

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

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

DATA SOURCES.

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 months or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on the period of data collection.

ABBREVIATIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine

immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration nor are the data represented in the accompanying graph and data table.

HepBB: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HepB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HepB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

Hib3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

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

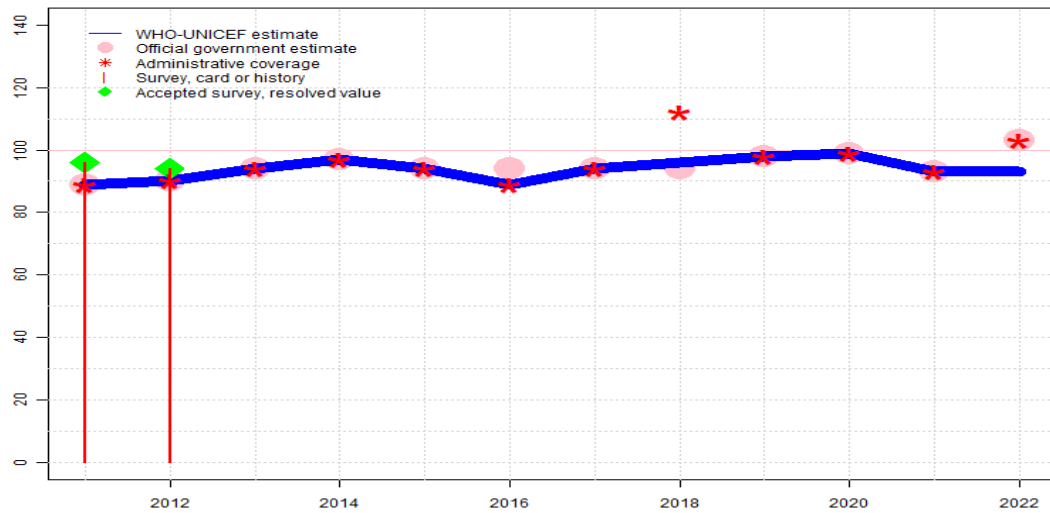
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

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.

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Namibia - BCG

NAM - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	89	90	94	97	94	89	94	96	98	99	93	93
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	89	90	94	97	94	94	94	94	98	99	93	103
Administrative	89	90	94	97	94	89	94	112	98	99	93	103
Survey	96	94	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

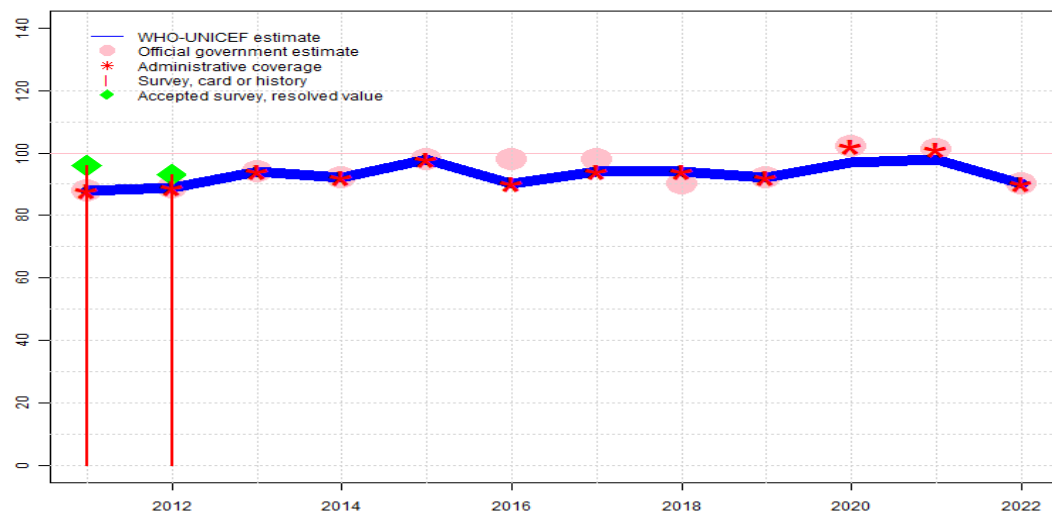
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded because 103 percent greater than 100 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 93 percent changed from previous revision value of 99 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports two months vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded because 112 percent greater than 100 percent. Reported data excluded due to an increase from 94 percent to 112 percent with decrease 98 percent. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-

Namibia - DTP1

NAM - DTP1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	88	89	94	92	98	90	94	94	92	97	98	90
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	88	89	94	92	98	98	98	90	92	102	101	90
Administrative	88	89	94	92	98	90	94	94	92	102	101	90
Survey	96	93	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

