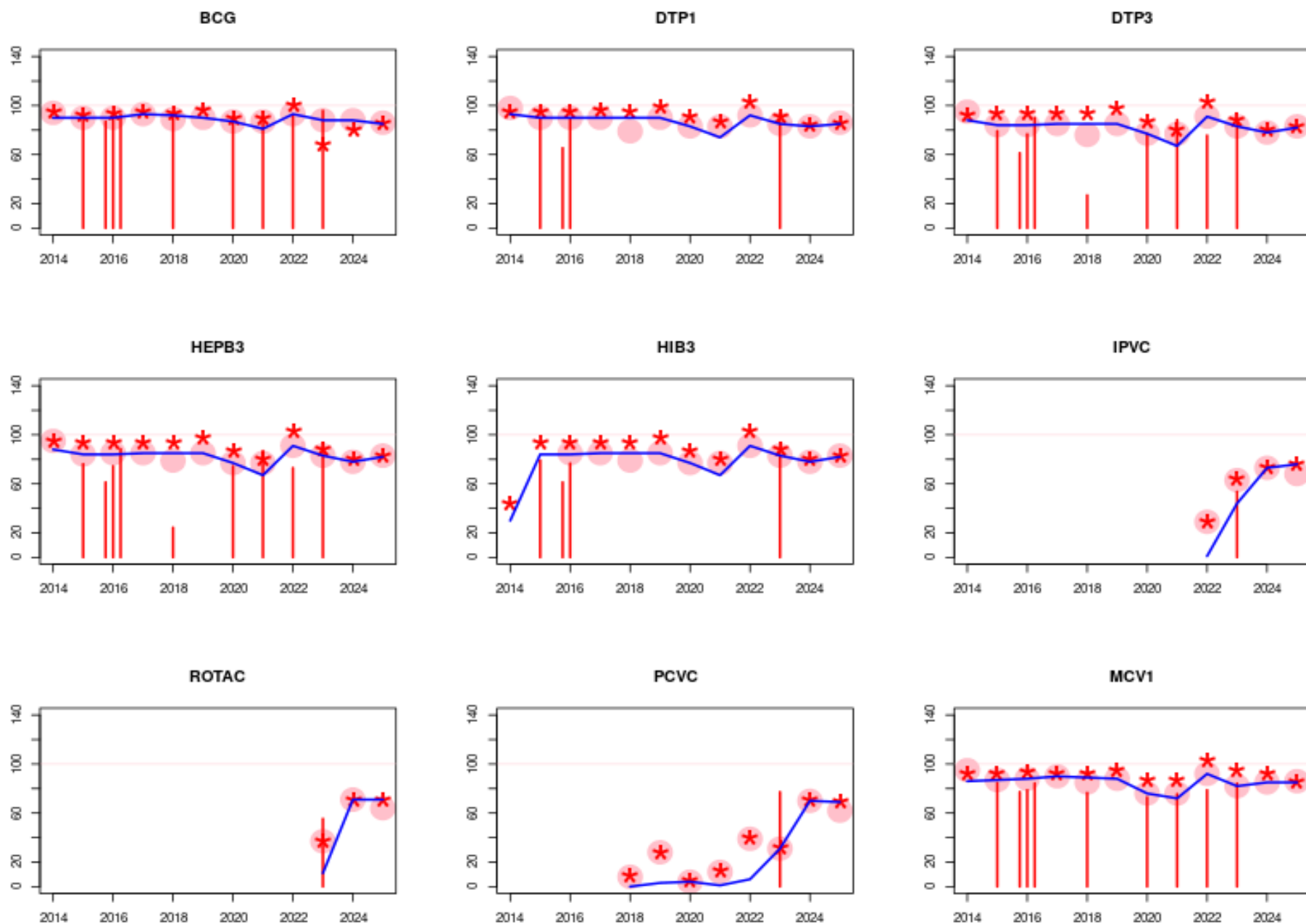




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, 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.

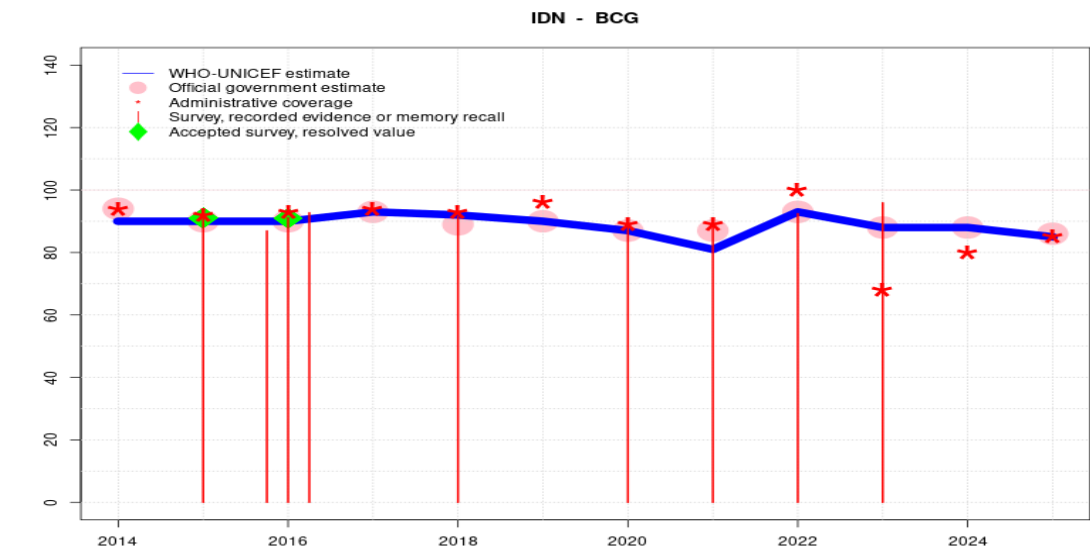
ROTAC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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.

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



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	90	90	93	92	90	87	81	93	88	88	85
Estimate GoC	•	•••	•••	•••	•••	••	••	•	••	•	••	••
Official	94	90	90	93	89	90	87	87	93	88	88	86
Administrative	94	92	93	94	93	96	89	89	100	68	80	85
Survey	-	91	*	-	92	-	91	91	92	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.

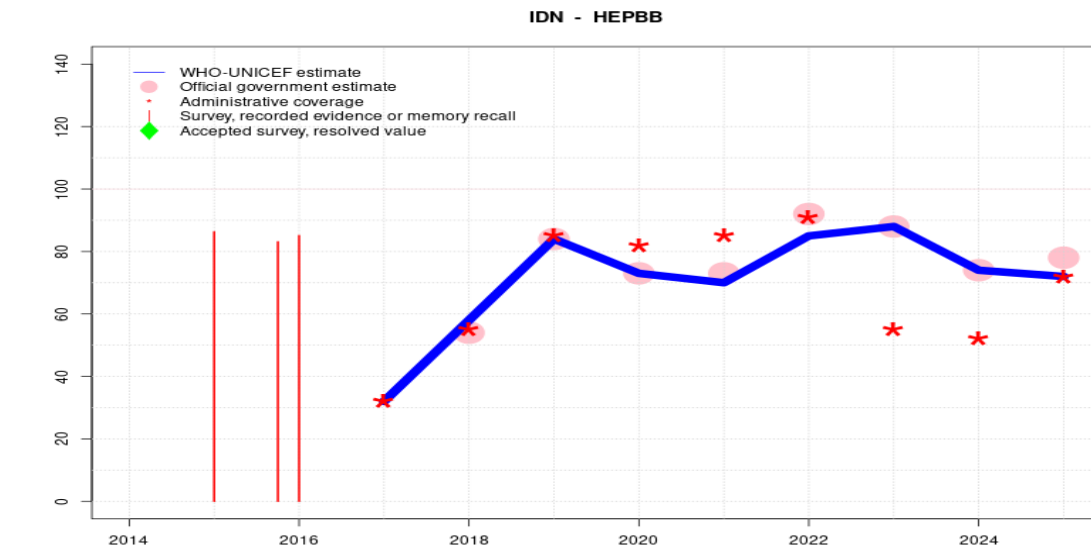
Description:

- 2025: Estimate informed by reported administrative data. Programme reported 6 months vaccine stock-out at the national and subnational levels. The reported duration reflects the cumulative time when at least one province experienced a stock-out without available national resupply, although vaccines may still have been available at district or facility levels within that province and in other provinces. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+
- 2024: Estimate informed by reported data. Official estimates based on DHS and Basic Health Survey results. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. GoC=R+ D+
- 2023: Estimate informed by reported data. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2022-2024 results ignored. Sample size 0 less than 300. GoC=R+ D+
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Indonesia National Socio-Economic Survey (Susenas) 2023 results ignored. Sample size 0 less than 300. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-
- 2020: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2020-2022 results ignored. Sample size 0 less than 300. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+

Indonesia - BCG

- 2018: Estimate informed by interpolation between reported data. Indonesia National Socio-Economic Survey (Susenas) 2018-2020 results ignored. Sample size 0 less than 300. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored. Sample size 0 less than 300. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Reported data calibrated to 2012 and 2015 levels. Programme reports six month stockout during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-

Indonesia - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	32	58	84	73	70	85	88	74	72
Estimate GoC	-	-	-	•	•	••	•	•	•	•	•	••
Official	-	-	-	-	54	84	73	73	92	88	74	78
Administrative	-	-	-	32	55	85	82	85	91	55	52	72
Survey	-	86	*	-	-	-	-	-	-	-	-	-

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:

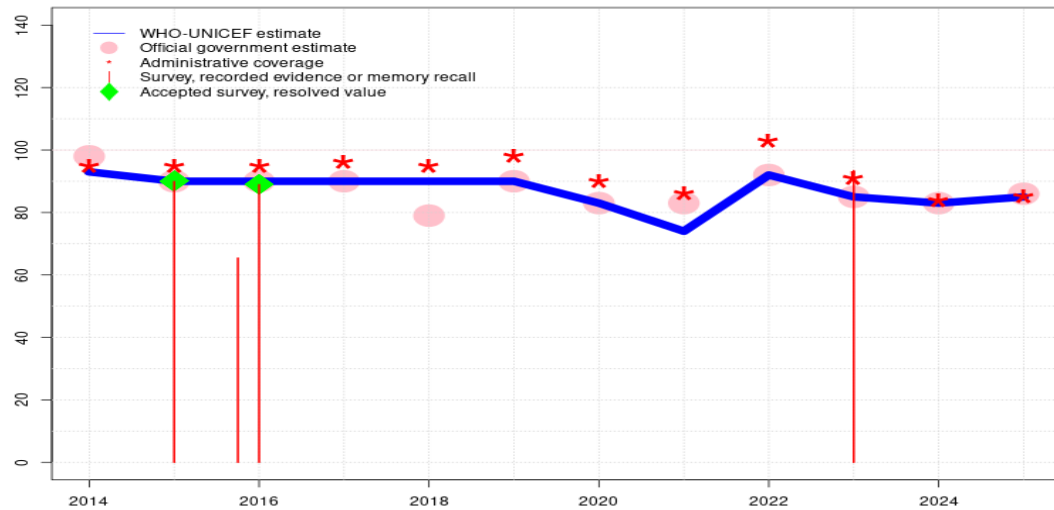
- 2025: Estimate informed by reported administrative data. Programme reported 4 months vaccine stock-out at the national and subnational levels. The reported duration reflects the cumulative time when at least one province experienced a stock-out without available national resupply, although vaccines may still have been available at district or facility levels within that province and in other provinces. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported three months vaccine stock-out at the national and subnational levels. Official estimates based on DHS and Basic Health Survey results. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported official coverage reflects administrative data weighted by survey results from the prior year. Estimate challenged by: D-
- 2022: Estimate informed by the relative relationship between estimated and reported administrative BCG coverage applied to the administrative coverage for HepB birth dose. Estimate challenged by: R-
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate exceptionally based on reported coverage. GoC=Assigned by working group. Consistency with GoC for other vaccines.

Indonesia - HEPBB

2017: Estimate informed by reported administrative data. Estimate exceptionally based on reported coverage. Beginning in 2017 the Programme reports doses given within 24 hours separate from later doses. GoC=Assigned by working group. Consistency with GoC for other vaccines.

Indonesia - DTP1

IDN - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	90	90	90	90	90	83	74	92	85	83	85
Estimate GoC	•	•••	•••	•••	•••	•	••	•	••	••	••	••
Official	98	90	90	90	79	90	83	83	92	85	83	86
Administrative	95	95	95	96	95	98	90	86	103	91	84	85
Survey	-	90	*	-	-	-	-	-	-	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 reported administrative data. Programme reported 4 months vaccine stock-out at the national and subnational levels. The reported duration reflects the cumulative time when at least one province experienced a stock-out without available national resupply, although vaccines may still have been available at district or facility levels within that province and in other provinces. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported two months vaccine stockout at the national and subnational levels. Official estimates based on DHS and Basic Health Survey results. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. GoC=R+ D+
- 2023: Estimate informed by reported data. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. GoC=R+ D+
- 2022: Estimate informed by reported data. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. GoC=R+ D+
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-
- 2020: Estimate informed by reported data. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and sub-national coverage survey results, and vaccine supply data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years.

Indonesia - DTP1

WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Reported data excluded due to decline in reported coverage from 90 percent to 79 percent with increase to 90 percent. GoC=R+ S+ D+

2017: Estimate informed by reported data. GoC=R+ S+ D+

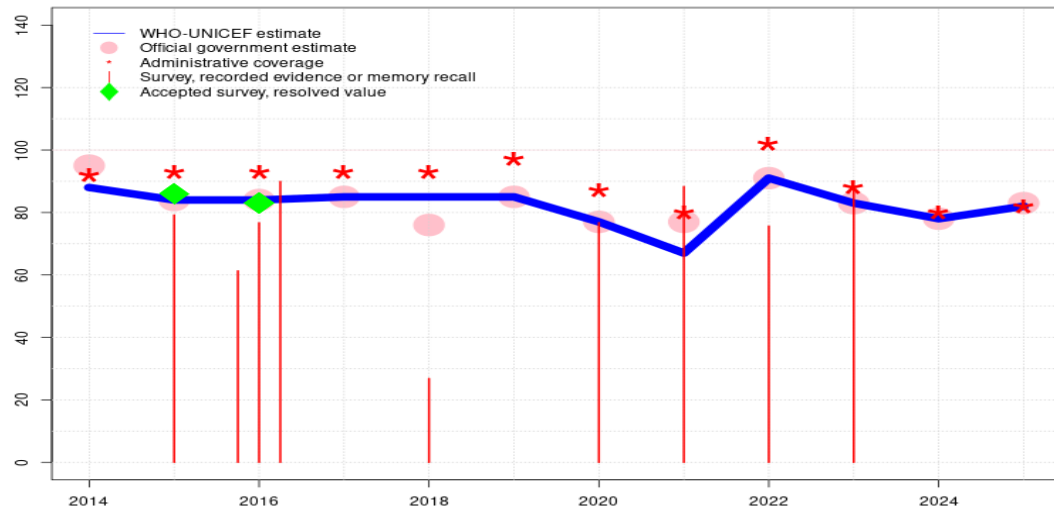
2016: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. GoC=R+ S+ D+

2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Reported data calibrated to 2011 and 2015 levels. Programme reports four months stock-out during first half of year. Estimates based on a calibration applied to administrative coverage levels. Estimate challenged by: R-

Indonesia - DTP3

IDN - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	84	84	85	85	85	77	67	91	83	78	82
Estimate GoC	•	•••	•	•	•	•	•	•	••	••	••	••
Official	95	84	84	85	76	85	77	77	91	83	78	83
Administrative	92	93	93	93	93	97	87	80	102	88	80	82
Survey	-	79	*	-	27	-	77	88	76	89	-	-

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

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

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

Description:

2025: Estimate informed by reported administrative data. Programme reported 4 months vaccine stock-out at the national and subnational levels. The reported duration reflects the cumulative time when at least one province experienced a stock-out without available national resupply, although vaccines may still have been available at district or facility levels within that province and in other provinces. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+

2024: Estimate informed by reported data. Programme reported two months vaccine stockout at the national and subnational levels. Official estimates based on DHS and Basic Health Survey results. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. GoC=R+ D+

2023: Estimate informed by reported data. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 record or recall results of 89 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 84 percent. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. GoC=R+ D+

2022: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2022-2024 results ignored. Sample size 0 less than 300. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. GoC=R+ D+

2021: Estimate informed by the relative decline in the number of doses reported for 2021 compared with 2020 applied to 2020 estimated coverage. Indonesia National Socio-Economic Survey (Susenas) 2023 results ignored. Sample size 0 less than 300. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-

2020: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2020-2022 results ignored. Sample size 0 less than 300. Programme adjustments

from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data.

