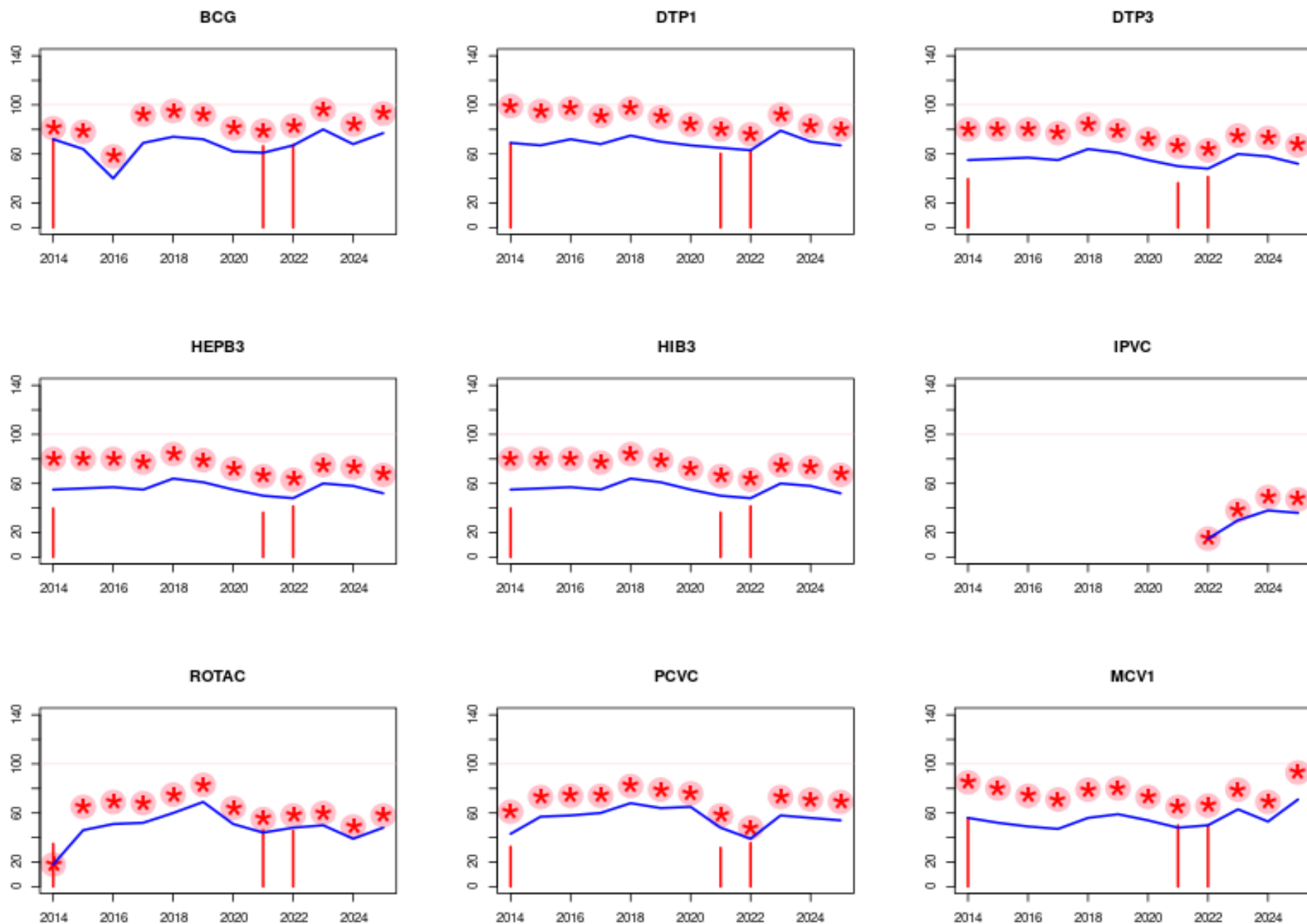




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage. The estimates refer to immunizations delivered through routine immunization services to children less than 12 months of age, or at the age specified in the recommended immunization schedule, for whom vaccinations are recorded. Immunizations received through supplemental immunization activities, such as polio and measles campaigns, are not included.

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

* Burton et al. 2009. Bull World Health Organ. * Burton et al. 2012. PLoS One.
* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES

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

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

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 6-11, 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration in the production of the estimate.

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

HEPB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

HIB3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

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

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

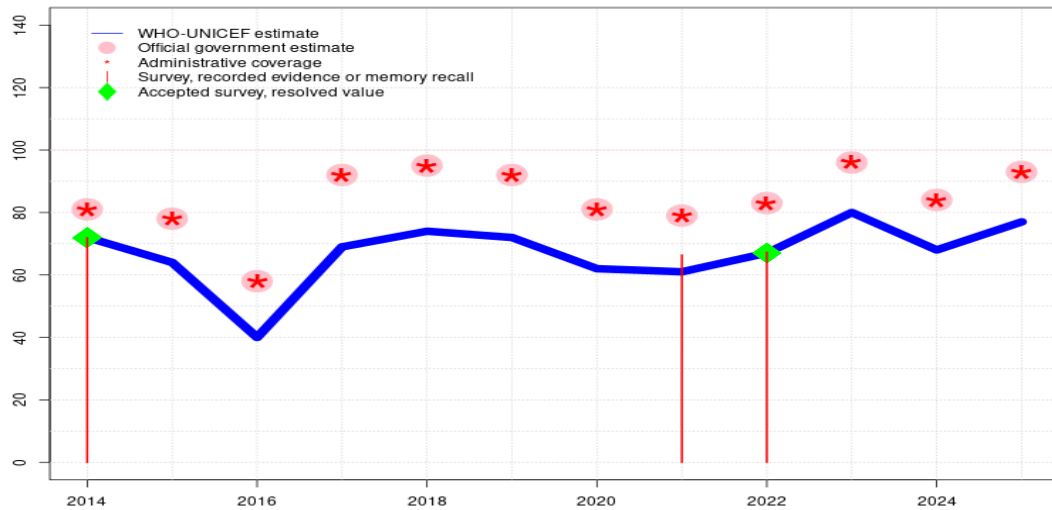
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

MENGA: percentage of children who received one dose of meningococcal A conjugate vaccine. MENGA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

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Angola - BCG

AGO - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	72	64	40	69	74	72	62	61	67	80	68	77
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	81	78	58	92	95	92	81	79	83	96	84	93
Administrative	81	78	58	92	95	92	81	79	83	96	84	93
Survey	72	-	-	-	-	-	-	66	67	-	-	-

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

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

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

Description:

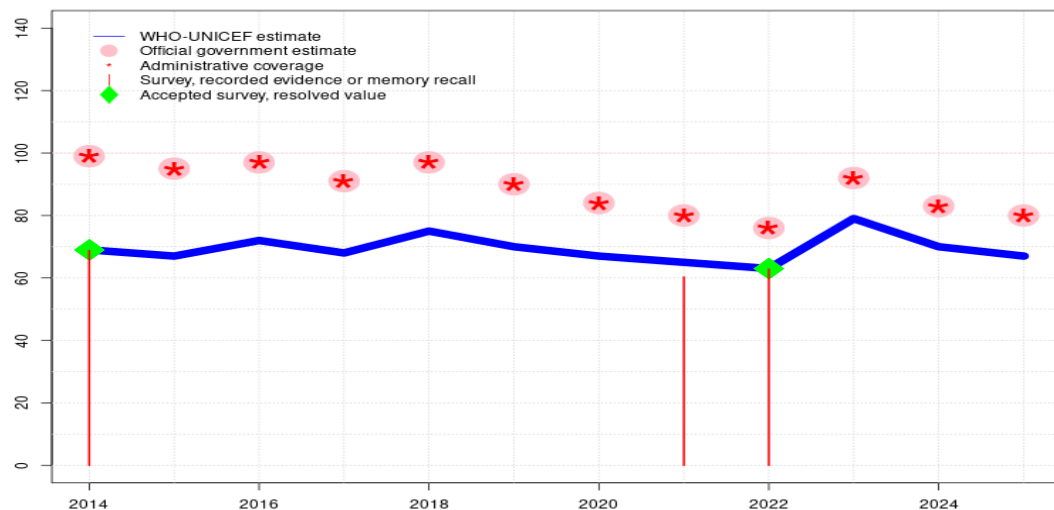
- 2025: Reported data calibrated to 2022 levels. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: R-S-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2017 and 2022 levels. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate challenged by: R-
- 2020: Reported data calibrated to 2017 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2019: Reported data calibrated to 2017 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2018: Reported data calibrated to 2017 and 2022 levels. Estimate challenged by: R-
- 2017: Estimate of 69 percent assigned by working group. Estimate informed by estimated coverage during 2015 prior to the stockout. Although reported coverage for 2017 suggests recovery from the vaccine supply disruption, the reported coverage level is greater than that observed in 2015 by a magnitude that requires independent verification. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports BCG stockout. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2014 and 2017 levels. Programme reports one month national stockout due to financial short-falls. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Estimate of 72 percent assigned by working group. Estimate based on survey for consistency with other antigens. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data