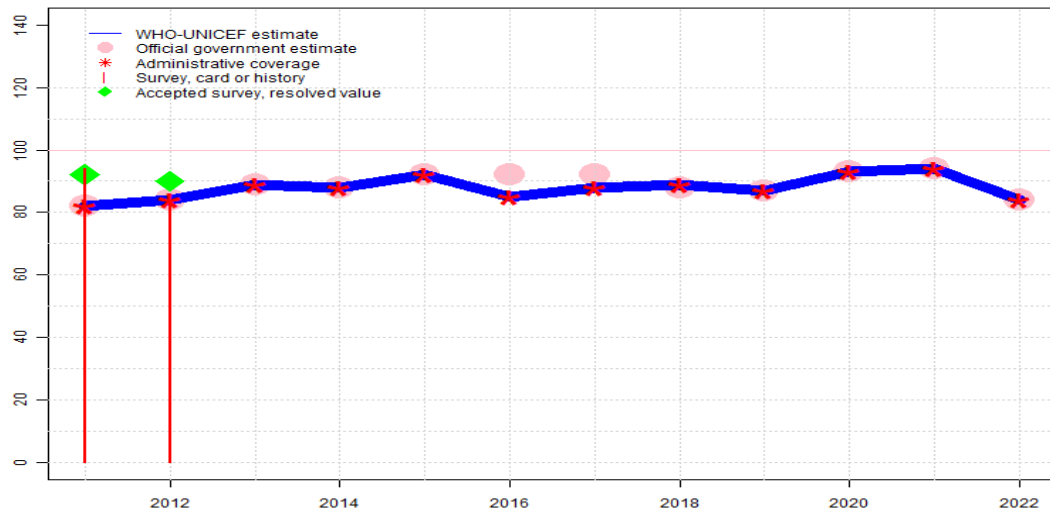
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate informed by reported coverage. Estimate challenged by: D-
- 2021: DTP1 coverage estimated based on DTP3 coverage of 94. Reported data excluded because 101 percent greater than 100 percent. Estimate of 98 percent changed from previous revision value of 97 percent. Estimate challenged by: D-R-
- 2020: DTP1 coverage estimated based on DTP3 coverage of 93. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-R-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Estimate challenged by: D-

Namibia - DTP3

NAM - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	82	84	89	88	92	85	88	89	87	93	94	84
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	84	89	88	92	92	92	88	87	93	94	84
Administrative	82	84	89	88	92	85	88	89	87	93	94	84
Survey	94	84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

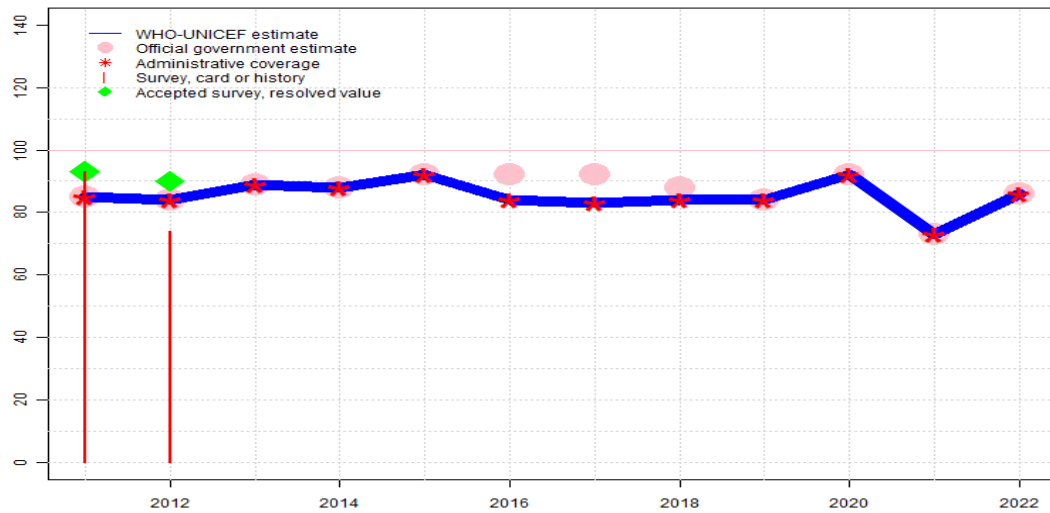
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 93 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Namibia Demographic and Health Survey 2013 card or history results of 84 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: D-
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012 card or history results of 94 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 76 percent. Estimate challenged by: D-