Estimate challenged by: D-

2019: Estimate informed by reported data. Estimate challenged by: D-

2018: Estimate informed by interpolation between reported data. Indonesia National Socio-Economic Survey (Susenas) 2018-2020 results ignored. Sample size 0 less than 300. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

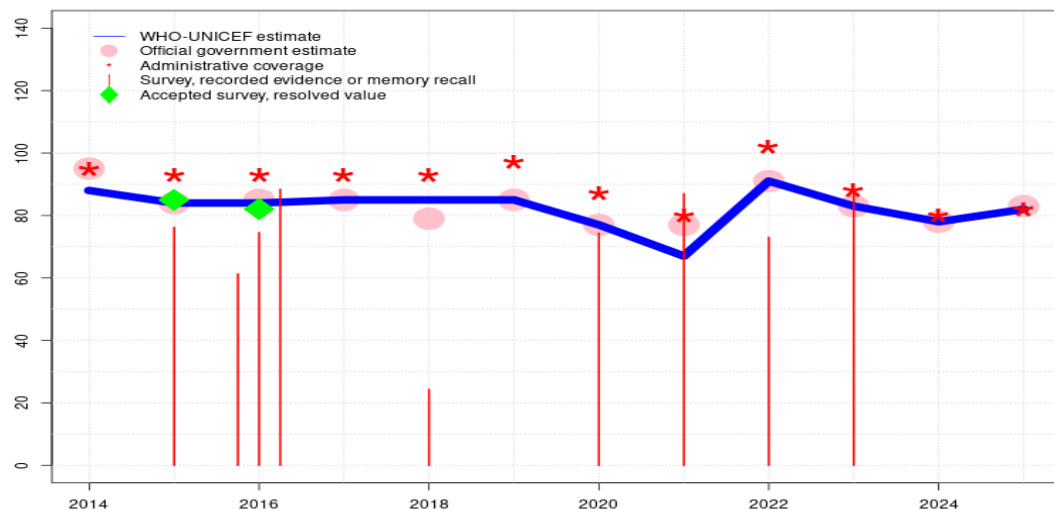
2016: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored. Sample size 0 less than 300. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Demographic and Health Survey 2017 record or recall results of 77 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 56 percent and 3rd dose record only coverage of 52 percent. Estimate challenged by: D-

2015: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Indonesia Demographic and Health Survey 2017 record or recall results of 79 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 40 percent. GoC=R+ S+ D+

2014: Reported data calibrated to 2011 and 2015 levels. Programme reports four months stockout during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-

Indonesia - HEPB3

IDN - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	84	84	85	85	85	77	67	91	83	78	82
Estimate GoC	•	•••	•	•	•	•	•	•	••	••	••	••
Official	95	84	85	85	79	85	77	77	91	83	78	83
Administrative	95	93	93	93	93	97	87	80	102	88	80	82
Survey	-	76	*	-	24	-	74	87	73	89	-	-

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

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

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

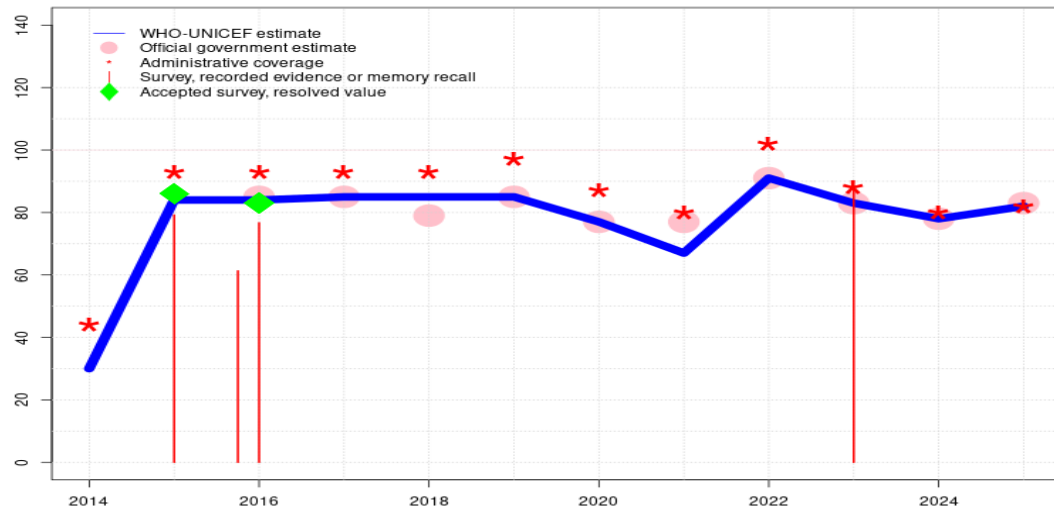
Description:

- 2025: Estimate informed by reported administrative data. Programme reported 4 months vaccine stock-out at the national and subnational levels. The reported duration reflects the cumulative time when at least one province experienced a stock-out without available national resupply, although vaccines may still have been available at district or facility levels within that province and in other provinces. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported two months vaccine stockout at the national and subnational levels. Official estimates based on DHS and Basic Health Survey results. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. GoC=R+ D+
- 2023: Estimate informed by reported data. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 record or recall results of 89 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 84 percent. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. GoC=R+ D+
- 2022: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2022-2024 results ignored. Sample size 0 less than 300. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. GoC=R+ D+
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Indonesia National Socio-Economic Survey (Susenas) 2023 results ignored. Sample size 0 less than 300. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-

- 2020: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2020-2022 results ignored. Sample size 0 less than 300. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: D-
- 2019: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between reported data. Indonesia National Socio-Economic Survey (Susenas) 2018-2020 results ignored. Sample size 0 less than 300. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate challenged by: D-
- 2017: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-
- 2016: Estimate informed by estimated DTP3 level. Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored. Sample size 0 less than 300. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Demographic and Health Survey 2017 record or recall results of 75 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 56 percent and 3rd dose record only coverage of 52 percent. Estimate challenged by: D-R-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Indonesia Demographic and Health Survey 2017 record or recall results of 76 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 40 percent. GoC=R+ S+ D+
- 2014: Estimate of 88 percent assigned by working group. Estimate informed by estimated DTP3 level. Programme reports four months stockout during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-

Indonesia - HIB3

IDN - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	30	84	84	85	85	85	77	67	91	83	78	82
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	••
Official	-	-	85	85	79	85	77	77	91	83	78	83
Administrative	44	93	93	93	93	97	87	80	102	88	80	82
Survey	-	79	*	-	-	-	-	-	-	89	-	-

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

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

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

Description:

2025: Estimate informed by reported administrative data. Programme reported 4 months vaccine stock-out at the national and subnational levels. The reported duration reflects the cumulative time when at least one province experienced a stock-out without available national resupply, although vaccines may still have been available at district or facility levels within that province and in other provinces. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+

2024: Estimate informed by reported data. Programme reported two months vaccine stockout at the national and subnational levels. Official estimates based on DHS and Basic Health Survey results. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. Estimate of 78 percent changed from previous revision value of 69 percent. GoC=R+ D+

2023: Estimate informed by reported data. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 record or recall results of 89 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 84 percent. Reported official coverage reflects administrative data weighted by survey results from the prior year. Programme reports subnational vaccine stockouts. Estimate of 83 percent changed from previous revision value of 74 percent. GoC=R+ D+