Angola - BCG

suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Angola - DTP1

AGO - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	69	67	72	68	75	70	67	65	63	79	70	67
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	99	95	97	91	97	90	84	80	76	92	83	80
Administrative	99	95	97	91	97	90	84	80	76	92	83	80
Survey	69	-	-	-	-	-	-	60	63	-	-	-

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

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

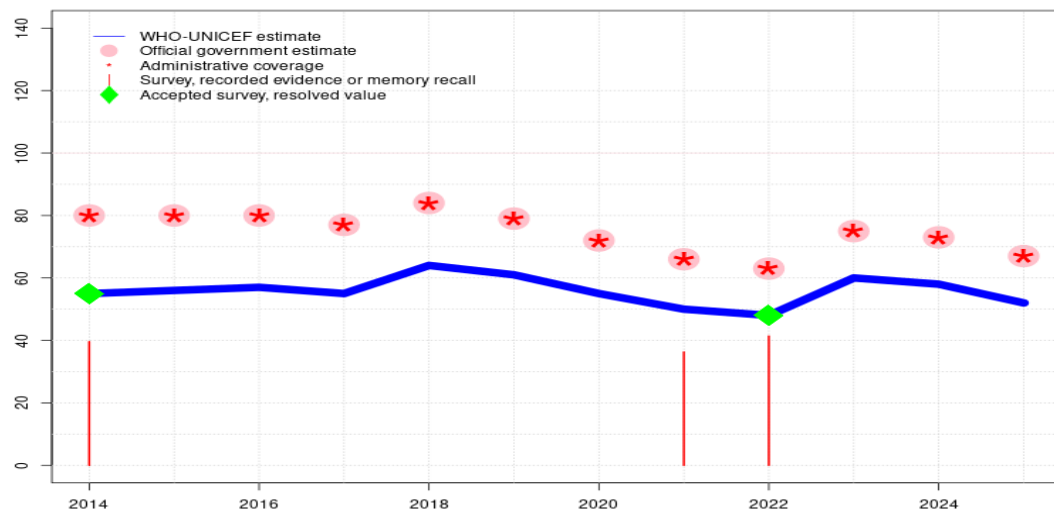
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2022 levels. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: R-S-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 1 survey(s). Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 and 2022 levels. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate challenged by: R-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Programme reports one month national stockout due to financial short-falls. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 69 percent based on 1 survey(s). Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-

Angola - DTP3

AGO - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	55	56	57	55	64	61	55	50	48	60	58	52
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	80	80	77	84	79	72	66	63	75	73	67
Administrative	80	80	80	77	84	79	72	66	63	75	73	67
Survey	40	-	-	-	-	-	-	36	41	-	-	-

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

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

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

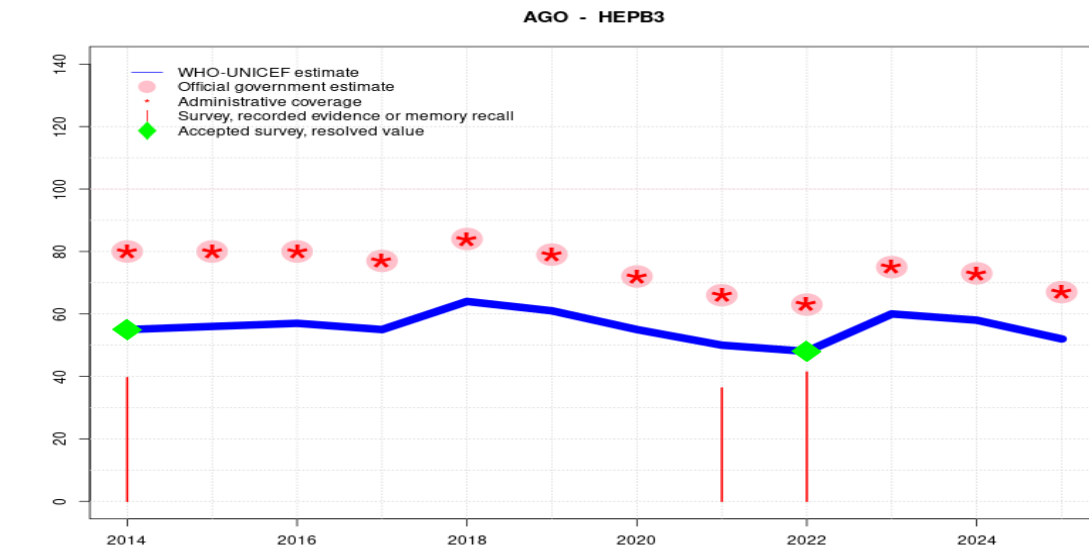
Description:

- 2025: Reported data calibrated to 2022 levels. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 58 percent changed from previous revision value of 64 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 60 percent changed from previous revision value of 66 percent. Estimate challenged by: R-S-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 48 percent based on 1 survey(s). Angola Demographic and Health Survey 2023-2024 record or recall results of 41 percent modified for recall bias to 48 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage of 41 percent and 3rd dose record only coverage of 31 percent. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 48 percent changed from previous revision value of 54 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 and 2022 levels. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Angola Demographic and Health Survey 2023-2024 record or recall results of 36 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 60 percent, 1st dose record only coverage of 30 percent and 3rd dose record only coverage of 21 percent. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 50 percent changed from previous revision value of 55 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 55 percent changed from previous revision value of 59 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 61 percent changed from previous revision value of 64 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate of 64 percent changed from previous revision value of 67 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate of 55 percent changed from previous revision value of 58 percent. Estimate challenged by: R-

Angola - DTP3

- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate of 57 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Programme reports one month national stockout due to financial short-falls. Estimate of 56 percent changed from previous revision value of 57 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 40 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 34 percent. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-

Angola - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	55	56	57	55	64	61	55	50	48	60	58	52
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	80	80	77	84	79	72	66	63	75	73	67
Administrative	80	80	80	77	84	79	72	66	63	75	73	67
Survey	40	-	-	-	-	-	-	36	41	-	-	-