Namibia - Pol3

NAM - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	85	84	89	88	92	84	83	84	84	92	73	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	84	89	88	92	92	92	88	84	92	73	86
Administrative	85	84	89	88	92	84	83	84	84	92	73	86
Survey	93	74	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.
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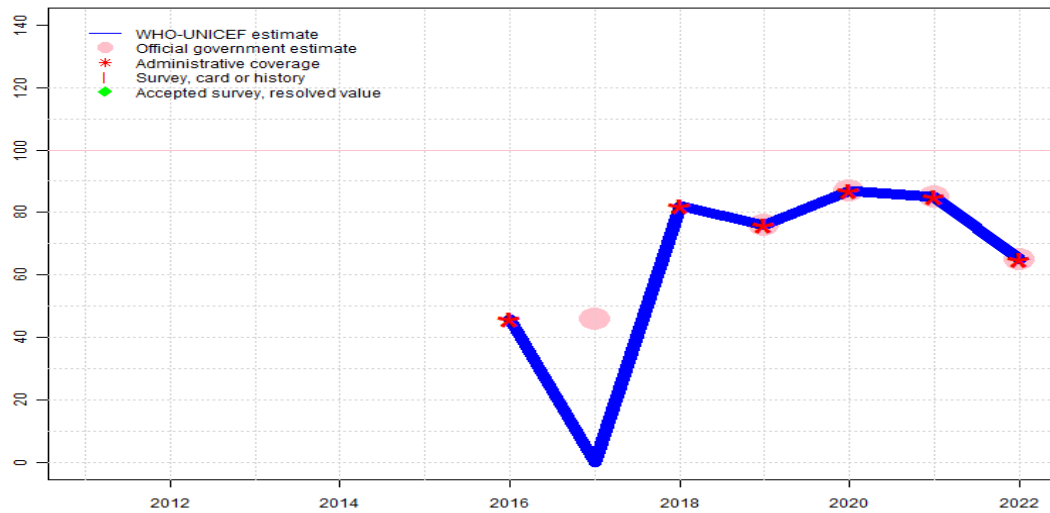
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Description:

- 2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Estimate of 73 percent changed from previous revision value of 92 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports three months vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Programme reports vaccine shortage of unspecified duration. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Programme reports a 2-month OPV vaccine stockout. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Namibia Demographic and Health Survey 2013 card or history results of 74 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 68 percent. Estimate challenged by: D-
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-

Namibia - IPV1

NAM - IPV1



Description:

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

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-

2021: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. Estimate of 85 percent changed from previous revision value of 76 percent. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate of 87 percent changed from previous revision value of 76 percent. Estimate challenged by: D-

2019: Estimate informed by reported data. Programme reports seven month vaccine stockout. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. . Estimate challenged by: D-

2017: Programme reports a 8-month IPV vaccine stockout. . GoC=No accepted empirical data

2016: Estimate informed by reported administrative data. Inactivated polio vaccine introduced in November 2015. Reporting started in 2016. Programme reports a 1-month IPV stockout in 2016.. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	46	0	82	76	87	85	65
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	46	NA	76	87	85	65
Administrative	NA	NA	NA	NA	NA	46	NA	82	76	87	85	65
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

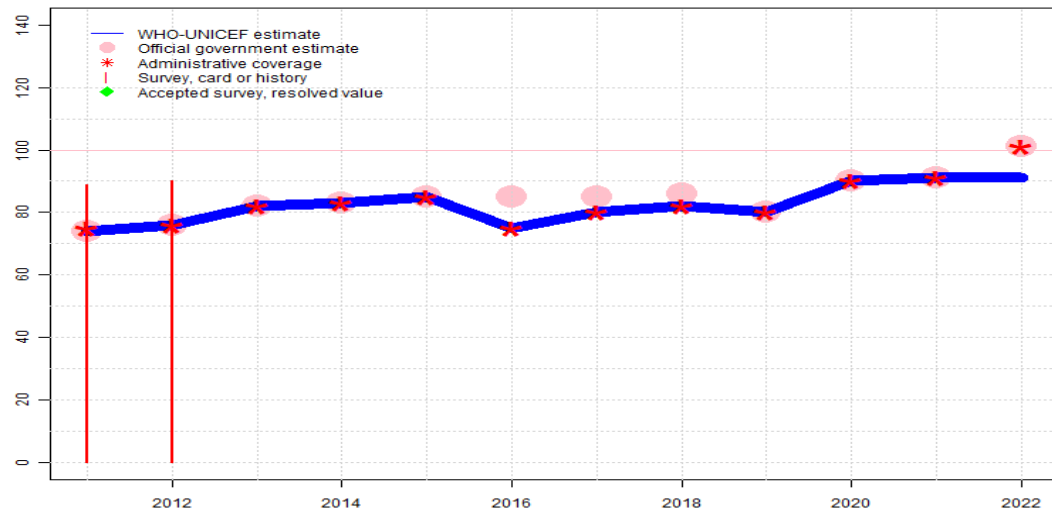
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Namibia - MCV1

NAM - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	74	76	82	83	85	75	80	82	80	90	91	91
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	74	76	82	83	85	85	85	86	80	90	91	101
Administrative	75	76	82	83	85	75	80	82	80	90	91	101
Survey	89	90	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