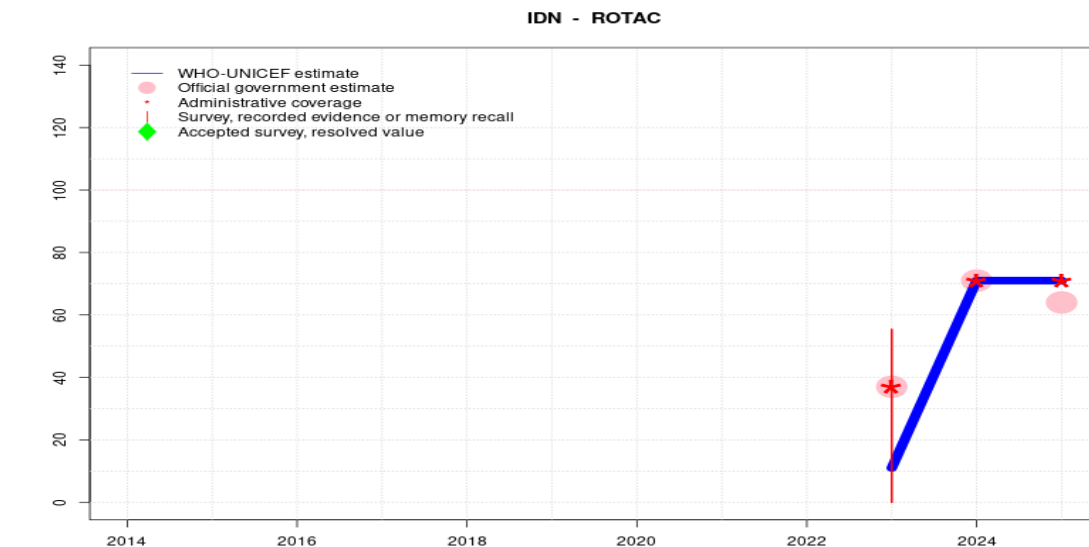
2022: Estimate informed by reported data. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. Estimate of 91 percent changed from previous revision value of 82 percent. GoC=R+ D+

2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-

Indonesia - Hib3

- 2020: Estimate informed by reported data. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate of 77 percent changed from previous revision value of 68 percent. Estimate challenged by: D-
- 2019: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate of 85 percent changed from previous revision value of 76 percent. Estimate challenged by: D-
- 2017: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-
- 2016: Estimate informed by estimated DTP3 level. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Indonesia Demographic and Health Survey 2017 record or recall results of 77 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 56 percent and 3rd dose record only coverage of 52 percent. Estimate challenged by: D-R-
- 2015: Estimate of 84 percent assigned by working group. Reported data based on national target population. Estimate informed by estimated DTP3 level. Indonesia Demographic and Health Survey 2017 record or recall results of 79 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 40 percent. Estimate challenged by: R-
- 2014: Estimate of 30 percent assigned by working group. Reported data based on national target population. Estimate informed by calibrated DTP3 level. Estimate challenged by: D-R-S-

Indonesia - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	11	71	71
Estimate GoC	-	-	-	-	-	-	-	-	-	•	••	••
Official	-	-	-	-	-	-	-	-	-	37	71	64
Administrative	-	-	-	-	-	-	-	-	-	37	71	71
Survey	-	-	-	-	-	-	-	-	-	55	-	-

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:

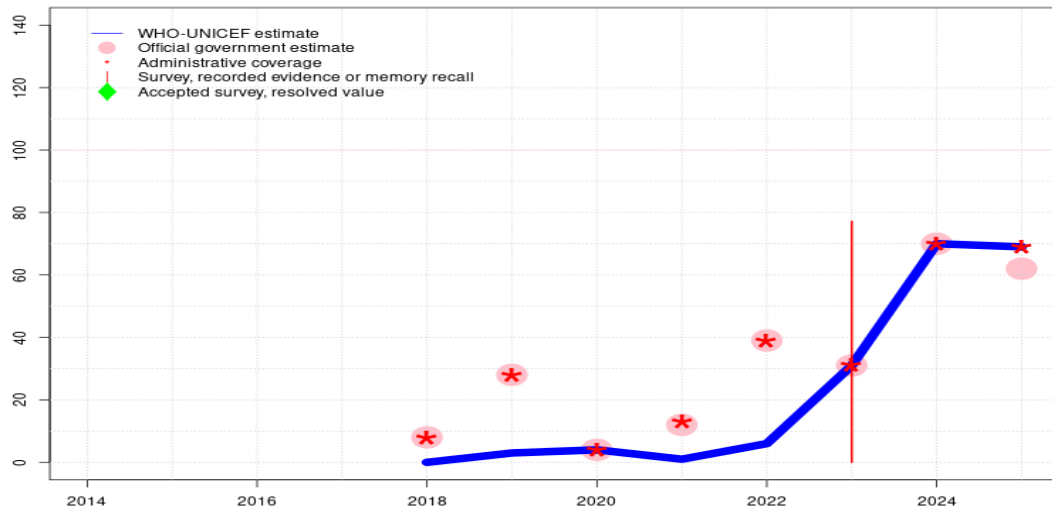
2025: Estimate informed by reported administrative data. Programme reported 7 months vaccine stock-out at the national and subnational levels. The reported duration reflects the cumulative time when at least one province experienced a stock-out without available national resupply, although vaccines may still have been available at district or facility levels within that province and in other provinces. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+

2024: Estimate informed by reported data. Official estimates based on administrative coverage. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. GoC=R+ D+

2023: Rotavirus vaccine partially introduced in 2022. Reporting started in 2023. A nationwide launch was held in August 2023. Prior to this point, the vaccine was available in 21 districts. The country reports 37 percent coverage in 30 percent of the national target population. This estimate reflects annualized coverage in the national target population Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 record or recall results of 55 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 49 percent. Programme reports subnational vaccine stockouts. Estimate challenged by: R-

Indonesia - PCVC

IDN - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	0	3	4	1	6	31	70	69
Estimate GoC	-	-	-	-	•	•	•	•	•	••	••	••
Official	-	-	-	-	8	28	4	12	39	31	70	62
Administrative	-	-	-	-	8	28	4	13	39	31	70	69
Survey	-	-	-	-	-	-	-	-	-	77	-	-

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

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

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

Description:

2025: Estimate informed by reported administrative data. Programme reported 6 months vaccine stock-out at the national and subnational levels. The reported duration reflects the cumulative time when at least one province experienced a stock-out without available national resupply, although vaccines may still have been available at district or facility levels within that province and in other provinces. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+

2024: Estimate informed by reported data. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. Official estimates based on administrative coverage. GoC=R+ D+

2023: Estimate informed by reported data. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Reported coverage reflects that for the booster dose recommended at 12 months. Reported coverage for the second dose recommended at 4 months is 71 percent. Programme reports subnational vaccine stockouts. GoC=R+ D+

2022: A nationwide launch was held in September 2022. Prior to this point, the vaccine was available in 30 districts. Country reports 39 percent coverage in 16 percent of the national target population. Estimated coverage reflects doses delivered across annualized, national target population. Estimate challenged by: R-

2021: Estimate informed by the relative change in the number of doses reported for 2021 compared with 2019 applied to 2019 estimated coverage. 2020 was not used as the reference year because of the reported vaccine stockout. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-

2020: Estimate informed by reported data. Programme reports a nine month vaccine stockout at national and subnational levels. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: R-

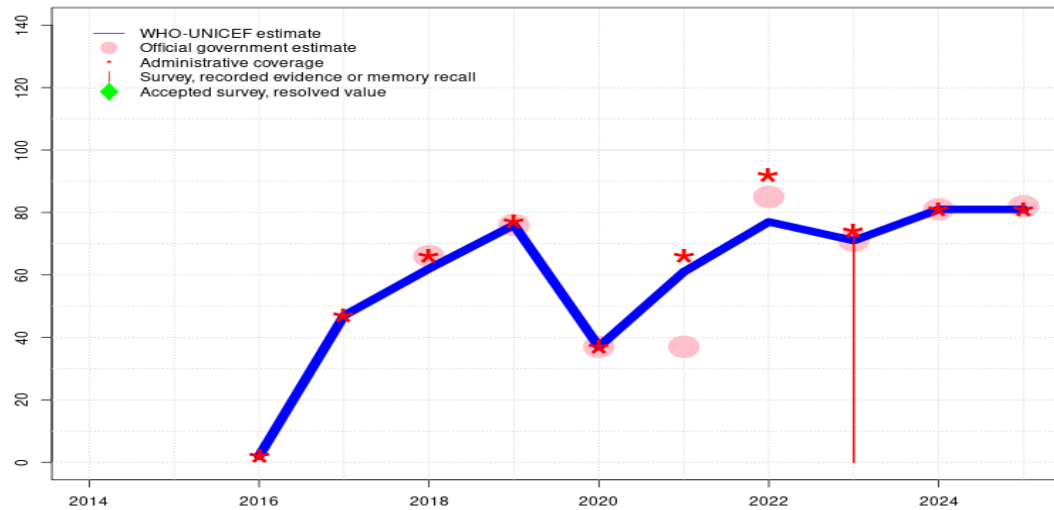
2019: Programme reports 28 percent coverage achieved among three percent of the national target population. Estimate reflects annualized coverage in the national target population.

