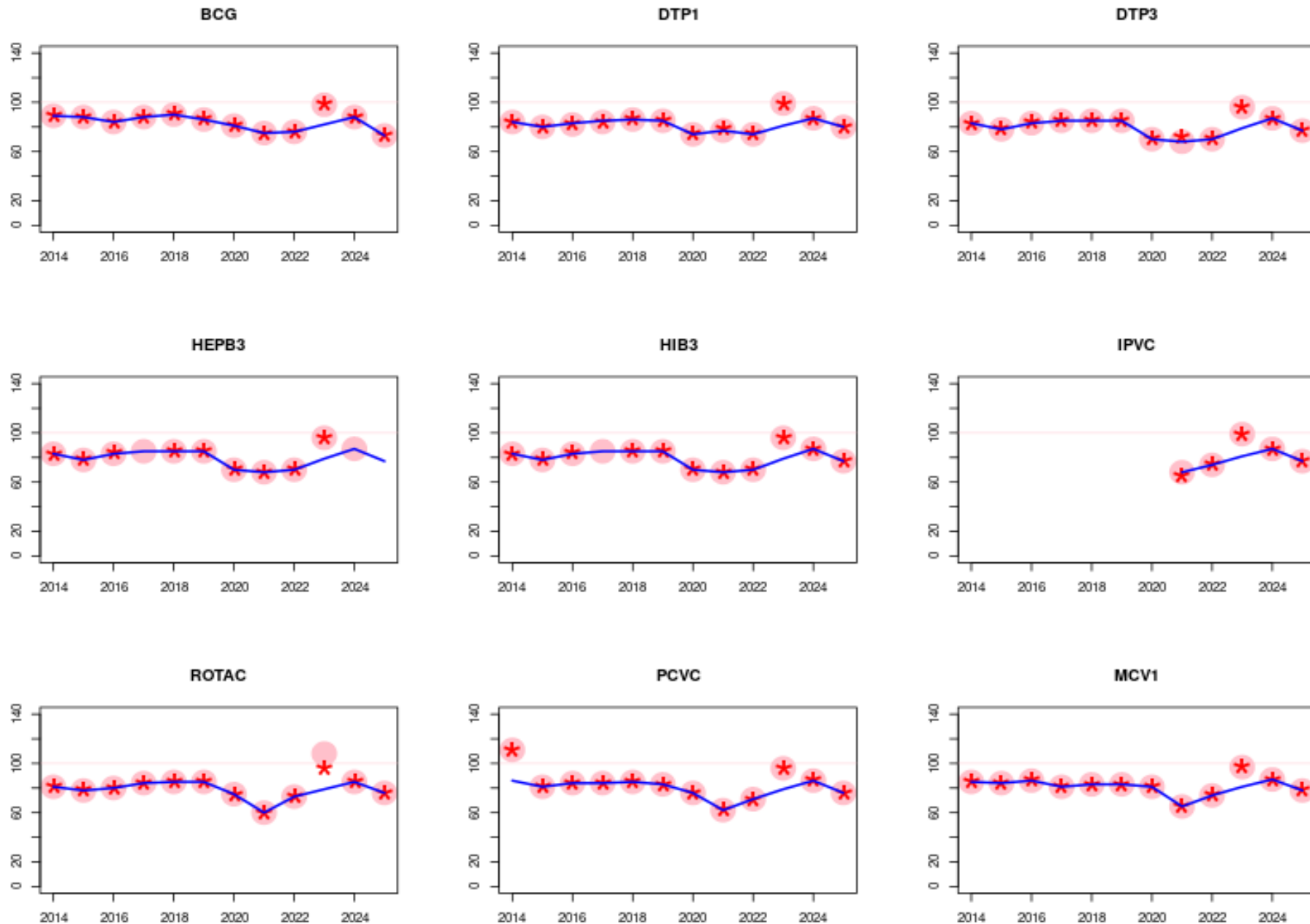




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FUENTES DE DATOS

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

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

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

ABREVIATURAS Y DEFINICIONES

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

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

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

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

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

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

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

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

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

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

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

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

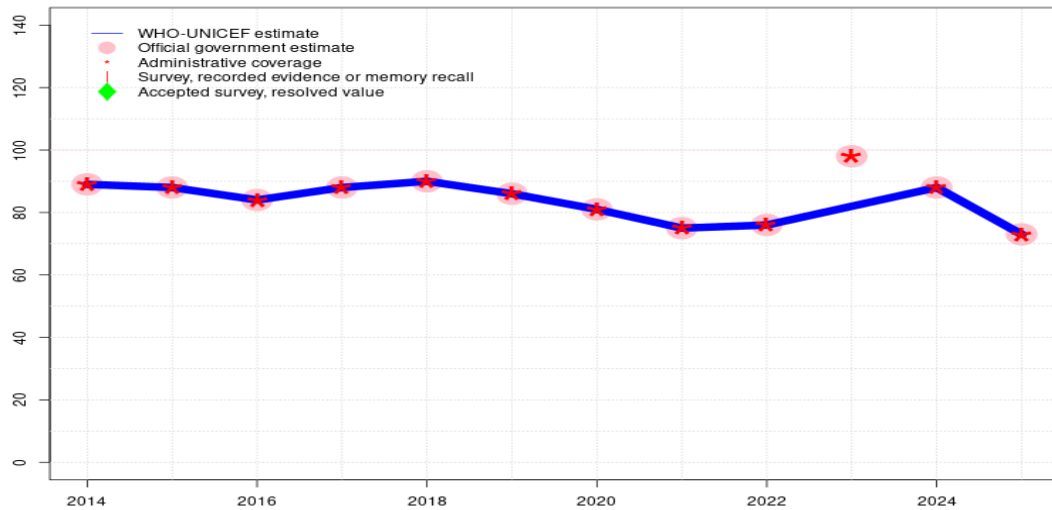
YFV (del inglés yellow fever vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones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