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

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

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

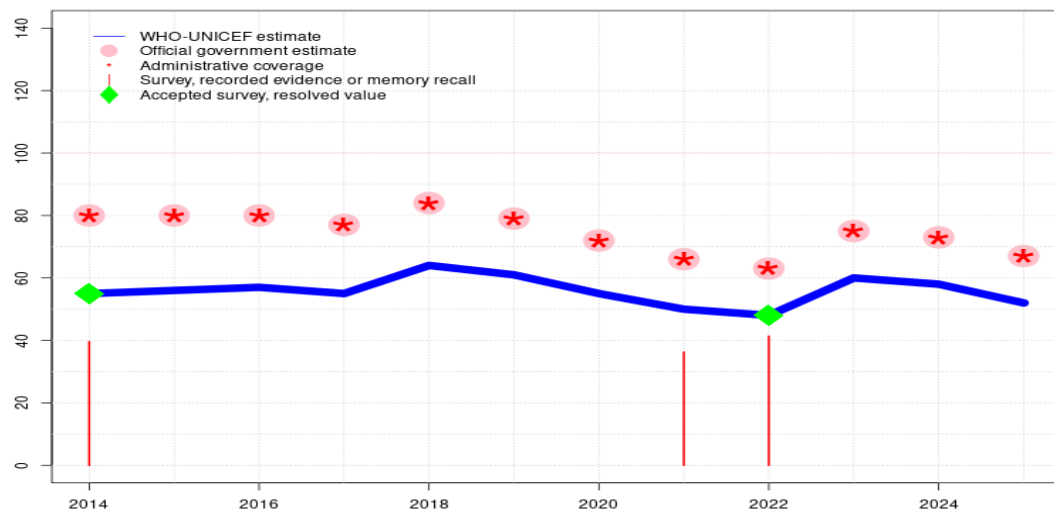
Description:

- 2025: Reported data calibrated to 2022 levels. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 58 percent changed from previous revision value of 64 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 60 percent changed from previous revision value of 66 percent. Estimate challenged by: R-S-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 48 percent based on 1 survey(s). Angola Demographic and Health Survey 2023-2024 record or recall results of 41 percent modified for recall bias to 48 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage of 41 percent and 3rd dose record only coverage of 31 percent. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 48 percent changed from previous revision value of 54 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 and 2022 levels. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Angola Demographic and Health Survey 2023-2024 record or recall results of 36 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 60 percent, 1st dose record only coverage of 30 percent and 3rd dose record only coverage of 21 percent. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 50 percent changed from previous revision value of 55 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 55 percent changed from previous revision value of 59 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 61 percent changed from previous revision value of 64 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate of 64 percent changed from previous revision value of 67 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate of 55 percent changed from previous revision value of 58 percent. Estimate challenged by: R-

- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate of 57 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Programme reports one month national stockout due to financial short-falls. Estimate of 56 percent changed from previous revision value of 57 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 40 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 34 percent. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-

Angola - HIB3

AGO - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	55	56	57	55	64	61	55	50	48	60	58	52
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	80	80	80	77	84	79	72	66	63	75	73	67
Administrative	80	80	80	77	84	79	72	66	63	75	73	67
Survey	40	-	-	-	-	-	-	36	41	-	-	-

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.
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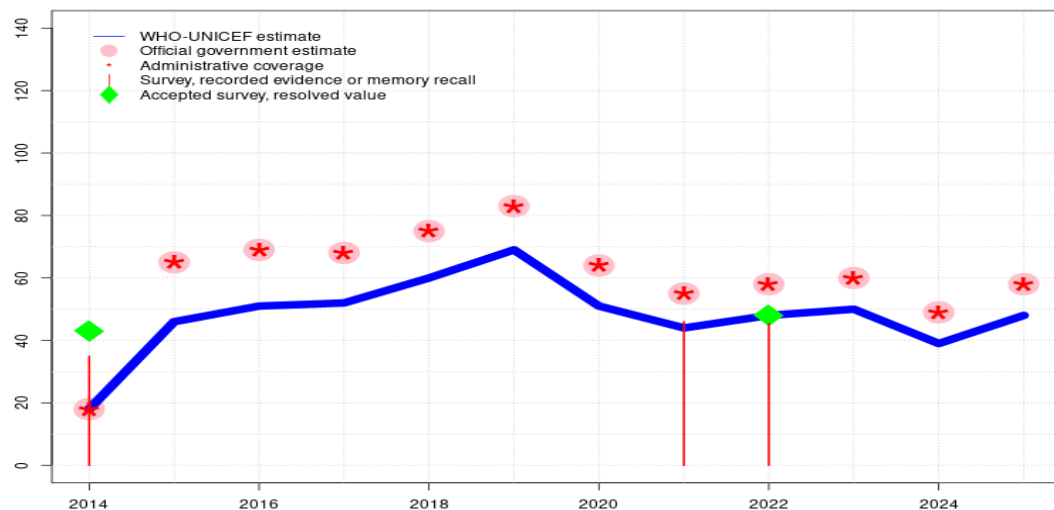
- 2025: Reported data calibrated to 2022 levels. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 58 percent changed from previous revision value of 64 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 60 percent changed from previous revision value of 66 percent. Estimate challenged by: R-S-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 48 percent based on 1 survey(s). Angola Demographic and Health Survey 2023-2024 record or recall results of 41 percent modified for recall bias to 48 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage of 41 percent and 3rd dose record only coverage of 31 percent. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 48 percent changed from previous revision value of 54 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 and 2022 levels. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Angola Demographic and Health Survey 2023-2024 record or recall results of 36 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 60 percent, 1st dose record only coverage of 30 percent and 3rd dose record only coverage of 21 percent. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 50 percent changed from previous revision value of 55 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 55 percent changed from previous revision value of 59 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 61 percent changed from previous revision value of 64 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate of 64 percent changed from previous revision value of 67 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate of 55 percent changed from previous revision value of 58 percent. Estimate challenged by: R-

Angola - HIB3

- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate of 57 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Programme reports one month national stockout due to financial short-falls. Estimate of 56 percent changed from previous revision value of 57 percent. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 40 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 34 percent. Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-

Angola - ROTAC

AGO - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	18	46	51	52	60	69	51	44	48	50	39	48
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	18	65	69	68	75	83	64	55	58	60	49	58
Administrative	18	65	69	68	75	83	64	55	58	60	49	58
Survey	35	-	-	-	-	-	-	46	45	-	-	-

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

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

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

Description:

- 2025: Reported data calibrated to 2022 levels. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 39 percent changed from previous revision value of 36 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 50 percent changed from previous revision value of 47 percent. Estimate challenged by: R-
- 2022: Estimate of 48 percent assigned by working group. Estimate based on survey results. Angola Demographic and Health Survey 2023-2024 record or recall results of 45 percent modified for recall bias to 48 percent based on 1st dose record or recall coverage of 57 percent, 1st dose record only coverage of 38 percent and 3rd dose record only coverage of 32 percent. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 48 percent changed from previous revision value of 45 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2022 levels. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate of 44 percent changed from previous revision value of 41 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 51 percent changed from previous revision value of 49 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate of 69 percent changed from previous revision value of 67 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2022 levels. Estimate of 60 percent changed from previous revision value of 59 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2022 levels. Estimate of 52 percent changed from previous revision value of 51 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2022 levels. Programme reports two months national level vaccine stockout. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate challenged by: R-

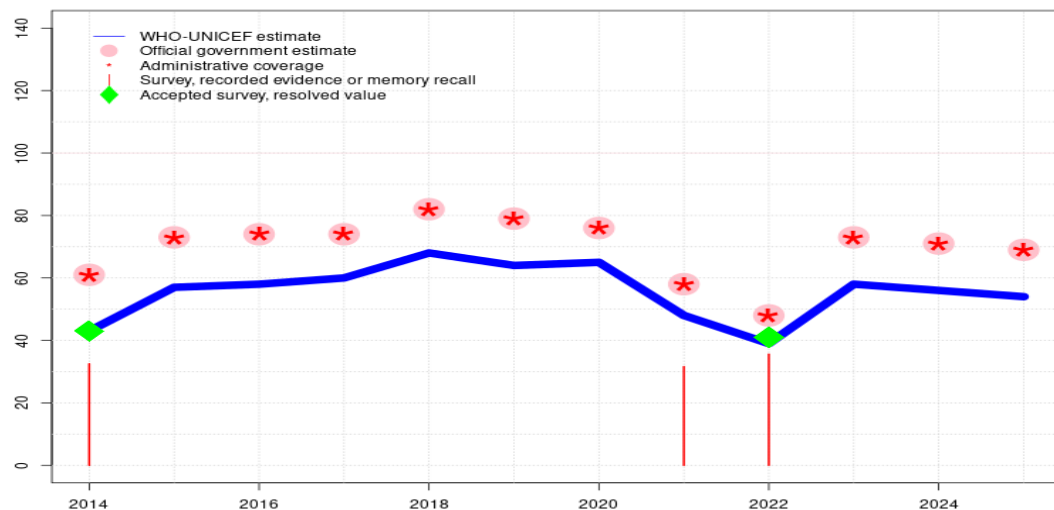
Angola - ROTAC

2015: Estimate of 46 percent assigned by working group. Estimate based on ratio of estimated and reported DTP3 applied to reported data for RotaC. Estimate challenged by: D-R-

