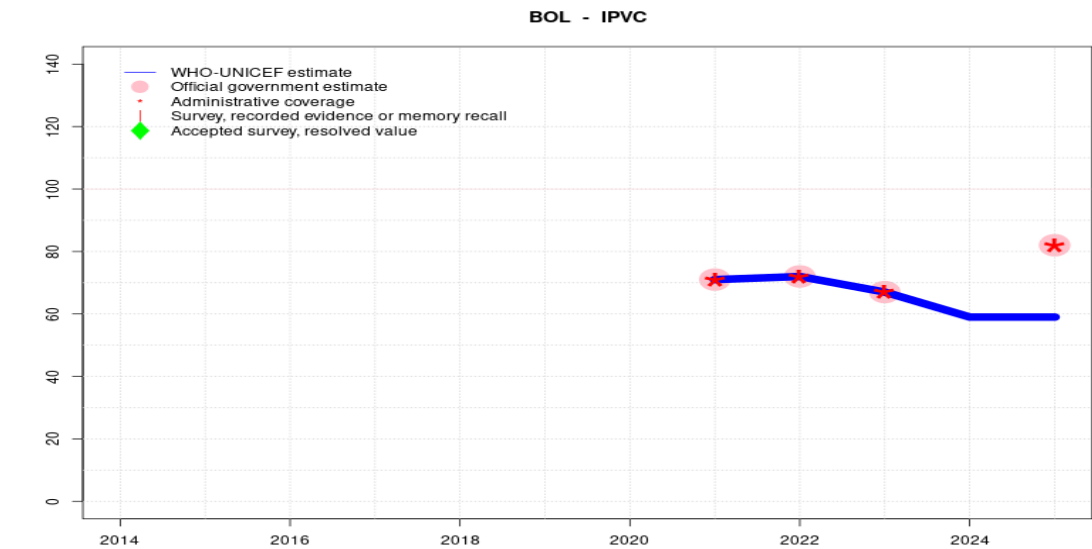
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded due to sudden change in coverage from 68 to 92 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by estimated DTP1 level. Estimate challenged by: R-
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+

Bolivia (Plurinational State of) - IPV



Description:

- 2025: Estimate based on estimated DTP3 coverage. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. Estimate challenged by: R-
- 2024: Estimate based on estimated DTP3 as IPV is recommended at the same age. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. Estimate of 59 percent changed from previous revision value of 67 percent. GoC=No accepted empirical data
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2021. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	71	72	67	59	59
Estimate GoC	-	-	-	-	-	-	-	••	••	••	•	•
Official	-	-	-	-	-	-	-	71	72	67	-	82
Administrative	-	-	-	-	-	-	-	71	72	67	-	82
Survey	-	-	-	-	-	-	-	-	-	-	-	-

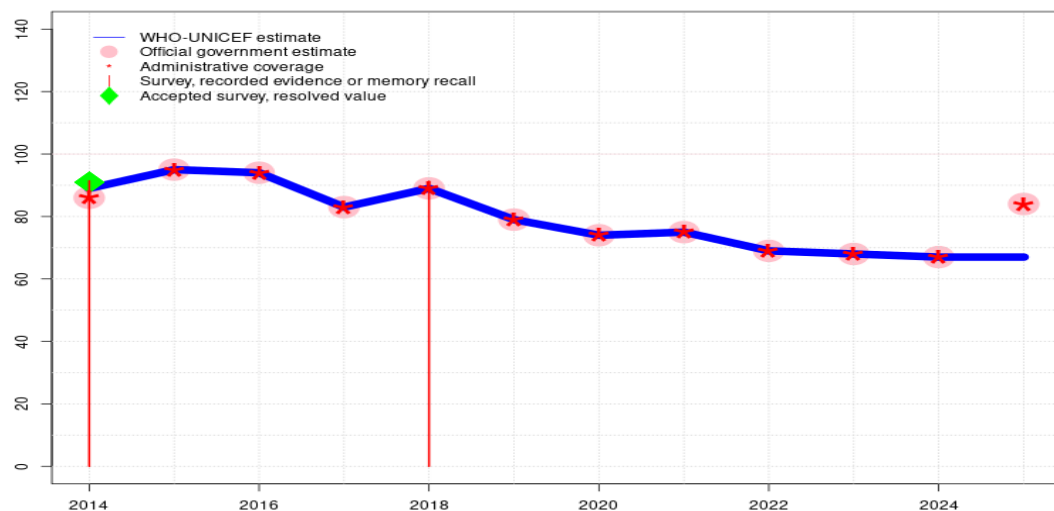
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Bolivia (Plurinational State of) - MCV1