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

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

Ecuador - BCG

ECU - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	89	88	84	88	90	86	81	75	76	98	88	73
Estimate GoC	●●	●	●	●	●	●	●	●	●	●●	●●	●●
Official	89	88	84	88	90	86	81	75	76	98	88	73
Administrative	89	88	84	88	90	86	81	75	76	98	88	73
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

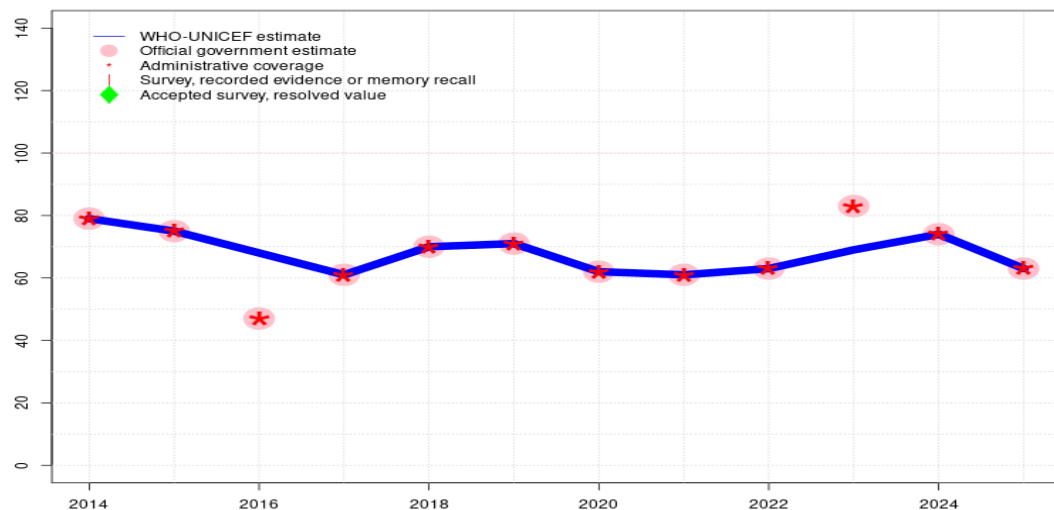
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 88 percent changed from previous revision value of 76 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Programme reports one-month vaccine stockout at national and subnational levels. Estimate of 82 percent changed from previous revision value of 76 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months AD syringe stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+

Ecuador - HEPBB

ECU - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	75	68	61	70	71	62	61	63	69	74	63
Estimate GoC	••	••	•	••	••	••	••	•	•	••	••	••
Official	79	75	47	61	70	71	62	61	63	83	74	63
Administrative	79	75	47	61	70	71	62	61	63	83	74	63
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