2014: Rotavirus vaccine introduced in April 2014. Estimate exceptionally informed by reported data during introduction year. Survey result may reflect children reached beyond infancy during introduction. Angola Demographic and Health Survey 2015-2016 record or recall results of 35 percent modified for recall bias to 43 percent based on 1st dose record or recall coverage of 53 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 25 percent. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Angola - PCVC

AGO - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	43	57	58	60	68	64	65	48	39	58	56	54
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	61	73	74	74	82	79	76	58	48	73	71	69
Administrative	61	73	74	74	82	79	76	58	48	73	71	69
Survey	33	-	-	-	-	-	-	32	36	-	-	-

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

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

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

Description:

- 2025: Reported data calibrated to 2023 levels. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Reported data calibrated to 2023 levels. Estimate of 56 percent changed from previous revision value of 62 percent. Estimate challenged by: R-S-
- 2023: Estimate of 58 percent assigned by working group. Estimate is based on the relationship between reported administrative coverage for DTP3 and PCVC applied to the DTP3 estimated coverage. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 58 percent changed from previous revision value of 64 percent. Estimate challenged by: R-S-
- 2022: Estimate of 39 percent assigned by working group. PCVC coverage estimate is based on the difference between admin data for DTP3 and PCVC applied to estimated DTP3 coverage Angola Demographic and Health Survey 2023-2024 record or recall results of 36 percent modified for recall bias to 41 percent based on 1st dose record or recall coverage of 60 percent, 1st dose record only coverage of 40 percent and 3rd dose record only coverage of 27 percent. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 and 2022 levels. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Angola Demographic and Health Survey 2023-2024 record or recall results of 32 percent modified for recall bias to 36 percent based on 1st dose record or recall coverage of 59 percent, 1st dose record only coverage of 28 percent and 3rd dose record only coverage of 17 percent. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate challenged by: R-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-S-
- 2019: PCVC coverage estimate is based on the estimated DTP3 coverage. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2022 levels. Programme reports PCV stockout for 0.5 month. Revised target population based on projections from the 2014 census. Decline

Angola - PCVC

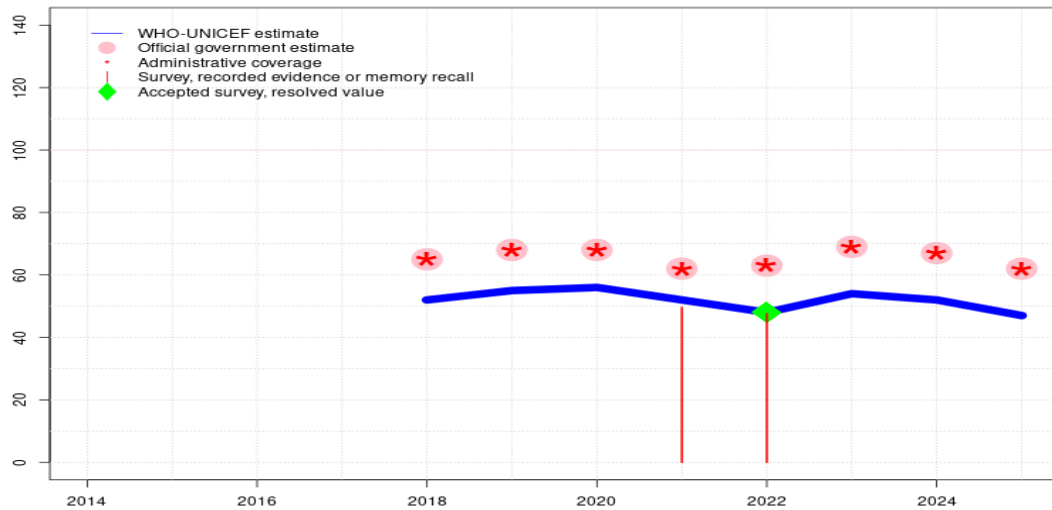
of twelve percent in 2016 compared with 2015. Estimate challenged by: R-S-

2015: Reported data calibrated to 2014 and 2022 levels. Estimate challenged by: D-R-S-

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 43 percent based on 1 survey(s). Angola Demographic and Health Survey 2015-2016 record or recall results of 33 percent modified for recall bias to 43 percent based on 1st dose record or recall coverage of 62 percent, 1st dose record only coverage of 40 percent and 3rd dose record only coverage of 28 percent. Estimate challenged by: D-R-

Angola - IPV1

AGO - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	52	55	56	52	48	54	52	47
Estimate GoC	-	-	-	-	•	•	•	•	•	•	•	•
Official	-	-	-	-	65	68	68	62	63	69	67	62
Administrative	-	-	-	-	65	68	68	62	63	69	67	62
Survey	-	-	-	-	-	-	-	50	48	-	-	-

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

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

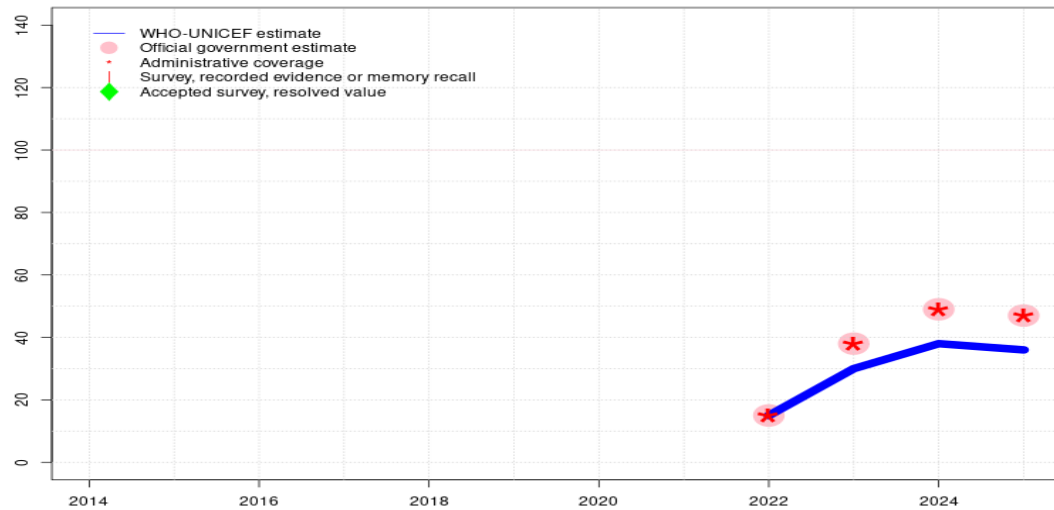
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2022 levels. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 52 percent changed from previous revision value of 58 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 54 percent changed from previous revision value of 60 percent. Estimate challenged by: R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 48 percent based on 1 survey(s). Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate of 48 percent changed from previous revision value of 54 percent. Estimate challenged by: R-
- 2021: IPV1 coverage estimate is based on the difference in reported admin coverage between DTP3 and IPV1 applied to the estimated DTP3 coverage Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate challenged by: R-
- 2020: IPV1 coverage estimate is based on the difference in reported admin coverage between DTP3 and IPV1 applied to the estimated DTP3 coverage Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2019: IPV1 coverage estimate is based on the difference in reported admin coverage between DTP3 and IPV1 applied to the estimated DTP3 coverage Programme reports one month vaccine stockout at national and district levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2018: Programme reports one month vaccine stockout at national level. Vaccine introduced in December 2017 with reporting started in 2018. Estimate based on relationship between estimated and reported DTP3. GoC=Assigned by working group. Consistency with other antigens.