Reported data excluded due to an increase from 8 percent to 28 percent with decrease to 4 percent. Programme reports a three months national level vaccine stockout. Estimate challenged by: R-

2018: Programme reports 8 percent coverage achieved among one percent of the national target population. Estimate reflects annualized coverage in the national target population. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Pneumococcal conjugate vaccine partially introduced in 2017 with full roll out expected in 2019. Reporting started in 2018. GoC=Assigned by working group. Consistency with GoC for other vaccines.

Indonesia - IPV1

IDN - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	2	47	62	76	37	61	77	71	81	81
Estimate GoC	-	-	•	•	•	••	••	•	•	••	••	••
Official	-	-	-	-	66	76	37	37	85	71	81	82
Administrative	-	-	2	47	66	77	37	66	92	74	81	81
Survey	-	-	-	-	-	-	-	-	-	74	-	-

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 administrative data. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+
- 2024: Estimate informed by reported data. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. Official estimates based on administrative coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. GoC=R+ D+
- 2022: Estimate informed by the relative relationship between estimated and reported administrative DTP3 coverage applied to the administrative coverage for IPV1. Reported data excluded due to an increase from 66 percent to 92 percent with decrease to 71 percent. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. Inconsistent adjustment between official and administrative coverage. Estimate challenged by: R-
- 2021: Estimate informed by the relative change in the number of doses reported for 2021 compared with 2019 applied to 2019 estimated coverage. 2020 was not used as the reference year because of the reported IPV stockout. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-
- 2020: Estimate informed by reported data. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and sub-national coverage survey results, and vaccine supply data. Programme reports an eight month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a three months national level vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate exceptionally based on reported coverage follow-

Indonesia - IPV1

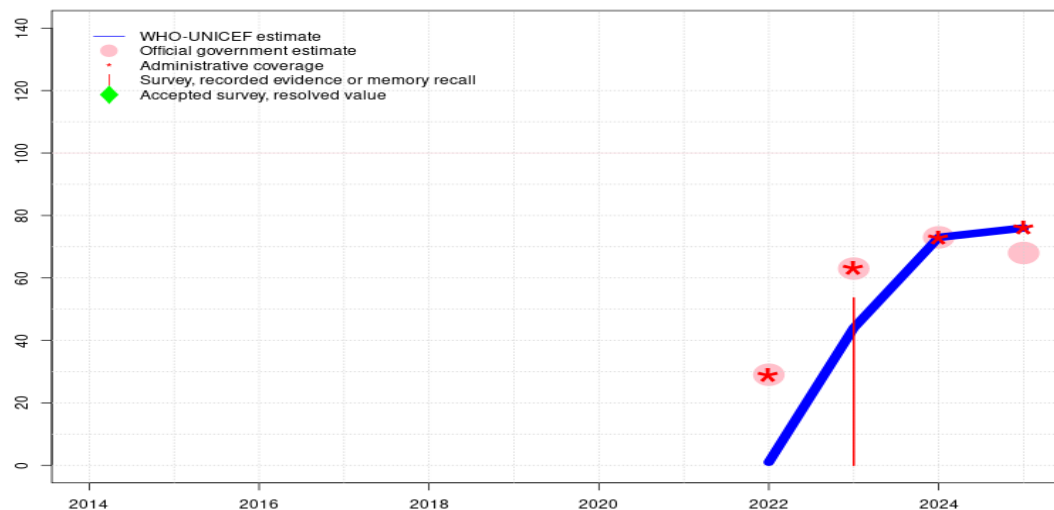
ing introduction. GoC=Assigned by working group. Consistency with GoC for other vaccines.

2017: Estimate informed by reported administrative data. Estimate exceptionally based on reported coverage following introduction. GoC=Assigned by working group. Consistency with GoC for other vaccines.

2016: Estimate informed by reported administrative data. Inactivated polio vaccine introduced in 2016. Estimate exceptionally based on reported coverage following introduction. GoC=Assigned by working group. Consistency with GoC for other vaccines.

Indonesia - IPVC

IDN - IPVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	1	44	73	76
Estimate GoC	-	-	-	-	-	-	-	-	•	•	••	••
Official	-	-	-	-	-	-	-	-	29	63	73	68
Administrative	-	-	-	-	-	-	-	-	29	63	73	76
Survey	-	-	-	-	-	-	-	-	-	54	-	-

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

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

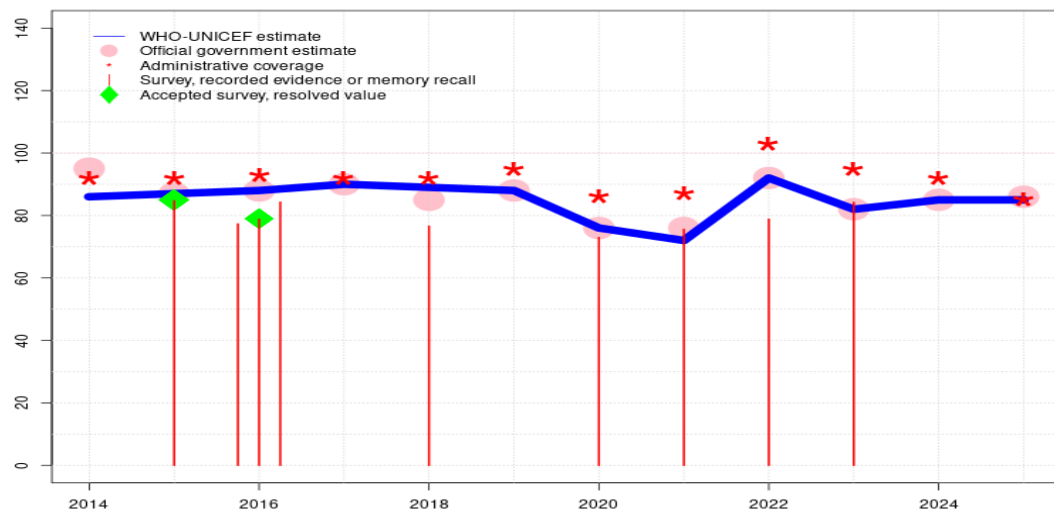
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+
- 2024: Estimate informed by reported data. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. Official estimates based on administrative coverage. GoC=R+ D+
- 2023: Second dose of inactivated polio vaccine introduced nationwide in June 2023. A nationwide launch was held in June 2023. Prior to this point, the vaccine was available in 38 districts. The country reports 63 percent coverage in 70 percent of the national target population. This estimate reflects annualized coverage in the national target population. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 record or recall results of 54 percent modified for recall bias to 45 percent based on 1st dose record or recall coverage of 74 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: R-
- 2022: Second dose of inactivated polio vaccine, recommended for administration at 9 months of age, introduced in December 2022 in 3 provinces. Reported coverage reflects that achieved in 2 percent of the national target population. Estimate reflects annualized coverage in the national target population. Estimate challenged by: R-

Indonesia - MCV1

IDN - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	86	87	88	90	89	88	76	72	92	82	85	85
Estimate GoC	•	•••	•••	•	•••	•	•	•	••	•	••	••
Official	95	87	88	90	85	88	76	76	92	82	85	86
Administrative	92	92	93	92	92	95	86	87	103	95	92	85
Survey	-	85	*	-	77	-	73	76	79	84	-	-