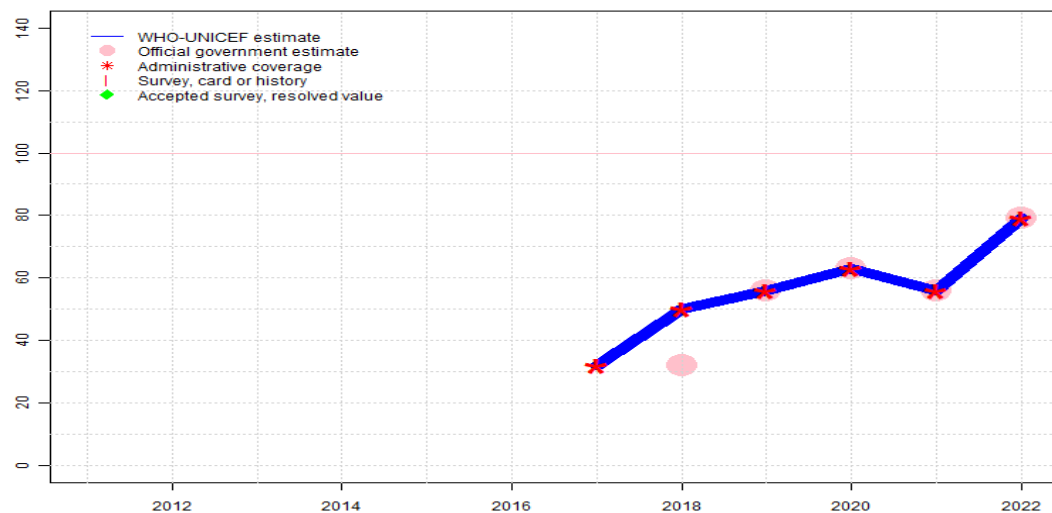
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Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded because 101 percent greater than 100 percent. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Programme reports vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. Estimate of 91 percent changed from previous revision value of 90 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports two months vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Programme reports shortage of measles vaccine for unspecified duration. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Namibia Demographic and Health Survey 2013 results ignored by working group. Survey results likely include vaccination administered during supplementary immunization activities following outbreaks during 2009 and 2010. Estimate challenged by: D-
- 2011: Estimate informed by reported data. Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012 results ignored by working group. Survey results likely include vaccination administered during supplementary immunization activities following outbreaks during 2009 and 2010. Estimate challenged by: D-

Namibia - MCV2

NAM - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	32	50	56	63	56	79
Estimate GoC	NA	NA	NA	NA	NA	NA	••	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	32	56	63	56	79
Administrative	NA	NA	NA	NA	NA	NA	32	50	56	63	56	79
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

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

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Programme reports vaccine stockout at national level. Estimate challenged by: D-

2021: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational levels. Estimate of 56 percent changed from previous revision value of 63 percent. Estimate challenged by: D-

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

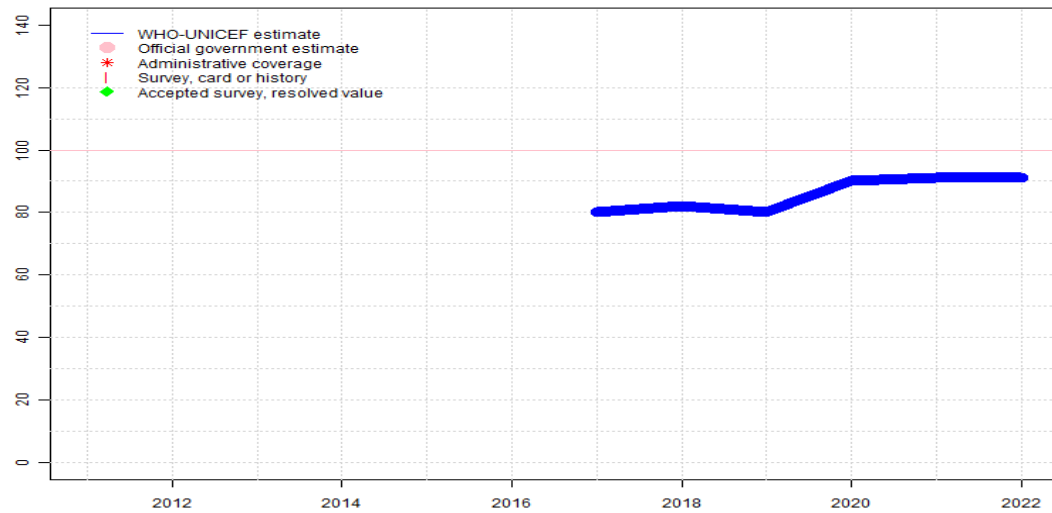
2019: Estimate informed by reported data. Programme reports two months vaccine stockout. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Programme reports shortage of measles vaccine for unspecified duration. Estimate based on reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Second dose of measles-containing vaccine introduced as MR in 2017. Official estimate based on WHO-UNICEF estimates from previous year. GoC=R+ D+

Namibia - RCV1

NAM - RCV1



Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

2022: Estimate based on estimated MCV1. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Estimate of 91 percent changed from previous revision value of 90 percent. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. Estimate challenged by: D-

2019: Estimate based on estimated MCV1. Estimate challenged by: D-

2018: Estimate based on estimated MCV1. Estimate challenged by: D-

2017: Estimate based on estimated MCV1. Rubella containing vaccine introduced during August 2016. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	80	82	80	90	91	91
Estimate GoC	NA	NA	NA	NA	NA	NA	●	●	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