BOL - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	89	95	94	83	89	79	74	75	69	68	67	67
Estimate GoC	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	86	95	94	83	89	79	74	75	69	68	67	84
Administrative	86	95	94	83	89	79	74	75	69	68	67	84
Survey	91	-	-	-	91	-	-	-	-	-	-	-

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.

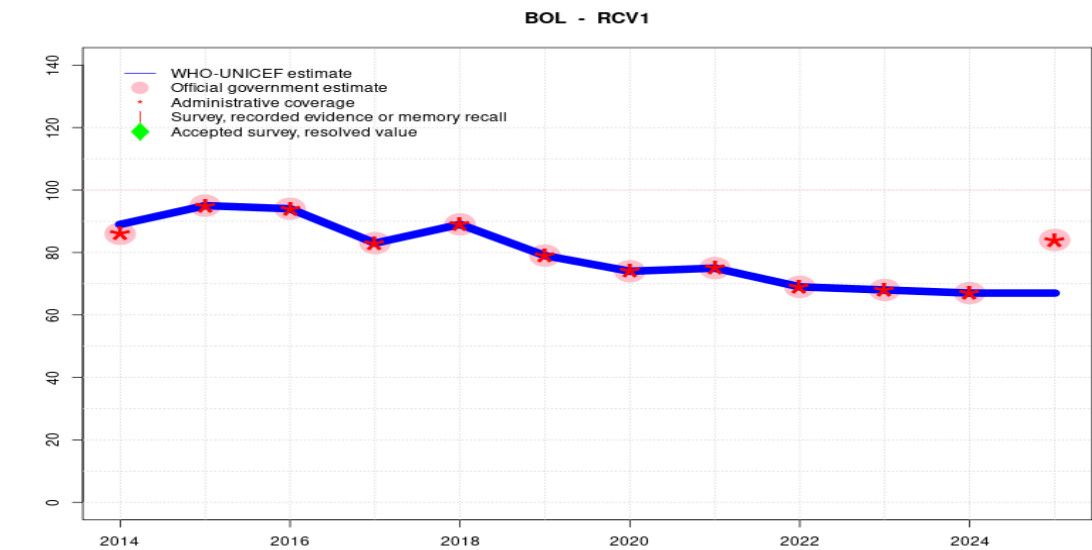
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 extrapolation from reported data. Reported data excluded due to sudden change in coverage from 67 to 84 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported MMR1 coverage of 87 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Bolivia National EPI Coverage Survey results ignored. Sample size 0 less than 300. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Reported data excluded. Programme reported a revised target population. Programme also reported a decrease in the number of children vaccinated compared to 2013 due in part to the ongoing implementation of a new information system. WHO and UNICEF recommend a revision of the coverage data time series with a consistent target population. GoC=R+ S+ D+

Bolivia (Plurinational State of) - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	89	95	94	83	89	79	74	75	69	68	67	67
Estimate GoC	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	86	95	94	83	89	79	74	75	69	68	67	84
Administrative	86	95	94	83	89	79	74	75	69	68	67	84
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