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 administrative data. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+
- 2024: Estimate informed by reported data. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. Official estimates based on DHS and Basic Health Survey results. GoC=R+ D+
- 2023: Estimate informed by reported data. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Reported official coverage reflects administrative data weighted by survey results from the prior year. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2022-2024 results ignored. Sample size 0 less than 300. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. GoC=R+ D+
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Indonesia National Socio-Economic Survey (Susenas) 2023 results ignored. Sample size 0 less than 300. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Indonesia National Socio-Economic Survey (Susenas) 2020-2022 results ignored. Sample size 0 less than 300. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Indonesia National Socio-Economic Survey (Susenas) 2018-2020 results ignored. Sample size 0 less than 300. Re-

ported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. GoC=R+ S+ D+

2017: Estimate informed by reported data. Estimate challenged by: S-

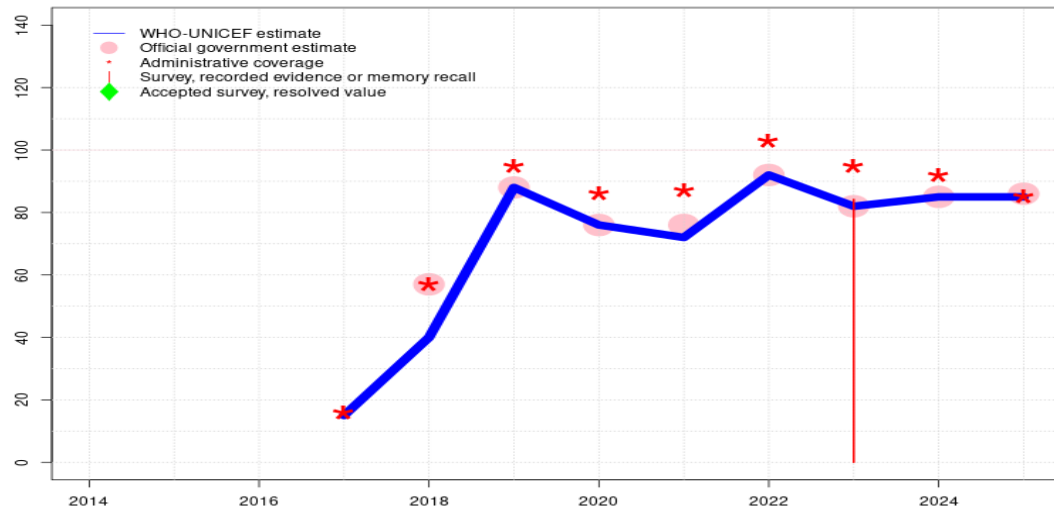
2016: Estimate informed by reported data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018 results ignored. Sample size 0 less than 300. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. GoC=R+ S+ D+

2015: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Reported data calibrated to 2012 and 2015 levels. Programme reports two months stockout during first half of year. Calibration applied to administrative coverage levels. Estimate challenged by: R-

Indonesia - RCV1

IDN - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	15	40	88	76	72	92	82	85	85
Estimate GoC	-	-	-	•	•••	•	•	•	••	•	••	••
Official	-	-	-	-	57	88	76	76	92	82	85	86
Administrative	-	-	-	16	57	95	86	87	103	95	92	85
Survey	-	-	-	-	-	-	-	-	-	84	-	-

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.

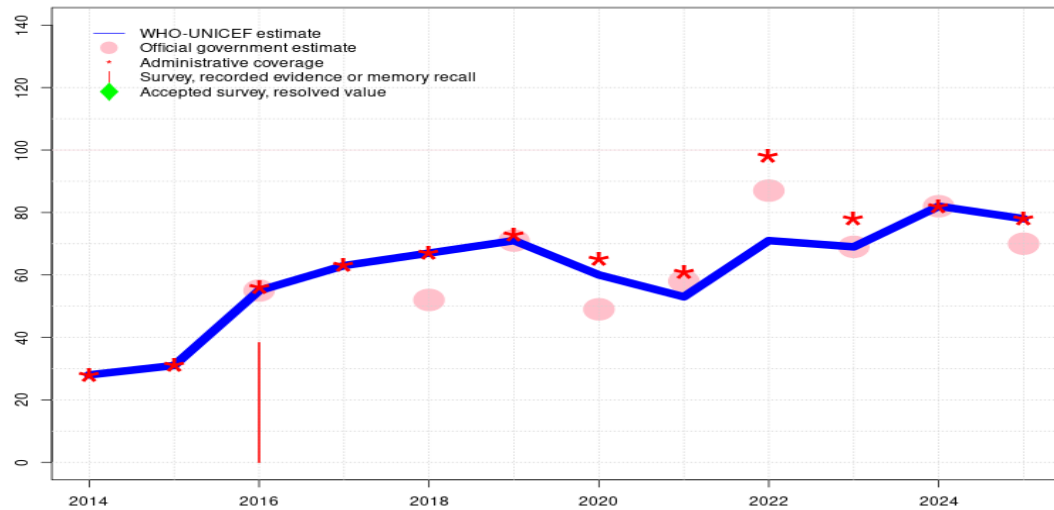
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. Official estimates based on DHS and Basic Health Survey results. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Indonesia Routine Immunization and New Vaccines Coverage Survey 2025 results ignored by working group. Inconsistency between coverage by record and recall, including negative dropout for multi-doses antigens by documented evidence, and instances of coverage by card greater than record and recall combined for some antigens. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Reported number of doses administered declined between 2020 and 2021. Estimated coverage is derived from the relative change in the reported number of doses for 2021 compared with 2020 and applies this value to the 2020 estimated coverage. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. Reported data excluded due to decline in reported coverage from 88 percent to 76 percent with increase to 87 percent. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. Reported data excluded due to an increase from 57 percent to 88 percent with decrease to 76 percent. Estimate challenged by: D-
- 2018: Rubella containing vaccine continues to be partially introduced across the country. Estimates is based on an adjustment to the reported administrative data based on the difference between estimated and reported coverage for MCV1. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years. WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. GoC=R+ S+ D+
- 2017: Programme introduce rubella-containing vaccine in part of the country. Estimate challenged by: S-

Indonesia - MCV2

IDN - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	28	31	55	63	67	71	60	53	71	69	82	78
Estimate GoC	••	•	•	•	•	••	•	•	•	••	••	••
Official	-	-	55	-	52	71	49	58	87	69	82	70
Administrative	28	31	56	63	67	73	65	61	98	78	82	78
Survey	-	-	38	-	-	-	-	-	-	-	-	-

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 administrative data. Continued scale-up of the electronic immunization registry (EIR). Country reports that there are some issues with under-reporting from the private sector and delays in data entry. WHO and UNICEF are aware of the ongoing 2023-2024 Demographic and Health Survey and await the final results. Official estimates are based on a calibration factor using 2025 coverage survey and 2024 administrative data, grouped separately for the routine and the new vaccines, and applied to 2025 administrative data. The use of a single correction factor for a group of vaccines does not take into account the programmatic differences between antigens, such as different stockout levels and roll-out introduction of new vaccines. GoC=R+ D+
- 2024: Estimate informed by reported data. Electronic immunization registry (EIR) being scaled-up. Country reports that there are some issues under-reporting from the private sector and delays in data entry. Official estimates based on DHS and Basic Health Survey results. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate reflects trend in reported number of doses administered for 2022, which are greater than that reported for 2019, pre-COVID-19 pandemic, and may include doses delivered during a national measles-rubella campaign during 2022. Estimate is informed by estimated coverage for 2019. Reported data excluded. Reported administrative coverage reflects a 16 percent decline in target population size and a 37 percent increase in the number of doses administered compared to 2021 levels. Reported data excluded due to an increase from 61 percent to 87 percent with decrease to 69 percent. Increase in reported coverage from prior year may be partly explained by intensification activities among children aged 12 to 59 months. Estimate challenged by: D-R-
- 2021: Reported number of doses administered declined 7 percent from 2020 to 2021. Estimate informed by this relative change applied to the estimated coverage level for 2020. Reported administrative coverage data reflect incomplete reporting and a decrease in reported target population (7 percent for births, 6 percent for surviving infants). Official estimate, based on 2020 administrative data and prior year survey results, does not appear to reflect the trend in the number of doses between 2020 and 2021. Estimate challenged by: R-
- 2020: Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. The reported number of doses administered declined 11 percent between 2019 and 2020. Estimated coverage reflects the relative change in reported doses applied to the estimated 2019 coverage level. Reported data excluded due to decline in reported coverage from 71 percent to 49 percent with increase to 61 percent. Programme adjustments from administrative data to derive official coverage is based on a review of administrative data, national and subnational coverage survey results, and vaccine supply data. Estimate challenged by: R-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Methods used to derive official coverage estimates differed from neighbouring years.