Angola - IPVC

AGO - IPVC



Description:

- 2025: Estimate is based on the relationship between reported administrative coverage for IPV1 and IPVC applied to the IPV1 estimated coverage. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Estimate is based on the relationship between reported administrative coverage for IPV1 and IPVC applied to the IPV1 estimated coverage. Estimate of 38 percent changed from previous revision value of 42 percent. Estimate challenged by: R-
- 2023: Estimate is based on the relationship between reported administrative coverage for IPV1 and IPVC applied to the IPV1 estimated coverage. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate of 30 percent changed from previous revision value of 33 percent. Estimate challenged by: R-
- 2022: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2022. Estimate is exceptionally informed by reported coverage during introduction. Programme reports vaccine supply disruptions for all antigens at subnational levels. GoC=Assigned by working group. Consistency with other antigens.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	15	30	38	36
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●
Official	-	-	-	-	-	-	-	-	15	38	49	47
Administrative	-	-	-	-	-	-	-	-	15	38	49	47
Survey	-	-	-	-	-	-	-	-	-	-	-	-

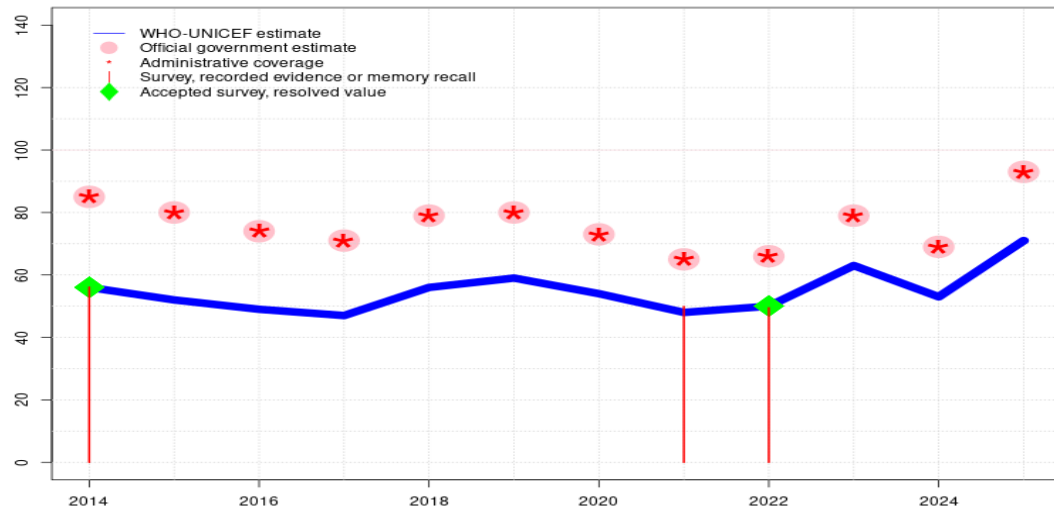
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Angola - MCV1

AGO - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	56	52	49	47	56	59	54	48	50	63	53	71
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	85	80	74	71	79	80	73	65	66	79	69	93
Administrative	85	80	74	71	79	80	73	65	66	79	69	93
Survey	56	-	-	-	-	-	-	50	50	-	-	-

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.

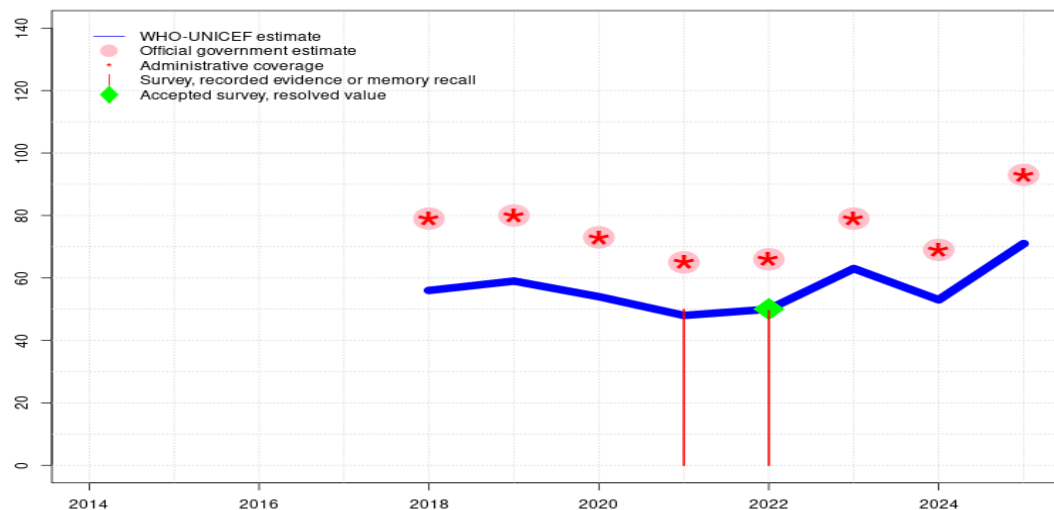
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate is based on the relationship between reported administrative coverage for YFV and MCV1 applied to the YFV estimated coverage. Reported data excluded due to sudden change in coverage from 69 to 93 percent. Programme reports 90 percent reporting completeness. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: R-S-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 50 percent based on 1 survey(s). Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2014 and 2022 levels. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate challenged by: R-
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 and 2022 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2022 levels. Estimate challenged by: D-R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 56 percent based on 1 survey(s). Decline in reported administrative coverage due in part to change in target population following release of 2014 census results. As such, data suggest coverage levels in prior years are overestimated. DQA conducted during 2014 suggests problems with recording and monitoring of vaccination services. Estimate challenged by: D-R-

Angola - RCV1

AGO - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	56	59	54	48	50	63	53	71
Estimate GoC	-	-	-	-	•	•	•	•	•	•	•	•
Official	-	-	-	-	79	80	73	65	66	79	69	93
Administrative	-	-	-	-	79	80	73	65	66	79	69	93
Survey	-	-	-	-	-	-	-	50	50	-	-	-

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.

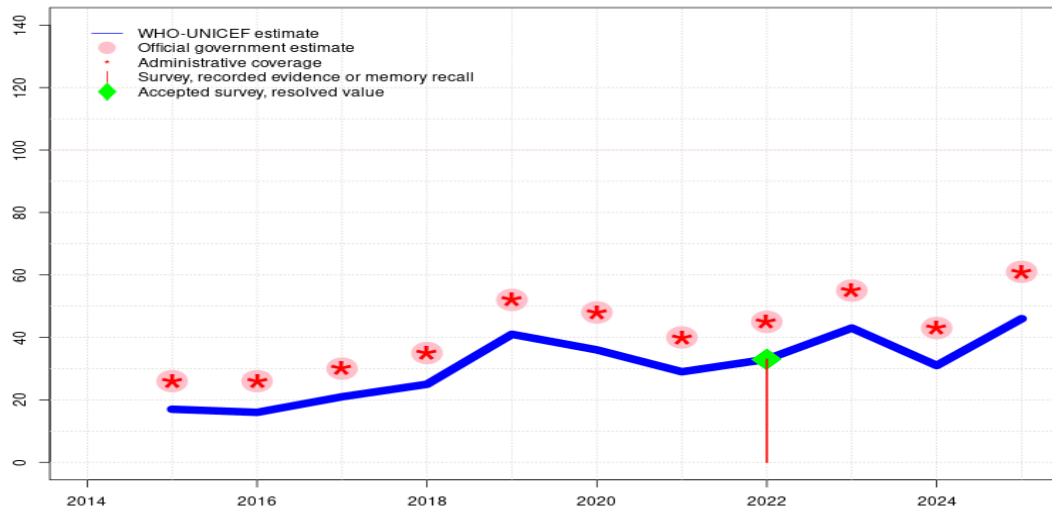
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate is based on the relationship between reported administrative coverage for YFV and MCV1 applied to the YFV estimated coverage. Reported data excluded due to sudden change in coverage from 69 to 93 percent. Programme reports 90 percent reporting completeness. Estimate challenged by: D-R-
- 2024: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2023: Estimate based on estimated MCV1. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: R-S-
- 2022: Estimate based on estimated MCV1. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate challenged by: R-
- 2021: Estimate based on estimated MCV1. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate challenged by: R-
- 2020: Estimate based on estimated MCV1. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2019: Estimate based on estimated MCV1. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Rubella containing vaccine introduced in 2018 as MR combination. Estimate challenged by: D-R-

Angola - MCV2

AGO - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	17	16	21	25	41	36	29	33	43	31	46
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	26	26	30	35	52	48	40	45	55	43	61
Administrative	-	26	26	30	35	52	48	40	45	55	43	61
Survey	-	-	-	-	-	-	-	-	33	-	-	-

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.