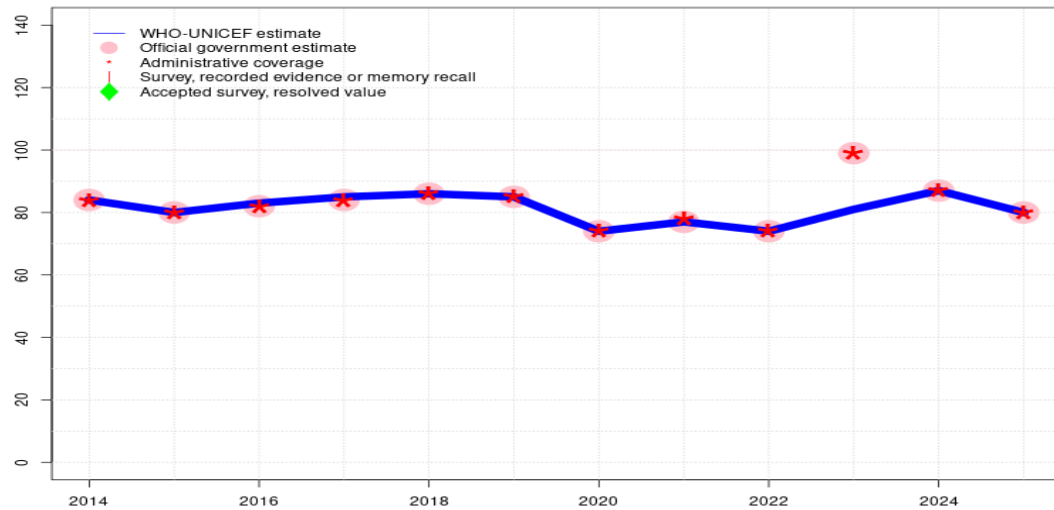
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 74 percent changed from previous revision value of 63 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Estimate of 69 percent changed from previous revision value of 63 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months AD syringe stock-out at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a five month vaccine stockout at national and subnational levels. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 75 percent to 47 percent with increase to 61 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Ecuador - DTP1

ECU - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	84	80	83	85	86	85	74	77	74	81	87	80
Estimate GoC	●	●	●	●	●	●	●	●	●	●●	●●	●●
Official	84	80	82	84	86	85	74	77	74	99	87	80
Administrative	84	80	82	84	86	85	74	78	74	99	87	80
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

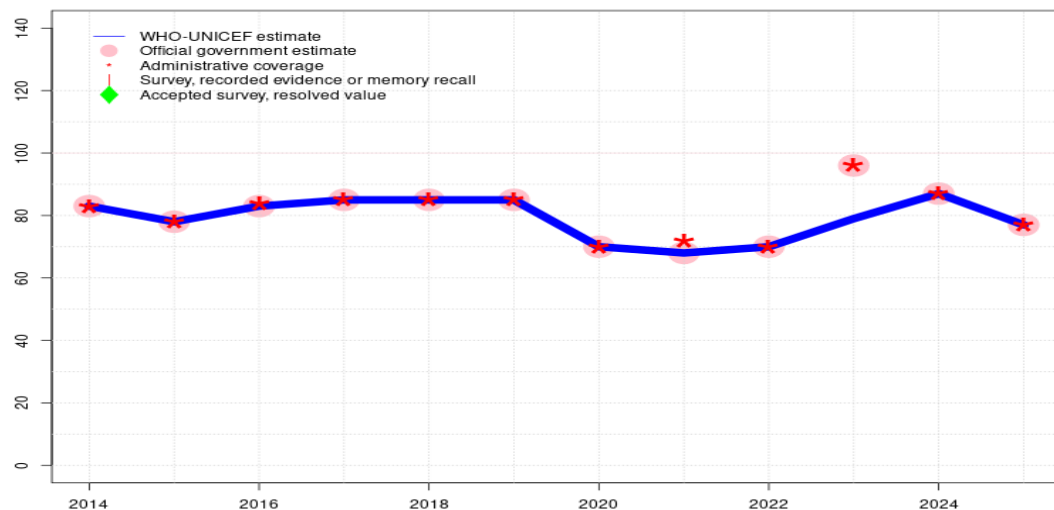
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 87 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Reported data excluded due to an increase from 74 percent to 99 percent with decrease to 87 percent. Estimate of 81 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. Programme reports three months AD syringe stockout at national and subnational levels. Estimate of 77 percent changed from previous revision value of 78 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by estimated DTP3 coverage assuming zero dropout. Reported data implies a negative dropout rate. Coverage likely overestimated. Estimate challenged by: R-
- 2016: Estimate informed by estimated DTP3 coverage assuming zero dropout. Reported data implies a negative dropout rate. Coverage likely overestimated. Estimate challenged by: D-R-
- 2015: Estimate informed by reported data. Programme reports stockout of DTP-HepB-Hib vaccine during Q1 2015. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Programme reports four months stockout at national level. Estimate challenged by: D-