WHO and UNICEF encourage the country to revise the official estimate time series using a consistent approach. Estimate exceptionally based on reported coverage following change in schedule. Estimate informed by reported administrative coverage. GoC=Assigned by working group. Consistency with GoC for other vaccines.

- 2017: Estimate informed by reported administrative data. Estimate exceptionally based on reported coverage following change in schedule. GoC=Assigned by working group. Consistency with GoC for other vaccines.
- 2016: Estimate informed by reported data. Indonesia Laporan Nasional Riskesdas 2018 results ignored by working group. Internal, external, and historical trend inconsistencies observed in Riskesdas 2018 survey values. Estimate informed by reported administrative coverage following change in schedule. GoC=Assigned by working group. Consistency with GoC for other vaccines.
- 2015: Estimate informed by reported administrative data. No explanation provided for continued low levels of reported coverage for second dose of MCV following change in schedule. Reported target population appears to cover multiple birth cohorts. Estimate challenged by: D-
- 2014: Decline in administrative coverage reflects change in reporting for children under 3 years following a transition in the recommended schedule. School-based administration to children aged 6-7 years was 92 percent during 2014, similar to levels reported in prior years for this age group. GoC=R+ D+

Indonesia - 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.

2023 Indonesia Routine Immunization and New Vaccines Coverage Survey 2025

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9.4	12-23 m	6148	89
BCG	Record	86.4	12-23 m	6148	89
BCG	Record or Recall	95.9	12-23 m	6148	89
DTP1	Recall	10.4	12-23 m	6148	89
DTP1	Record	83	12-23 m	6148	89
DTP1	Record or Recall	93.4	12-23 m	6148	89
DTP3	Recall	4.8	12-23 m	6148	89
DTP3	Record	83.8	12-23 m	6148	89
DTP3	Record or Recall	88.6	12-23 m	6148	89
HEPB1	Recall	10.4	12-23 m	6148	89
HEPB1	Record	83	12-23 m	6148	89
HEPB1	Record or Recall	93.4	12-23 m	6148	89
HEPB3	Recall	4.8	12-23 m	6148	89
HEPB3	Record	83.8	12-23 m	6148	89
HEPB3	Record or Recall	88.6	12-23 m	6148	89
HIB1	Recall	10.4	12-23 m	6148	89
HIB1	Record	83	12-23 m	6148	89
HIB1	Record or Recall	93.4	12-23 m	6148	89

HIB3	Recall	4.8	12-23 m	6148	89
HIB3	Record	83.8	12-23 m	6148	89
HIB3	Record or Recall	88.6	12-23 m	6148	89
IPV1	Recall	7.7	12-23 m	6148	89
IPV1	Record	75.7	12-23 m	6148	89
IPV1	Record or Recall	73.6	12-23 m	6148	89
IPVC	Recall	4.9	12-23 m	6148	89
IPVC	Record	45.7	12-23 m	6148	89
IPVC	Record or Recall	53.6	12-23 m	6148	89
MCV1	Recall	7.6	12-23 m	6148	89
MCV1	Record	76.6	12-23 m	6148	89
MCV1	Record or Recall	84.2	12-23 m	6148	89
PCV1	Recall	8.2	12-23 m	6148	89
PCV1	Record	75.8	12-23 m	6148	89
PCV1	Record or Recall	83.9	12-23 m	6148	89
PCVC	Recall	7.3	12-23 m	6148	89
PCVC	Record	70	12-23 m	6148	89
PCVC	Record or Recall	77.2	12-23 m	6148	89
RCV1	Recall	7.6	12-23 m	6148	89
RCV1	Record	76.6	12-23 m	6148	89
RCV1	Record or Recall	84.2	12-23 m	6148	89
ROTAC	Recall	6	12-23 m	6148	89
ROTAC	Record	49.4	12-23 m	6148	89
ROTAC	Record or Recall	55.4	12-23 m	6148	89

2022 Indonesia National Socio-Economic Survey (Susenas) 2022-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92.4	12-23 m	-	-
DTP3	Record or Recall	75.7	12-23 m	-	-
HEPB3	Record or Recall	73	12-23 m	-	-
MCV1	Record or Recall	78.8	12-23 m	-	-

2021 Indonesia National Socio-Economic Survey (Susenas) 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	90.9	12-23 m	-	-

Indonesia - Survey Details

DTP3	Record or Recall	88.3	12-23 m	-	-
HEPB3	Record or Recall	87	12-23 m	-	-
MCV1	Record or Recall	75.6	12-23 m	-	-

2020 Indonesia National Socio-Economic Survey (Susenas) 2020-2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	91	12-23 m	-	-
DTP3	Record or Recall	76.7	12-23 m	-	-
HEPB3	Record or Recall	74.3	12-23 m	-	-
MCV1	Record or Recall	73	12-23 m	-	-

2018 Indonesia National Socio-Economic Survey (Susenas) 2018-2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	91.5	12-23 m	-	-
DTP3	Record or Recall	26.8	12-23 m	-	-
HEPB3	Record or Recall	24.3	12-23 m	-	-
MCV1	Record or Recall	76.6	12-23 m	-	-

2016 Indonesia Basic Health Research (Riset Kesehatan Dasar/Riskesdas) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92.7	12-23 m	-	-
DTP3	Record or Recall	89.9	12-23 m	-	-
HEPB3	Record or Recall	88.4	12-23 m	-	-
MCV1	Record or Recall	84.3	12-23 m	-	-

2016 Indonesia Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	34.5	12-23 m	1413	58

BCG	Record	56.6	12-23 m	1987	58
BCG	Record or Recall	91.1	12-23 m	3399	58
BCG	Record or Recall<12m	90.6	12-23 m	3399	58
DTP1	Recall	32.6	12-23 m	1413	58
DTP1	Record	56.2	12-23 m	1987	58
DTP1	Record or Recall	88.9	12-23 m	3399	58
DTP1	Record or Recall<12m	88.5	12-23 m	3399	58
DTP3	Recall	24.6	12-23 m	1413	58
DTP3	Record	52.1	12-23 m	1987	58
DTP3	Record or Recall	76.7	12-23 m	3399	58
DTP3	Record or Recall<12m	76	12-23 m	3399	58
HEPB1	Recall	31.8	12-23 m	1413	58
HEPB1	Record	55.8	12-23 m	1987	58
HEPB1	Record or Recall	87.6	12-23 m	3399	58
HEPB1	Record or Recall<12m	87.2	12-23 m	3399	58
HEPB3	Recall	22.9	12-23 m	1413	58
HEPB3	Record	51.6	12-23 m	1987	58
HEPB3	Record or Recall	74.5	12-23 m	3399	58
HEPB3	Record or Recall<12m	73.6	12-23 m	3399	58
HEPBB	Recall	32.3	12-23 m	1413	58
HEPBB	Record	52.7	12-23 m	1987	58
HEPBB	Record or Recall	85.1	12-23 m	3399	58
HEPBB	Record or Recall<12m	81	12-23 m	3399	58
HIB1	Recall	32.6	12-23 m	1413	58
HIB1	Record	56.2	12-23 m	1987	58
HIB1	Record or Recall	88.9	12-23 m	3399	58
HIB1	Record or Recall<12m	88.5	12-23 m	3399	58
HIB3	Recall	24.6	12-23 m	1413	58
HIB3	Record	52.1	12-23 m	1987	58
HIB3	Record or Recall	76.7	12-23 m	3399	58
HIB3	Record or Recall<12m	76	12-23 m	3399	58
MCV1	Recall	29.1	12-23 m	1413	58
MCV1	Record	49.7	12-23 m	1987	58
MCV1	Record or Recall	78.8	12-23 m	3399	58
MCV1	Record or Recall<12m	71.7	12-23 m	3399	58

2016 Indonesia Laporan Nasional Riskesdas 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
---------	---------------------	----------	------------	--------	---------------