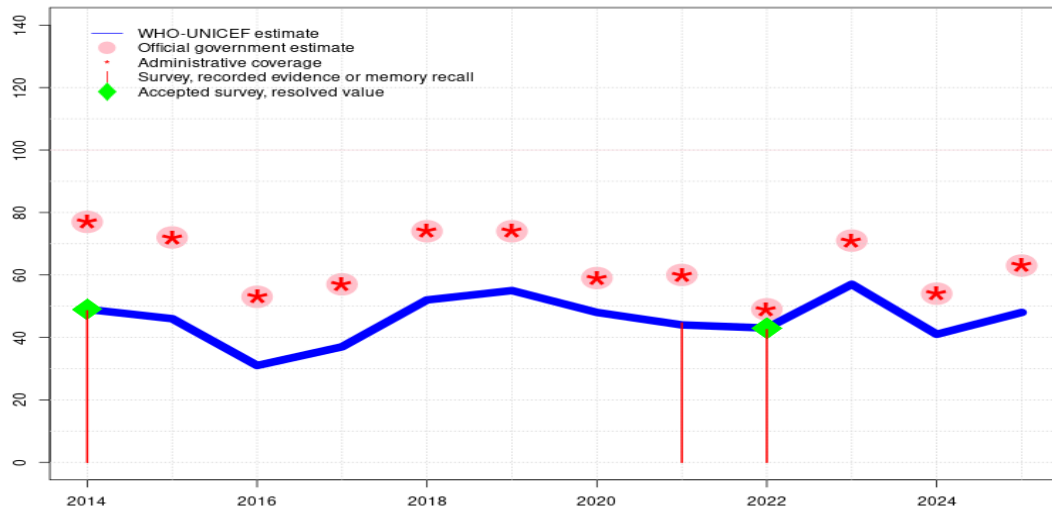
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate is based on the relationship between reported administrative coverage for MCV1 and MCV2 applied to the MCV1 estimated coverage. Reported data excluded due to sudden change in coverage from 43 to 61 percent. Programme reports 90 percent reporting completeness. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. Estimate challenged by: R-
- 2022: Estimate of 33 percent assigned by working group. Estimate informed by the ratio of reported MCV2:MCV1 doses applied to the estimated MCV1 coverage level consistent with prior year. Programme reports vaccine supply disruptions for all antigens at subnational levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2022 levels. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 and 2022 levels. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2022 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2022 levels. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. Estimate challenged by: R-
- 2015: Estimate of 17 percent assigned by working group. Estimate informed by the ratio of reported MCV2:MCV1 doses applied to the estimated MCV1 coverage level during the introduction period of the 2nd dose of measles vaccine and evidence that the administrative recording system may overestimate coverage. Second dose of measles containing vaccine introduced in 2014. Reporting started in 2015. Estimate challenged by: R-

Angola - YFV

AGO - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	49	46	31	37	52	55	48	44	43	57	41	48
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	77	72	53	57	74	74	59	60	49	71	54	63
Administrative	77	72	53	57	74	74	59	60	49	71	54	63
Survey	49	-	-	-	-	-	-	45	43	-	-	-

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 is based on the relationship between reported admin coverage in 2024 and 2025, applied to the 2024 estimated coverage. Programme reports 90 percent reporting completeness. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2024: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2023: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. Programme reports 85 percent reporting completeness and subnational supply disruptions for all antigens. Country conducted intensified vaccination activities which may explain the increase in number of children vaccinated in spite of incomplete reporting. WHO and UNICEF recommend assessment of the routine monitoring system. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2022: Estimate of 43 percent assigned by working group. Programme reports vaccine supply disruptions for all antigens at subnational levels. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2021: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. Angola Demographic and Health Survey 2023-2024 results ignored by working group. Survey results ignored due to substantially lower documented evidence in the subsequent cohort. Country reports resources redirected to Covid-19 may have contributed to the decline in coverage seen in 2021. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for most antigens. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2020: Reported data calibrated to 2014 and 2022 levels. Country indicates that due to Covid-19 restrictions most health facilities were only partially operational between March and July 2020. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2019: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. Reported administrative data reflect incomplete reporting. Programme reports subnational vaccine supply disruptions for all antigens. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2018: YFV coverage estimate is based on the difference in reported admin coverage between MCV1 and YFV applied to the estimated MCV1 coverage. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2017: Reported data calibrated to 2014 and 2022 levels. Programme reports vaccine supply disruptions at district level in 2017. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Angola - YFV

- 2016: Reported data calibrated to 2014 and 2022 levels. Programme reports Yellow Fever vaccine stockout for 12 months in 2016. Estimates exceptionally based on reported data for the time period shown in the graph. Revised target population based on projections from the 2014 census. Decline of twelve percent in 2016 compared with 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2014 and 2022 levels. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 49 percent based on 1 survey(s). Recovery from 2013 stockout. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Angola - 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.

2022 Angola Inquérito de Indicadores Múltiplos e de Saúde (IIMS) 2023-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	26.9	12-23 m	1010	45
BCG	Record	40.4	12-23 m	837	45
BCG	Record or Recall	67.3	12-23 m	1847	45
BCG	Record or Recall<12m	65.9	12-23 m	1847	45
DTP1	Recall	21.7	12-23 m	1010	45
DTP1	Record	41.1	12-23 m	837	45
DTP1	Record or Recall	62.8	12-23 m	1847	45
DTP1	Record or Recall<12m	61.6	12-23 m	1847	45
DTP3	Recall	10.1	12-23 m	1010	45
DTP3	Record	31.3	12-23 m	837	45
DTP3	Record or Recall	41.4	12-23 m	1847	45
DTP3	Record or Recall<12m	38.5	12-23 m	1847	45
HEPB1	Recall	21.7	12-23 m	1010	45
HEPB1	Record	41.1	12-23 m	837	45
HEPB1	Record or Recall	62.8	12-23 m	1847	45
HEPB1	Record or Recall<12m	61.6	12-23 m	1847	45
HEPB3	Recall	10.1	12-23 m	1010	45
HEPB3	Record	31.3	12-23 m	837	45
HEPB3	Record or Recall	41.4	12-23 m	1847	45