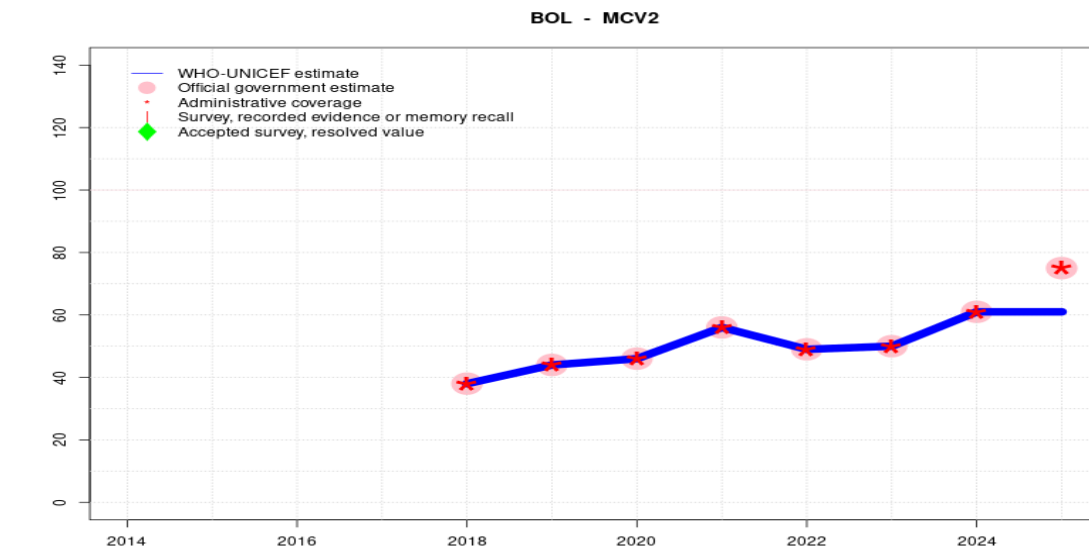
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate based on estimated MCV1. Reported data excluded due to sudden change in coverage from 67 to 84 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. 2023 Demography and Health Survey reported MMR1 coverage of 87 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ S+ D+

Bolivia (Plurinational State of) - MCV2



Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded due to sudden change in coverage from 61 to 75 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. Second dose of measles containing vaccine introduced as MMR during 2018. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	38	44	46	56	49	50	61	61
Estimate GoC	-	-	-	-	••	••	••	••	••	••	••	••
Official	-	-	-	-	38	44	46	56	49	50	61	75
Administrative	-	-	-	-	38	44	46	56	49	50	61	75
Survey	-	-	-	-	-	-	-	-	-	-	-	-

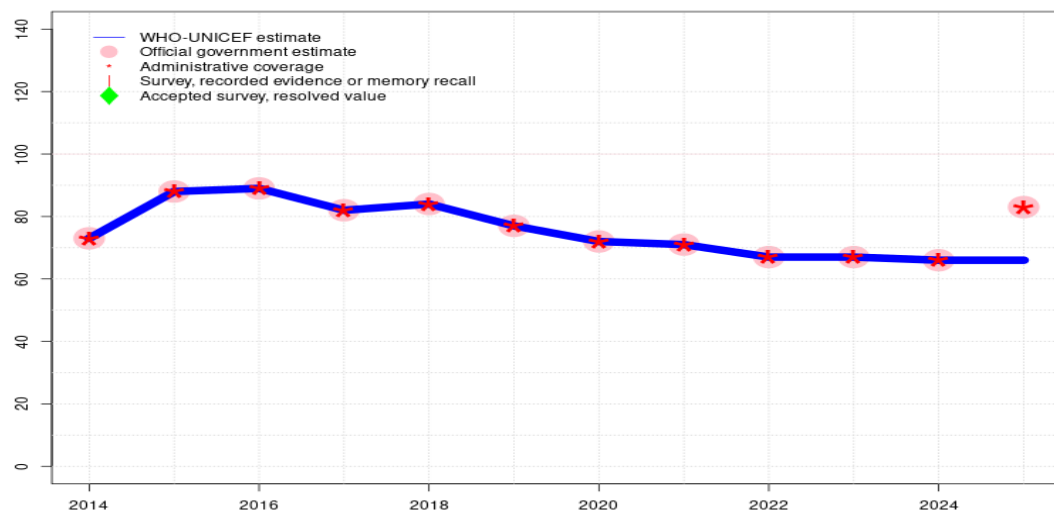
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Bolivia (Plurinational State of) - YFV