Ecuador - DTP3

ECU - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	83	78	83	85	85	85	70	68	70	96	87	77
Estimate GoC	●	●	●	●	●	●	●	●	●	●●	●●	●●
Official	83	78	83	85	85	85	70	68	70	96	87	77
Administrative	83	78	84	85	85	85	70	72	70	96	87	77
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

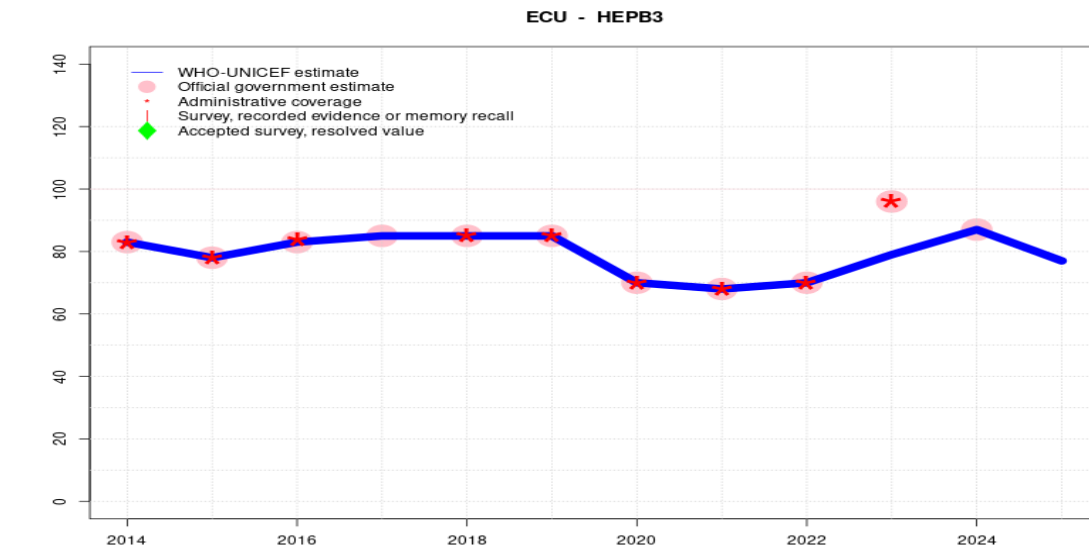
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

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- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 87 percent changed from previous revision value of 70 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Estimate of 79 percent changed from previous revision value of 70 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. Programme reports three months AD syringe stockout at national and subnational levels. Estimate of 68 percent changed from previous revision value of 72 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports stockout of DTP-HepB-Hib vaccine during Q1 2015. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Programme reports four months stockout at national level. Estimate challenged by: D-

Ecuador - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	83	78	83	85	85	85	70	68	70	96	87	-
Estimate GoC	•	•	•	••	•	•	•	•	•	••	••	•
Official	83	78	83	85	85	85	70	68	70	96	87	-
Administrative	83	78	84	-	85	85	70	68	70	96	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