HEPB3	Record or Recall<12m	38.5	12-23 m	1847	45
HEPBB	Recall	19.3	12-23 m	1010	45
HEPBB	Record	15.6	12-23 m	837	45
HEPBB	Record or Recall	34.9	12-23 m	1847	45
HIB1	Recall	21.7	12-23 m	1010	45
HIB1	Record	41.1	12-23 m	837	45
HIB1	Record or Recall	62.8	12-23 m	1847	45
HIB1	Record or Recall<12m	61.6	12-23 m	1847	45
HIB3	Recall	10.1	12-23 m	1010	45
HIB3	Record	31.3	12-23 m	837	45
HIB3	Record or Recall	41.4	12-23 m	1847	45
HIB3	Record or Recall<12m	38.5	12-23 m	1847	45
IPV1	Recall	21.2	12-23 m	1010	45
IPV1	Record	26.3	12-23 m	837	45
IPV1	Record or Recall	47.6	12-23 m	1847	45
IPV1	Record or Recall<12m	45.6	12-23 m	1847	45
MCV1	Recall	18.5	12-23 m	1010	45
MCV1	Record	31	12-23 m	837	45
MCV1	Record or Recall	49.5	12-23 m	1847	45
MCV1	Record or Recall<12m	44.5	12-23 m	1847	45
MCV2	Recall	17.6	24-35 m	1288	32
MCV2	Record	15.4	24-35 m	617	32
MCV2	Record or Recall	33	24-35 m	1906	32
MCV2	Record or Recall<12m	31.5	24-35 m	1906	32
PCV1	Recall	20.4	12-23 m	1010	45
PCV1	Record	39.6	12-23 m	837	45
PCV1	Record or Recall	60	12-23 m	1847	45
PCV1	Record or Recall<12m	58.3	12-23 m	1847	45
PCVC	Recall	8.8	12-23 m	1010	45
PCVC	Record	26.8	12-23 m	837	45
PCVC	Record or Recall	35.6	12-23 m	1847	45
PCVC	Record or Recall<12m	32.9	12-23 m	1847	45
RCV1	Recall	18.5	12-23 m	1010	45
RCV1	Record	31	12-23 m	837	45
RCV1	Record or Recall	49.5	12-23 m	1847	45
RCV1	Record or Recall<12m	44.5	12-23 m	1847	45
ROTAC	Recall	13.8	12-23 m	1010	45
ROTAC	Record	31.6	12-23 m	837	45
ROTAC	Record or Recall	45.4	12-23 m	1847	45
ROTAC	Record or Recall<12m	44.1	12-23 m	1847	45

Angola - Survey Details

YFV	Recall	15	12-23 m	1010	45
YFV	Record	27.5	12-23 m	837	45
YFV	Record or Recall	42.5	12-23 m	1847	45
YFV	Record or Recall<12m	37.5	12-23 m	1847	45

2021 Angola Inquérito de Indicadores Múltiplos e de Saúde (IIMS) 2023-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	37.8	24-35 m	1288	32
BCG	Record	28.6	24-35 m	617	32
BCG	Record or Recall	66.4	24-35 m	1906	32
BCG	Record or Recall<12m	63	24-35 m	1906	32
DTP1	Recall	30.8	24-35 m	1288	32
DTP1	Record	29.5	24-35 m	617	32
DTP1	Record or Recall	60.3	24-35 m	1906	32
DTP1	Record or Recall<12m	57.2	24-35 m	1906	32
DTP3	Recall	15.4	24-35 m	1288	32
DTP3	Record	20.9	24-35 m	617	32
DTP3	Record or Recall	36.3	24-35 m	1906	32
DTP3	Record or Recall<12m	30.9	24-35 m	1906	32
HEPB1	Recall	30.8	24-35 m	1288	32
HEPB1	Record	29.5	24-35 m	617	32
HEPB1	Record or Recall	60.3	24-35 m	1906	32
HEPB1	Record or Recall<12m	57.2	24-35 m	1906	32
HEPB3	Recall	15.4	24-35 m	1288	32
HEPB3	Record	20.9	24-35 m	617	32
HEPB3	Record or Recall	36.3	24-35 m	1906	32
HEPB3	Record or Recall<12m	30.9	24-35 m	1906	32
HEPBB	Recall	28.2	24-35 m	1288	32
HEPBB	Record	11.9	24-35 m	617	32
HEPBB	Record or Recall	40.1	24-35 m	1906	32
HIB1	Recall	30.8	24-35 m	1288	32
HIB1	Record	29.5	24-35 m	617	32
HIB1	Record or Recall	60.3	24-35 m	1906	32
HIB1	Record or Recall<12m	57.2	24-35 m	1906	32
HIB3	Recall	15.4	24-35 m	1288	32
HIB3	Record	20.9	24-35 m	617	32
HIB3	Record or Recall	36.3	24-35 m	1906	32
HIB3	Record or Recall<12m	30.9	24-35 m	1906	32

IPV1	Recall	30.4	24-35 m	1288	32
IPV1	Record	19.2	24-35 m	617	32
IPV1	Record or Recall	49.6	24-35 m	1906	32
IPV1	Record or Recall<12m	44.3	24-35 m	1906	32
MCV1	Recall	28.7	24-35 m	1288	32
MCV1	Record	21.2	24-35 m	617	32
MCV1	Record or Recall	49.9	24-35 m	1906	32
MCV1	Record or Recall<12m	39.9	24-35 m	1906	32
PCV1	Recall	31	24-35 m	1288	32
PCV1	Record	27.7	24-35 m	617	32
PCV1	Record or Recall	58.7	24-35 m	1906	32
PCV1	Record or Recall<12m	55.6	24-35 m	1906	32
PCVC	Recall	14.4	24-35 m	1288	32
PCVC	Record	17.3	24-35 m	617	32
PCVC	Record or Recall	31.6	24-35 m	1906	32
PCVC	Record or Recall<12m	25.9	24-35 m	1906	32
RCV1	Recall	28.7	24-35 m	1288	32
RCV1	Record	21.2	24-35 m	617	32
RCV1	Record or Recall	49.9	24-35 m	1906	32
RCV1	Record or Recall<12m	39.9	24-35 m	1906	32
ROTAC	Recall	24.1	24-35 m	1288	32
ROTAC	Record	21.9	24-35 m	617	32
ROTAC	Record or Recall	46	24-35 m	1906	32
ROTAC	Record or Recall<12m	43.3	24-35 m	1906	32
YFV	Recall	26.6	24-35 m	1288	32
YFV	Record	18	24-35 m	617	32
YFV	Record or Recall	44.6	24-35 m	1906	32
YFV	Record or Recall<12m	33.6	24-35 m	1906	32

2014 Angola Demographic and Health Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	29.9	12-23 m	1366	47
BCG	Record	42.1	12-23 m	1228	47
BCG	Record or Recall	71.9	12-23 m	2595	47
BCG	Record or Recall<12m	70.4	12-23 m	2595	47
DTP1	Recall	25.9	12-23 m	1366	47
DTP1	Record	42.9	12-23 m	1228	47
DTP1	Record or Recall	68.8	12-23 m	2595	47

Angola - Survey Details

DTP1	Record or Recall<12m	67.1	12-23 m	2595	47
DTP3	Recall	5.8	12-23 m	1366	47
DTP3	Record	33.8	12-23 m	1228	47
DTP3	Record or Recall	39.6	12-23 m	2595	47
DTP3	Record or Recall<12m	38.1	12-23 m	2595	47
HEPB1	Recall	25.9	12-23 m	1366	47
HEPB1	Record	42.9	12-23 m	1228	47
HEPB1	Record or Recall	68.8	12-23 m	2595	47
HEPB1	Record or Recall<12m	67.1	12-23 m	2595	47
HEPB3	Recall	5.8	12-23 m	1366	47
HEPB3	Record	33.8	12-23 m	1228	47
HEPB3	Record or Recall	39.6	12-23 m	2595	47
HEPB3	Record or Recall<12m	38.1	12-23 m	2595	47
HIB1	Recall	25.9	12-23 m	1366	47
HIB1	Record	42.9	12-23 m	1228	47
HIB1	Record or Recall	68.8	12-23 m	2595	47
HIB1	Record or Recall<12m	67.1	12-23 m	2595	47
HIB3	Recall	5.8	12-23 m	1366	47
HIB3	Record	33.8	12-23 m	1228	47
HIB3	Record or Recall	39.6	12-23 m	2595	47
HIB3	Record or Recall<12m	38.1	12-23 m	2595	47
MCV1	Recall	24.2	12-23 m	1366	47
MCV1	Record	31.9	12-23 m	1228	47
MCV1	Record or Recall	56.1	12-23 m	2595	47
MCV1	Record or Recall<12m	51.2	12-23 m	2595	47
PCV1	Recall	22.2	12-23 m	1366	47
PCV1	Record	39.8	12-23 m	1228	47
PCV1	Record or Recall	62	12-23 m	2595	47
PCV1	Record or Recall<12m	60.6	12-23 m	2595	47
PCVC	Recall	4.3	12-23 m	1366	47
PCVC	Record	28.2	12-23 m	1228	47
PCVC	Record or Recall	32.5	12-23 m	2595	47
PCVC	Record or Recall<12m	31	12-23 m	2595	47
ROTAC	Recall	10.1	12-23 m	1366	47
ROTAC	Record	24.8	12-23 m	1228	47
ROTAC	Record or Recall	34.9	12-23 m	2595	47
ROTAC	Record or Recall<12m	34.3	12-23 m	2595	47
YFV	Record or Recall	48.5	12-23 m	2595	47