BOL - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	73	88	89	82	84	77	72	71	67	67	66	66
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	••
Official	73	88	89	82	84	77	72	71	67	67	66	83
Administrative	73	88	89	82	84	77	72	71	67	67	66	83
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded due to sudden change in coverage from 66 to 83 percent. Reported target population decline of over 26 percent between 2024 and 2025. WHO and UNICEF suggest a retrospective revision of denominators based on the revised target population from the 2024 census. Revision of the target population suggests that estimates may underestimate true coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Reported and estimated coverage likely underestimated. Results from the 2023 nationally conducted survey on demography and health [Encuesta de Demografia y Salud] suggest higher coverage for all antigens. Similarly, the fertility rate observed is much lower than previous estimates, thus target population estimates used for immunization are likely overestimated. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. 2023 Demography and Health Survey reported yellow fever vaccine coverage of 88 percent for children aged 18 to 29 months of age. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Results of a 2019 survey, reflecting the 2015-18 birth cohorts, suggest higher coverage levels than reported by the administrative recording and reporting system. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by estimated MCV1 coverage. Reported data on the number of doses administered for YFV was lower than that for MCV1. GoC=R+ D+

Bolivia (Plurinational State of) - 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.

2018 Bolivia Encuesta Nacional de Cobertura de Vacunación - ENCOVA 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.2	12-23 m	-	-
DTP3	Record or Recall	95.5	12-23 m	-	-
HEPB3	Record or Recall	95.5	12-23 m	-	-
HIB3	Record or Recall	95.5	12-23 m	-	-
MCV1	Record or Recall	91.3	12-23 m	-	-
ROTAC	Record or Recall	92.5	12-23 m	-	-

2014 Bolivia Demographic and Health Survey (EDSA) 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	97.6	18-29 m	1007	63
DTP1	Record or Recall	96.6	18-29 m	1007	63
DTP3	Record or Recall	85.5	18-29 m	1007	63
HEPB1	Record or Recall	96.6	18-29 m	1007	63
HEPB3	Record or Recall	85.5	18-29 m	1007	63
HIB1	Record or Recall	96.6	18-29 m	1007	63

HIB3	Record or Recall	85.5	18-29 m	1007	63
MCV1	Record or Recall	91.4	18-29 m	1007	63
PCVC	Record or Recall	78.4	18-29 m	1007	63
ROTAC	Record or Recall	86.9	18-29 m	1007	63

2012 Bolivia Encuesta Nacional de Cobertura de Vacunacion ENCOVA 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.7	12-23 m	1069	-
DTP3	Record or Recall	92.8	12-23 m	1069	-
HEPB3	Record or Recall	92.8	12-23 m	1069	-
HIB3	Record or Recall	92.8	12-23 m	1069	-
MCV1	Record or Recall	90.2	12-23 m	1069	-
ROTAC	Record or Recall	91.1	12-23 m	1069	-
YFV	Record or Recall	85.9	12-23 m	1069	-

2011 Bolivia Encuesta Nacional de Cobertura de Vacunacion ENCOVA 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	99.6	18-29 m	1060	-
DTP3	Record or Recall	94.9	18-29 m	1060	-
HEPB3	Record or Recall	94.9	18-29 m	1060	-
HIB3	Record or Recall	94.9	18-29 m	1060	-
MCV1	Record or Recall	95.5	18-29 m	1060	-
ROTAC	Record or Recall	91.2	18-29 m	1060	-
YFV	Record or Recall	92.3	18-29 m	1060	-

2006 Bolivia Encuesta Nacional de Demografía y Salud 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	22.4	18-29 m	1689	-
BCG	Record	76	18-29 m	1689	-
BCG	Record or Recall	98.4	18-29 m	1689	-
DTP1	Recall	21.8	18-29 m	1689	-
DTP1	Record	75.2	18-29 m	1689	-