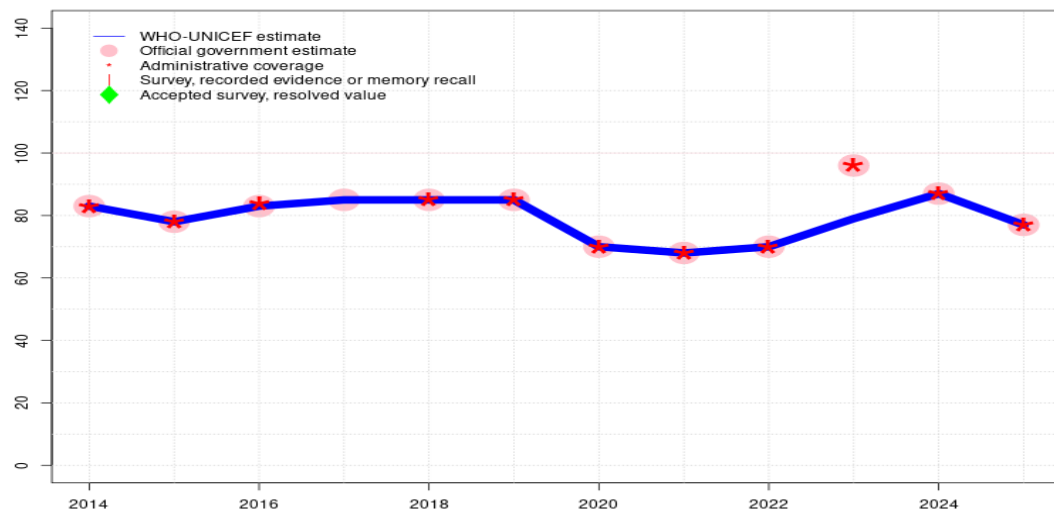
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated DTP3. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 87 percent changed from previous revision value of 70 percent. GoC=R+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Estimate of 79 percent changed from previous revision value of 70 percent. GoC=R+D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. Programme reports three months AD syringe stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. GoC=R+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports stockout of DTP-HepB-Hib vaccine during Q1 2015. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Programme reports four months stockout at national level. Estimate challenged by: D-

Ecuador - Hib3

ECU - Hib3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	83	78	83	85	85	85	70	68	70	79	87	77
Estimate GoC	●	●	●	●●	●	●	●	●	●	●●	●●	●●
Official	83	78	83	85	85	85	70	68	70	96	87	77
Administrative	83	78	84	-	85	85	70	68	70	96	87	77
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

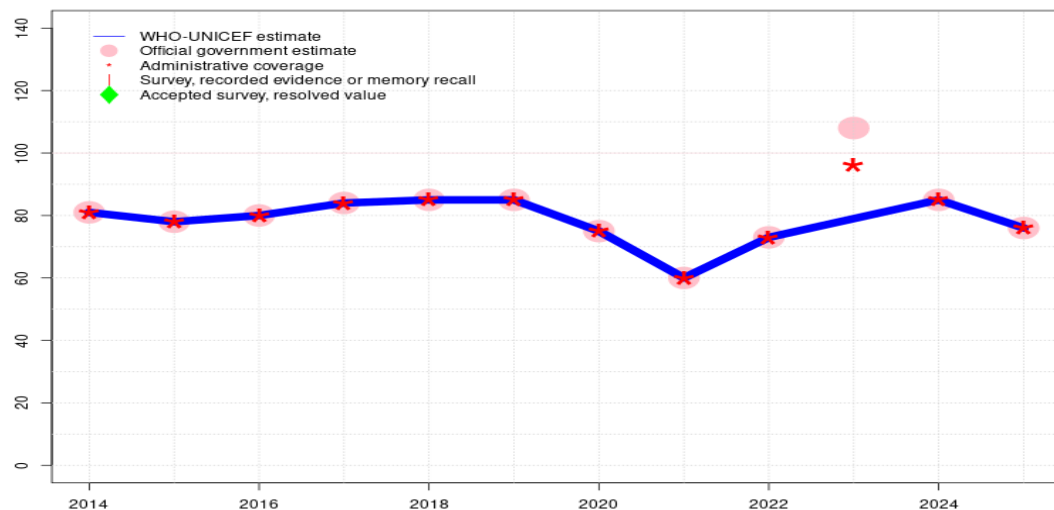
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 87 percent changed from previous revision value of 70 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Estimate of 79 percent changed from previous revision value of 70 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. Programme reports three months AD syringe stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. GoC=R+
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports stockout of DTP-HepB-Hib vaccine during Q1 2015. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Programme reports four months stockout at national level. Estimate challenged by: D-

Ecuador - ROTAC

ECU - ROTAC



Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 85 percent changed from previous revision value of 73 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Reported data excluded due to sudden unexplained change. Reported data excluded because 108 percent greater than 100 percent. Reported data excluded due to an increase from 73 percent to 108 percent with decrease to 85 percent. Estimate of 79 percent changed from previous revision value of 73 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months AD syringe stock-out at national and subnational levels. Programme reports four months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a two months vaccine stockout at national and subnational levels. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	81	78	80	84	85	85	75	60	73	79	85	76
Estimate GoC	●●	●	●	●	●	●	●	●	●	●	●●	●●
Official	81	78	80	84	85	85	75	60	73	108	85	76
Administrative	81	78	80	84	85	85	75	60	73	96	85	76
Survey	-	-	-	-	-	-	-	-	-	-	-	-