2013 Angola Demographic and Health Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	39.5	24-35 m	1633	-
BCG	Record	31.1	24-35 m	862	-
BCG	Record or Recall	70.6	24-35 m	2495	-
BCG	Record or Recall<12m	65.9	24-35 m	2495	-
DTP1	Recall	34.5	24-35 m	1633	-
DTP1	Record	32.2	24-35 m	862	-
DTP1	Record or Recall	66.7	24-35 m	2495	-
DTP1	Record or Recall<12m	62.1	24-35 m	2495	-
DTP3	Recall	9.3	24-35 m	1633	-
DTP3	Record	25.5	24-35 m	862	-
DTP3	Record or Recall	34.9	24-35 m	2495	-
DTP3	Record or Recall<12m	31.9	24-35 m	2495	-
HEPB1	Recall	34.5	24-35 m	1633	-
HEPB1	Record	32.2	24-35 m	862	-
HEPB1	Record or Recall	66.7	24-35 m	2495	-
HEPB1	Record or Recall<12m	62.1	24-35 m	2495	-
HEPB3	Recall	9.3	24-35 m	1633	-
HEPB3	Record	25.5	24-35 m	862	-
HEPB3	Record or Recall	34.9	24-35 m	2495	-
HEPB3	Record or Recall<12m	31.9	24-35 m	2495	-
HIB1	Recall	34.5	24-35 m	1633	-
HIB1	Record	32.2	24-35 m	862	-
HIB1	Record or Recall	66.7	24-35 m	2495	-
HIB1	Record or Recall<12m	62.1	24-35 m	2495	-
HIB3	Recall	9.3	24-35 m	1633	-
HIB3	Record	25.5	24-35 m	862	-
HIB3	Record or Recall	34.9	24-35 m	2495	-
HIB3	Record or Recall<12m	31.9	24-35 m	2495	-
MCV1	Recall	33.1	24-35 m	1633	-
MCV1	Record	25.6	24-35 m	862	-
MCV1	Record or Recall	58.7	24-35 m	2495	-
MCV1	Record or Recall<12m	49.1	24-35 m	2495	-
PCV1	Recall	28.8	24-35 m	1633	-
PCV1	Record	26.6	24-35 m	862	-
PCV1	Record or Recall	55.4	24-35 m	2495	-
PCV1	Record or Recall<12m	51	24-35 m	2495	-
PCVC	Recall	6.3	24-35 m	1633	-

Angola - Survey Details

PCVC	Record	18.7	24-35 m	862	-
PCVC	Record or Recall	25	24-35 m	2495	-
PCVC	Record or Recall<12m	22.5	24-35 m	2495	-

2012 Inquérito de Cobertura Vacinal das Crianças de 12 a 23 meses de Idade, Angola 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	32	12-23 m	3764	33
BCG	Record or Recall	88	12-23 m	3764	33
DTP1	Record	30	12-23 m	3764	33
DTP1	Record or Recall	83	12-23 m	3764	33
DTP3	Record	27	12-23 m	3764	33
DTP3	Record or Recall	48	12-23 m	3764	33
HEPB1	Record	30	12-23 m	3764	33
HEPB1	Record or Recall	83	12-23 m	3764	33
HEPB3	Record	27	12-23 m	3764	33
HEPB3	Record or Recall	48	12-23 m	3764	33
HIB1	Record	30	12-23 m	3764	33
HIB1	Record or Recall	83	12-23 m	3764	33
HIB3	Record	27	12-23 m	3764	33
HIB3	Record or Recall	48	12-23 m	3764	33
MCV1	Record	26	12-23 m	3764	33
MCV1	Record or Recall	72	12-23 m	3764	33
YFV	Record	22	12-23 m	3764	33
YFV	Record or Recall	64	12-23 m	3764	33

DTP1	Record or Recall	66.5	12-23 m	2132	57
DTP3	Recall	10.5	12-23 m	2132	57
DTP3	Record	27.1	12-23 m	2132	57
DTP3	Record or Recall	37.6	12-23 m	2132	57
DTP3	Record or Recall<12m	35	12-23 m	880	57
HEPB1	Recall	25.9	12-23 m	2132	57
HEPB1	Record	40.6	12-23 m	2132	57
HEPB1	Record or Recall	66.5	12-23 m	2132	57
HEPB3	Recall	10.5	12-23 m	2132	57
HEPB3	Record	27.1	12-23 m	2132	57
HEPB3	Record or Recall	37.6	12-23 m	2132	57
HEPB3	Record or Recall<12m	35	12-23 m	880	57
HIB1	Recall	25.9	12-23 m	2132	57
HIB1	Record	40.6	12-23 m	2132	57
HIB1	Record or Recall	66.5	12-23 m	2132	57
HIB3	Recall	10.5	12-23 m	2132	57
HIB3	Record	27.1	12-23 m	2132	57
HIB3	Record or Recall	37.6	12-23 m	2132	57
HIB3	Record or Recall<12m	35	12-23 m	880	57
MCV1	Recall	26.5	12-23 m	2132	57
MCV1	Record	31.2	12-23 m	2132	57
MCV1	Record or Recall	57.8	12-23 m	2132	57
MCV1	Record or Recall<12m	52.5	12-23 m	880	57
YFV	Recall	22.1	12-23 m	2132	57
YFV	Record	28.5	12-23 m	2132	57
YFV	Record or Recall	50.6	12-23 m	2132	57
YFV	Record or Recall<12m	45.4	12-23 m	880	57

2007 Angola Inquérito Integrado sobre o Bem-Estar da População (IBEP) 2008-2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	33.3	12-23 m	2132	57
BCG	Record	41.3	12-23 m	2132	57
BCG	Record or Recall	74.6	12-23 m	2132	57
BCG	Record or Recall<12m	29.6	12-23 m	880	57
DTP1	Recall	25.9	12-23 m	2132	57
DTP1	Record	40.6	12-23 m	2132	57

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	36.2	12-23 m	1102	34
BCG	Record	32.6	12-23 m	1102	34
BCG	Record or Recall	68.8	12-23 m	1102	34
BCG	Record<12m	63	12-23 m	1102	34
DTP1	Recall	26.7	12-23 m	1102	34
DTP1	Record	29.1	12-23 m	1102	34
DTP1	Record or Recall	55.8	12-23 m	1102	34
DTP1	Record<12m	49.8	12-23 m	1102	34

DTP3	Recall	10.9	12-23 m	1102	34	MCV1	Record	24.9	12-23 m	1102	34
DTP3	Record	23.1	12-23 m	1102	34	MCV1	Record or Recall	53.4	12-23 m	1102	34
DTP3	Record or Recall	33.9	12-23 m	1102	34	MCV1	Record<12m	42.4	12-23 m	1102	34
DTP3	Record<12m	27.6	12-23 m	1102	34						
MCV1	Recall	28.5	12-23 m	1102	34						

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