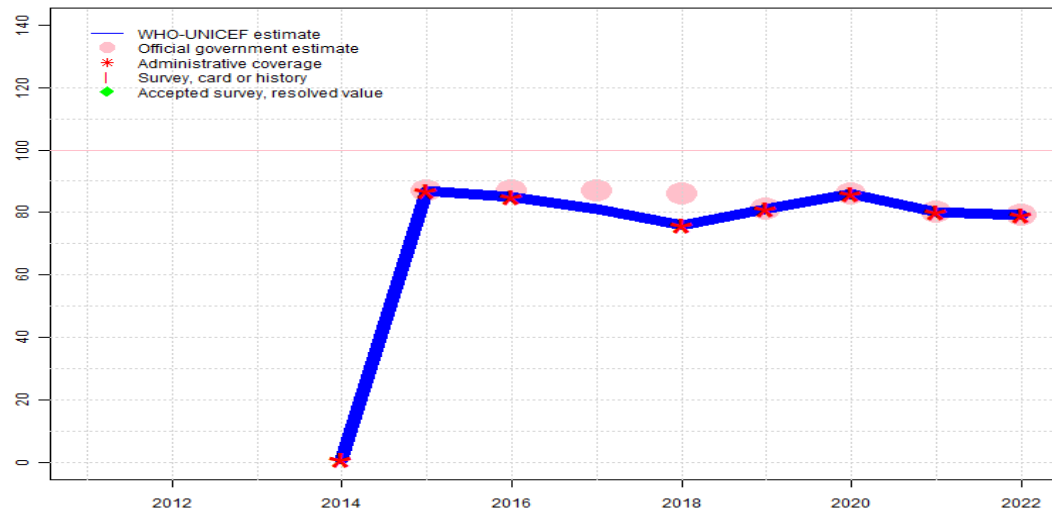
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 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.

Namibia - HepBB

NAM - HepBB



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 80 percent changed from previous revision value of 86 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports two months vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by interpolation between reported data. Official estimate based on WHO-UNICEF estimates from previous year. GoC=No accepted empirical data
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate based on reported coverage following introduction. Estimate challenged by: D-
- 2014: Estimate informed by reported administrative data. HepB birth dose introduced during 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	1	87	85	81	76	81	86	80	79
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	87	87	87	86	81	86	80	79
Administrative	NA	NA	NA	1	87	85	NA	76	81	86	80	79
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

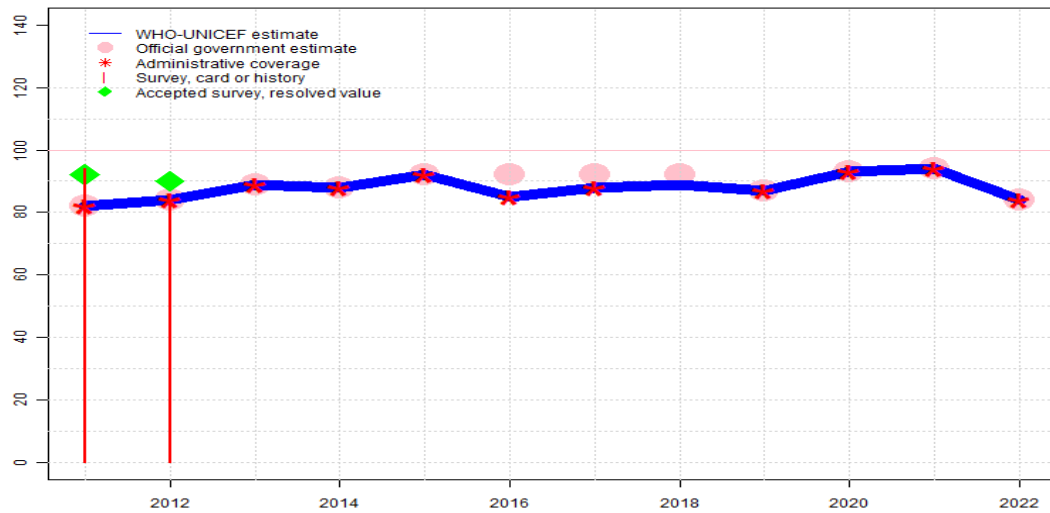
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 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.

Namibia - HepB3

NAM - HepB3



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 93 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate based on estimated DTP3 coverage. Official estimate based on WHO-UNICEF estimates from previous year. GoC=No accepted empirical data
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Namibia Demographic and Health Survey 2013 card or history results of 84 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: D-
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012 card or history results of 94 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 76 percent. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	82	84	89	88	92	85	88	89	87	93	94	84
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	84	89	88	92	92	92	92	87	93	94	84
Administrative	82	84	89	88	92	85	88	NA	87	93	94	84
Survey	94	84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