Indonesia - Survey Details

BCG	Record or Recall	86.9	12-23 m	18165	35
DTP1	Record or Recall	65.4	12-23 m	18165	35
DTP3	Record or Recall	61.3	12-23 m	18165	35
HEPB1	Record or Recall	65.4	12-23 m	18165	35
HEPB3	Record or Recall	61.3	12-23 m	18165	35
HEPBB	Record or Recall	83.1	12-23 m	18165	35
HIB1	Record or Recall	65.4	12-23 m	18165	35
HIB3	Record or Recall	61.3	12-23 m	18165	35
MCV1	Record or Recall	77.3	12-23 m	18165	35
MCV2	Record or Recall	38.3	24-35 m	18986	-

HIB1	Record	41.9	24-35 m	1411	-
HIB1	Record or Recall	89.9	24-35 m	3265	-
HIB1	Record or Recall<12m	88.8	24-35 m	3265	-
HIB3	Recall	39.1	24-35 m	1854	-
HIB3	Record	40.2	24-35 m	1411	-
HIB3	Record or Recall	79.2	24-35 m	3265	-
HIB3	Record or Recall<12m	77.3	24-35 m	3265	-
MCV1	Recall	45.2	24-35 m	1854	-
MCV1	Record	39.5	24-35 m	1411	-
MCV1	Record or Recall	84.7	24-35 m	3265	-
MCV1	Record or Recall<12m	73.8	24-35 m	3265	-

2015 Indonesia Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	49.1	24-35 m	1854	-
BCG	Record	41.9	24-35 m	1411	-
BCG	Record or Recall	91	24-35 m	3265	-
BCG	Record or Recall<12m	89.7	24-35 m	3265	-
DTP1	Recall	48	24-35 m	1854	-
DTP1	Record	41.9	24-35 m	1411	-
DTP1	Record or Recall	89.9	24-35 m	3265	-
DTP1	Record or Recall<12m	88.8	24-35 m	3265	-
DTP3	Recall	39.1	24-35 m	1854	-
DTP3	Record	40.2	24-35 m	1411	-
DTP3	Record or Recall	79.2	24-35 m	3265	-
DTP3	Record or Recall<12m	77.3	24-35 m	3265	-
HEPB1	Recall	46.8	24-35 m	1854	-
HEPB1	Record	41.7	24-35 m	1411	-
HEPB1	Record or Recall	88.5	24-35 m	3265	-
HEPB1	Record or Recall<12m	87.3	24-35 m	3265	-
HEPB3	Recall	36.5	24-35 m	1854	-
HEPB3	Record	39.7	24-35 m	1411	-
HEPB3	Record or Recall	76.2	24-35 m	3265	-
HEPB3	Record or Recall<12m	74	24-35 m	3265	-
HEPBB	Recall	46.9	24-35 m	1854	-
HEPBB	Record	39.4	24-35 m	1411	-
HEPBB	Record or Recall	86.3	24-35 m	3265	-
HEPBB	Record or Recall<12m	82.5	24-35 m	3265	-
HIB1	Recall	48	24-35 m	1854	-

2012 Riset Kesehatan Dasar (RISKESDAS) 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	87.6	12-23 m	15727	-
DTP3	Record or Recall	75.6	12-23 m	15727	-
HEPB3	Record or Recall	75.6	12-23 m	15727	-
MCV1	Record or Recall	82.1	12-23 m	15727	-

2011 Indonesia Demographic and Health Survey 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	49.6	12-23 m	1963	41
BCG	Record	39.7	12-23 m	1370	41
BCG	Record or Recall	89.3	12-23 m	3333	41
BCG	Record or Recall<12m	88.6	12-23 m	3333	41
DTP1	Recall	47.9	12-23 m	1963	41
DTP1	Record	40.2	12-23 m	1370	41
DTP1	Record or Recall	88.1	12-23 m	3333	41
DTP1	Record or Recall<12m	87.6	12-23 m	3333	41
DTP3	Recall	35	12-23 m	1963	41
DTP3	Record	37	12-23 m	1370	41
DTP3	Record or Recall	72	12-23 m	3333	41
DTP3	Record or Recall<12m	70.6	12-23 m	3333	41
HEPB1	Recall	37.5	12-23 m	1963	41
HEPB1	Record	37.1	12-23 m	1370	41

Indonesia - Survey Details

HEPB1	Record or Recall	74.5	12-23 m	3333	41
HEPB1	Record or Recall<12m	74	12-23 m	3333	41
HEPB3	Recall	13.6	12-23 m	1963	41
HEPB3	Record	28.9	12-23 m	1370	41
HEPB3	Record or Recall	42.4	12-23 m	3333	41
HEPB3	Record or Recall<12m	40.9	12-23 m	3333	41
HEPBB	Recall	45.7	12-23 m	1963	41
HEPBB	Record	39.6	12-23 m	1370	41
HEPBB	Record or Recall	85.3	12-23 m	3333	41
HEPBB	Record or Recall<12m	84.8	12-23 m	3333	41
MCV1	Recall	44.4	12-23 m	1963	41
MCV1	Record	35.7	12-23 m	1370	41
MCV1	Record or Recall	80.1	12-23 m	3333	41
MCV1	Record or Recall<12m	74.2	12-23 m	3333	41

2009 Riset Kesehatan Dasar (RISKESDAS) 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	77.9	12-23 m	4505	-
DTP3	Record or Recall	61.9	12-23 m	4505	-
HEPB3	Record or Recall	61.9	12-23 m	4505	-
MCV1	Record or Recall	74.4	12-23 m	4505	-

2006 Indonesia Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	50.8	12-23 m	3094	37
BCG	Record	34.6	12-23 m	3094	37
BCG	Record or Recall	85.4	12-23 m	3094	37
BCG	Record or Recall<12m	84.4	12-23 m	3094	37
DTP1	Recall	48.7	12-23 m	3094	37
DTP1	Record	35.8	12-23 m	3094	37
DTP1	Record or Recall	84.4	12-23 m	3094	37
DTP1	Record or Recall<12m	82.9	12-23 m	3094	37
DTP3	Recall	35.4	12-23 m	3094	37
DTP3	Record	31.2	12-23 m	3094	37
DTP3	Record or Recall	66.7	12-23 m	3094	37

DTP3	Record or Recall<12m	64.3	12-23 m	3094	37
HEPB1	Record or Recall	80.5	12-23 m	3094	37
HEPB3	Record or Recall	60.3	12-23 m	3094	37
MCV1	Recall	45.5	12-23 m	3094	37
MCV1	Record	30.9	12-23 m	3094	37
MCV1	Record or Recall	76.4	12-23 m	3094	37
MCV1	Record or Recall<12m	67	12-23 m	3094	37

2006 Report of Result of National Basic Health Research (RISKEDAS) 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	86.9	12-23 m	438	23
DTP3	Record or Recall	67.7	12-23 m	438	23
HEPB3	Record or Recall	62.8	12-23 m	438	23
MCV1	Record or Recall	81.6	12-23 m	438	23

2006 Republic of Indonesia Immunization Coverage Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	91	12-23 m	18204	52
DTP1	Record or Recall	87	12-23 m	18204	52
DTP3	Record or Recall	75	12-23 m	18204	52
HEPB3	Record or Recall	74	12-23 m	18204	52
MCV1	Record or Recall	80	12-23 m	18204	52

2001 Indonesia Demographic and Health Survey 2002-2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	77.8	12-23 m	2819	31
BCG	Record	93.1	12-23 m	2819	31
BCG	Record or Recall	82.5	12-23 m	2819	31
DTP1	Recall	75.9	12-23 m	2819	31
DTP1	Record	93.8	12-23 m	2819	31
DTP1	Record or Recall	81.4	12-23 m	2819	31
DTP3	Recall	48.4	12-23 m	2819	31
DTP3	Record	80.6	12-23 m	2819	31
DTP3	Record or Recall	58.3	12-23 m	2819	31

MCV1	Recall	68.5	12-23 m	2819	31	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record	70.9	12-23 m	2819	31	BCG	Record or Recall	76.4	12-35 m	-	67
MCV1	Record or Recall	71.6	12-23 m	2819	31	DTP1	Record or Recall	76.9	12-35 m	-	67
2001 NID + Routine Coverage Survey						DTP3	Record or Recall	66.6	12-35 m	-	67
						HEPB3	Record or Recall	62	12-35 m	-	67
						MCV1	Record or Recall	69.5	12-35 m	-	67

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