Bolivia (Plurinational State of) - Survey Details

DTP1	Record or Recall	97	18-29 m	1689	-
DTP3	Recall	15.8	18-29 m	1689	-
DTP3	Record	70	18-29 m	1689	-
DTP3	Record or Recall	85.7	18-29 m	1689	-
HEPB1	Recall	21.8	18-29 m	1689	-
HEPB1	Record	75.2	18-29 m	1689	-
HEPB1	Record or Recall	97	18-29 m	1689	-
HEPB3	Recall	15.8	18-29 m	1689	-
HEPB3	Record	70	18-29 m	1689	-
HEPB3	Record or Recall	85.7	18-29 m	1689	-
HIB1	Recall	21.8	18-29 m	1689	-
HIB1	Record	75.2	18-29 m	1689	-
HIB1	Record or Recall	97	18-29 m	1689	-
HIB3	Recall	15.8	18-29 m	1689	-
HIB3	Record	70	18-29 m	1689	-
HIB3	Record or Recall	85.7	18-29 m	1689	-
MCV1	Recall	17.7	18-29 m	1689	-
MCV1	Record	68	18-29 m	1689	-
MCV1	Record or Recall	85.8	18-29 m	1689	-

2006 Encuesta de cobertura vacunal de SR 15-39 años y SRP en niños de 12-23 meses

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall<24m	81	0-24 m	597	-

2005 Encuesta de cobertura vacunal de SR 15-39 años y SRP en niños de 12-23 meses

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	40.2	12-59 m	597	65
MCV1	Record	51.6	12-59 m	597	65
MCV1	Record or Recall	91.8	12-59 m	597	65

2002 Encuesta Nacional de Demografía y Salud, ENDSA 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	17.4	12-23 m	1861	79
BCG	Record	76	12-23 m	1861	79
BCG	Record or Recall	93.4	12-23 m	1861	79
DTP1	Recall	17	12-23 m	1861	79
DTP1	Record	77.4	12-23 m	1861	79
DTP1	Record or Recall	94.4	12-23 m	1861	79
DTP3	Recall	8.7	12-23 m	1861	79
DTP3	Record	62.8	12-23 m	1861	79
DTP3	Record or Recall	71.5	12-23 m	1861	79
MCV1	Recall	10.4	12-23 m	1861	79
MCV1	Record	53.5	12-23 m	1861	79
MCV1	Record or Recall	63.9	12-23 m	1861	79

1999 Bolivia, Encuesta de múltiples indicadores por conglomerados 2000 (MICS 2000), 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	43.6	12-23 m	642	54
BCG	Record	48.9	12-23 m	642	54
BCG	Record or Recall	92.5	12-23 m	642	54
DTP1	Recall	42.9	12-23 m	642	54
DTP1	Record	49.2	12-23 m	642	54
DTP1	Record or Recall	92.1	12-23 m	642	54
DTP3	Recall	30.3	12-23 m	642	54
DTP3	Record	41.4	12-23 m	642	54
DTP3	Record or Recall	71.7	12-23 m	642	54
MCV1	Recall	37.3	12-23 m	642	54
MCV1	Record	41.6	12-23 m	642	54
MCV1	Record or Recall	78.9	12-23 m	642	54

1997 República de Bolivia, Encuesta Nacional de Demografía y Salud 1998

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	48.7	12-23 m	1275	40
BCG	Record	38.7	12-23 m	1275	40
BCG	Record or Recall	87.4	12-23 m	1275	40

BCG	Record or Recall<12m	84.8	12-23 m	1275	40	DTP3	Record or Recall	48.6	12-23 m	1275	40
DTP1	Recall	42.6	12-23 m	1275	40	DTP3	Record or Recall<12m	41.1	12-23 m	1275	40
DTP1	Record	38.9	12-23 m	1275	40	MCV1	Recall	28.7	12-23 m	1275	40
DTP1	Record or Recall	81.6	12-23 m	1275	40	MCV1	Record	22.1	12-23 m	1275	40
DTP1	Record or Recall<12m	77.9	12-23 m	1275	40	MCV1	Record or Recall	50.8	12-23 m	1275	40
DTP3	Recall	20.9	12-23 m	1275	40	MCV1	Record or Recall<12m	11.7	12-23 m	1275	40
DTP3	Record	27.7	12-23 m	1275	40						

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