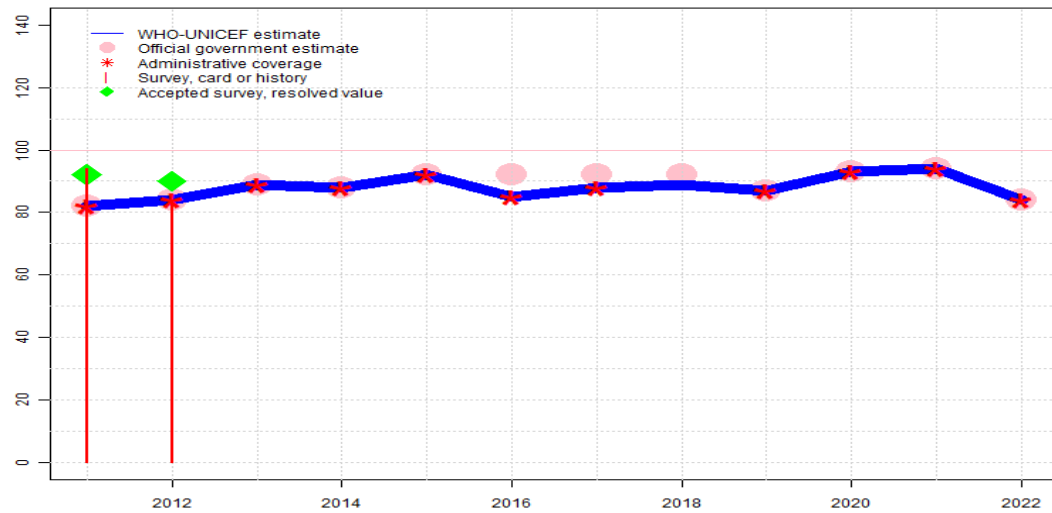
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 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.

Namibia - Hib3

NAM - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	82	84	89	88	92	85	88	89	87	93	94	84
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	84	89	88	92	92	92	92	87	93	94	84
Administrative	82	84	89	88	92	85	88	NA	87	93	94	84
Survey	94	84	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

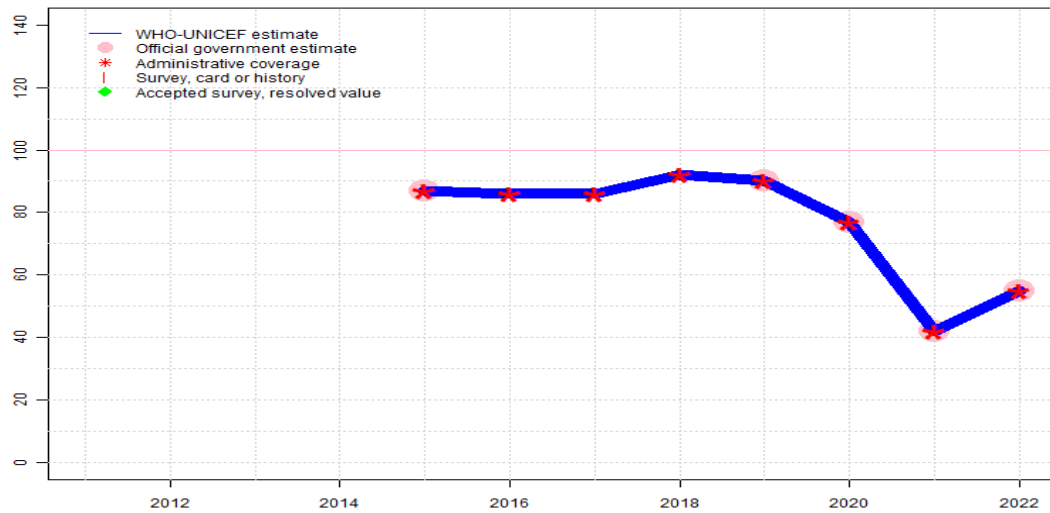
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 94 percent changed from previous revision value of 93 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate based on estimated DTP3 coverage. Official estimate based on WHO-UNICEF estimates from previous year. GoC=No accepted empirical data
- 2017: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Namibia conducted a census in 2011 and the data were released in 2013, hence population figures were adjusted according to the new census data. Growth of the country decreased from 2.6 to 1.4 and fertility rate also decreased from 4.1 to 3.6. Estimate challenged by: D-
- 2012: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Namibia Demographic and Health Survey 2013 card or history results of 84 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 69 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: D-
- 2011: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012 card or history results of 94 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 76 percent. Estimate challenged by: D-

Namibia - RotaC

NAM - RotaC



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports six months vaccine stockout at national and subnational levels. Estimate of 42 percent changed from previous revision value of 90 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports five months vaccine stockout at national and subnational levels. Estimate of 77 percent changed from previous revision value of 90 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Programme reports a 1-month rotavirus vaccine stockout in 2016. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Rotavirus vaccine introduced during 2014. Reporting started in 2015. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	87	86	86	92	90	77	42	55
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	87	NA	NA	NA	90	77	42	55
Administrative	NA	NA	NA	NA	87	86	86	92	90	77	42	55
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

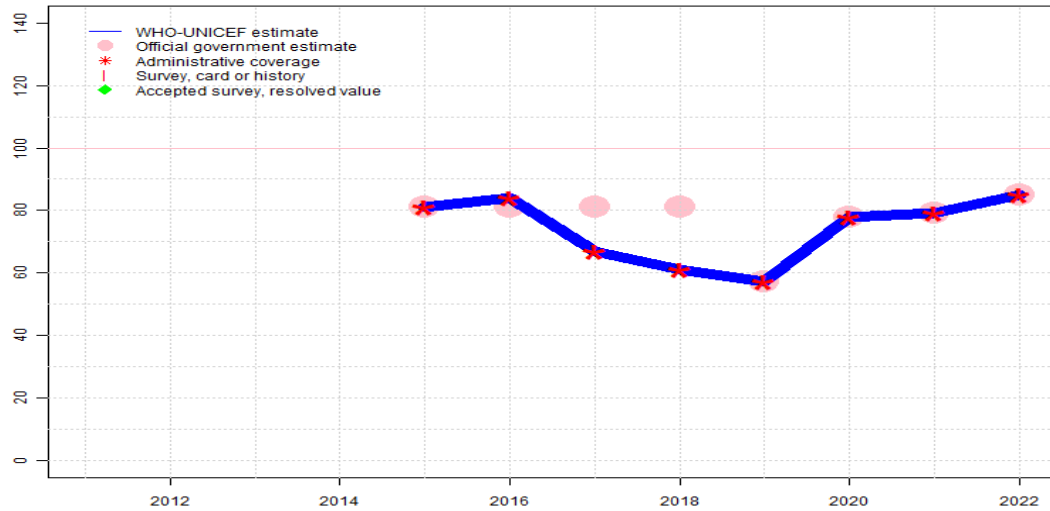
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2022 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.

Namibia - PcV3

NAM - PcV3



Description:

- 2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. During August 2022, programme conducted an integrated health activity to deliver measles-rubella vaccine to children under five years of age and a screening/catch-up activity for children who missed vaccination during the COVID-19 pandemic. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports five months vaccine stockout at national and subnational levels. Estimate of 79 percent changed from previous revision value of 78 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports six month vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Programme reports vaccine shortage of unspecified duration. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Programme reports a 1-month vaccine stockout. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Official estimate based on WHO-UNICEF estimates from previous year. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced during 2014. Reporting started in 2015. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	81	84	67	61	57	78	79	85
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	81	81	81	81	57	78	79	85
Administrative	NA	NA	NA	NA	81	84	67	61	57	78	79	85
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

Namibia - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 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 to 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 1 or 2 years prior to the survey field work.

2012 Namibia Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.2	12-23 m	938	70
BCG	Card	69.4	12-23 m	652	70
BCG	Card or History	94.2	12-23 m	938	70
BCG	History	24.8	12-23 m	286	70
DTP1	C or H <12 months	92.3	12-23 m	938	70
DTP1	Card	68.7	12-23 m	652	70
DTP1	Card or History	92.7	12-23 m	938	70
DTP1	History	24	12-23 m	286	70
DTP3	C or H <12 months	82.4	12-23 m	938	70
DTP3	Card	67.1	12-23 m	652	70
DTP3	Card or History	83.5	12-23 m	938	70
DTP3	History	16.5	12-23 m	286	70
HepB1	C or H <12 months	92.3	12-23 m	938	70
HepB1	Card	68.7	12-23 m	652	70
HepB1	Card or History	92.7	12-23 m	938	70
HepB1	History	24	12-23 m	286	70
HepB3	C or H <12 months	82.4	12-23 m	938	70
HepB3	Card	67.1	12-23 m	652	70
HepB3	Card or History	83.5	12-23 m	938	70
HepB3	History	16.5	12-23 m	286	70
Hib1	C or H <12 months	92.3	12-23 m	938	70
Hib1	Card	68.7	12-23 m	652	70
Hib1	Card or History	92.7	12-23 m	938	70
Hib1	History	24	12-23 m	286	70

Hib3	C or H <12 months	82.4	12-23 m	938	70
Hib3	Card	67.1	12-23 m	652	70
Hib3	Card or History	83.5	12-23 m	938	70
Hib3	History	16.5	12-23 m	286	70
MCV1	C or H <12 months	82.9	12-23 m	938	70
MCV1	Card	66.2	12-23 m	652	70
MCV1	Card or History	89.5	12-23 m	938	70
MCV1	History	23.3	12-23 m	286	70
Pol1	C or H <12 months	92.2	12-23 m	938	70
Pol1	Card	69.5	12-23 m	652	70
Pol1	Card or History	92.6	12-23 m	938	70
Pol1	History	23.1	12-23 m	286	70
Pol3	C or H <12 months	73.2	12-23 m	938	70
Pol3	Card	67.8	12-23 m	652	70
Pol3	Card or History	74.3	12-23 m	938	70
Pol3	History	6.5	12-23 m	286	70

2011 Namibia Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.8	24-35 m	926	70
DTP1	C or H <12 months	92.1	24-35 m	926	70
DTP3	C or H <12 months	72.4	24-35 m	926	70
HepB1	C or H <12 months	92.1	24-35 m	926	70
HepB3	C or H <12 months	72.4	24-35 m	926	70
Hib1	C or H <12 months	92.1	24-35 m	926	70
Hib3	C or H <12 months	72.4	24-35 m	926	70
MCV1	C or H <12 months	74.2	24-35 m	926	70
Pol1	C or H <12 months	91.3	24-35 m	926	70
Pol3	C or H <12 months	64.7	24-35 m	926	70

2011 Report of the Post Measles Supplemental Immunisation and EPI Coverage Survey in Namibia, September 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	79	12-23 m	-	88
BCG	Card or History	95.8	12-23 m	1470	88
DTP1	Card	79	12-23 m	-	88

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DTP1	Card or History	96	12-23 m	1470	88
DTP3	Card	76	12-23 m	-	88
DTP3	Card or History	94	12-23 m	1470	88
HepB1	Card	79	12-23 m	-	88
HepB1	Card or History	96	12-23 m	1470	88
HepB3	Card	76	12-23 m	-	88
HepB3	Card or History	94	12-23 m	1470	88
Hib1	Card	79	12-23 m	-	88
Hib1	Card or History	96	12-23 m	1470	88
Hib3	Card	76	12-23 m	-	88
Hib3	Card or History	94	12-23 m	1470	88
MCV1	Card	72	12-23 m	-	88
MCV1	Card or History	89	12-23 m	1470	88
Pol3	Card	75	12-23 m	-	88
Pol3	Card or History	93	12-23 m	1470	88

2010 Namibia Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	93.2	36-47 m	883	70
DTP1	C or H <12 months	90.9	36-47 m	883	70
DTP3	C or H <12 months	70.7	36-47 m	883	70
HepB1	C or H <12 months	90.9	36-47 m	883	70
HepB3	C or H <12 months	70.7	36-47 m	883	70
Hib1	C or H <12 months	90.9	36-47 m	883	70
Hib3	C or H <12 months	70.7	36-47 m	883	70
MCV1	C or H <12 months	76.7	36-47 m	883	70
Pol1	C or H <12 months	89.7	36-47 m	883	70
Pol3	C or H <12 months	57.9	36-47 m	883	70

2009 Namibia Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.4	48-59 m	830	70
DTP1	C or H <12 months	89.8	48-59 m	830	70
DTP3	C or H <12 months	72.2	48-59 m	830	70
HepB1	C or H <12 months	89.8	48-59 m	830	70

HepB3	C or H <12 months	72.2	48-59 m	830	70
Hib1	C or H <12 months	89.8	48-59 m	830	70
Hib3	C or H <12 months	72.2	48-59 m	830	70
MCV1	C or H <12 months	75.1	48-59 m	830	70
Pol1	C or H <12 months	91.1	48-59 m	830	70
Pol3	C or H <12 months	60	48-59 m	830	70

2005 Namibia Demographic and Health Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.7	12-23 m	987	73
BCG	Card	72.5	12-23 m	987	73
BCG	Card or History	95	12-23 m	987	73
BCG	History	22.5	12-23 m	987	73
DTP1	C or H <12 months	93.4	12-23 m	987	73
DTP1	Card	72.6	12-23 m	987	73
DTP1	Card or History	94.7	12-23 m	987	73
DTP1	History	22.1	12-23 m	987	73
DTP3	C or H <12 months	81	12-23 m	987	73
DTP3	Card	68.2	12-23 m	987	73
DTP3	Card or History	83.2	12-23 m	987	73
DTP3	History	15	12-23 m	987	73
MCV1	C or H <12 months	78	12-23 m	987	73
MCV1	Card	63.2	12-23 m	987	73
MCV1	Card or History	83.8	12-23 m	987	73
MCV1	History	20.6	12-23 m	987	73
Pol1	C or H <12 months	94.1	12-23 m	987	73
Pol1	Card	72.6	12-23 m	987	73
Pol1	Card or History	95.4	12-23 m	987	73
Pol1	History	22.8	12-23 m	987	73
Pol3	C or H <12 months	76.5	12-23 m	987	73
Pol3	Card	68.2	12-23 m	987	73
Pol3	Card or History	78.6	12-23 m	987	73
Pol3	History	10.4	12-23 m	987	73

1999 Namibia Demographic and Health Survey 2000

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen	MCV1	Card or History				
BCG	Card or History	90	12-23 m	816	74	MCV1	History	16.3	12-23 m	816	74
BCG	History	19.4	12-23 m	816	74	Pol1	Card	73.2	12-23 m	816	74
DTP1	Card	72.3	12-23 m	816	74	Pol1	Card or History	93.7	12-23 m	816	74
DTP1	Card or History	92	12-23 m	816	74	Pol1	History	20.5	12-23 m	816	74
DTP1	History	19.7	12-23 m	816	74	Pol3	Card	69.2	12-23 m	816	74
DTP3	Card	68.9	12-23 m	816	74	Pol3	Card or History	77	12-23 m	816	74
DTP3	Card or History	79.3	12-23 m	816	74	Pol3	History	7.7	12-23 m	816	74
DTP3	History	10.5	12-23 m	816	74						
MCV1	Card	64.1	12-23 m	816	74						

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Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>