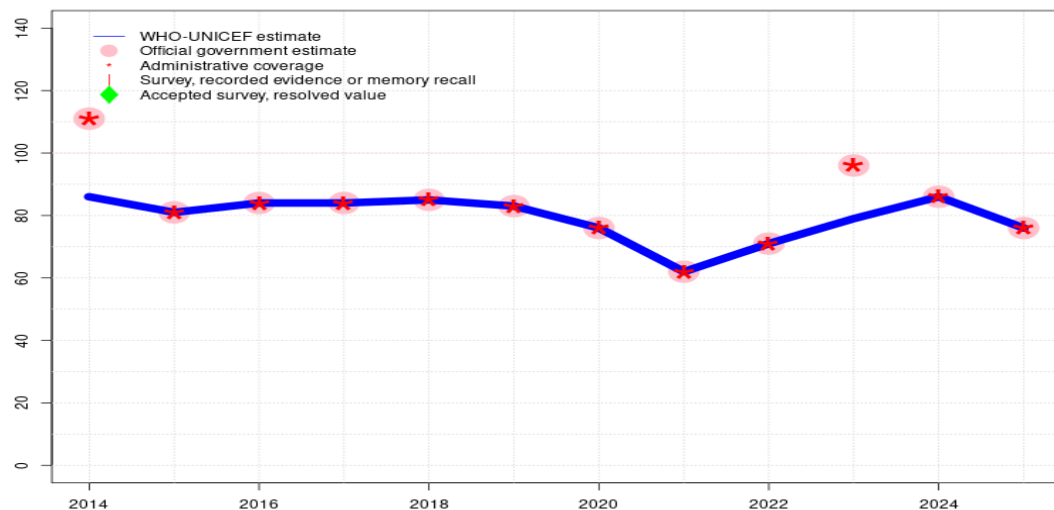
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Ecuador - PCVC

ECU - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	86	81	84	84	85	83	76	62	71	79	86	76
Estimate GoC	●	●	●	●	●	●	●	●	●	●●	●●	●●
Official	111	81	84	84	85	83	76	62	71	96	86	76
Administrative	111	81	84	84	85	83	76	62	71	96	86	76
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

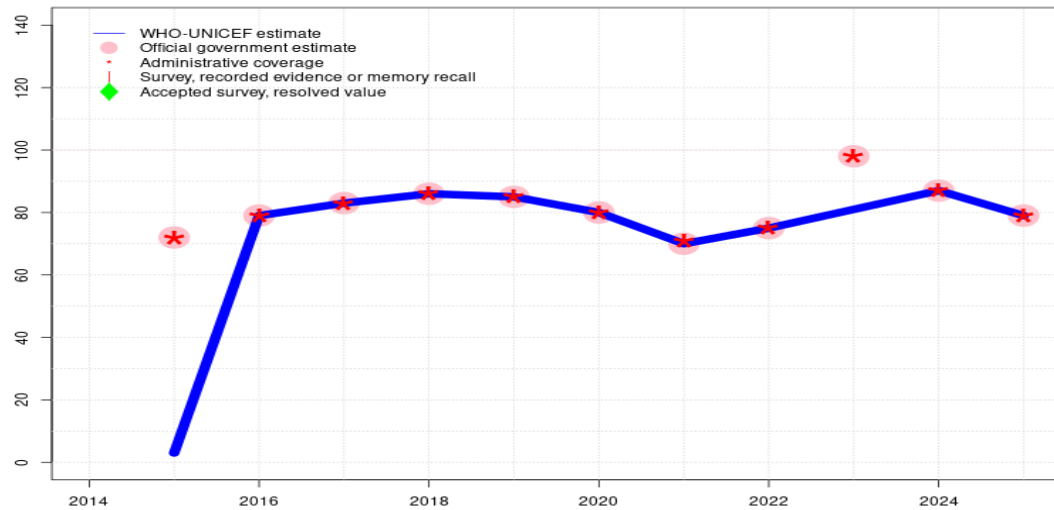
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 86 percent changed from previous revision value of 71 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Reported data excluded due to sudden unexplained change. Estimate of 79 percent changed from previous revision value of 71 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months AD syringe stock-out at national and subnational levels. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate based on reported coverage following change in recommended schedule. Estimate challenged by: D-
- 2014: Estimate informed by interpolation between reported data. Reported data excluded because 111 percent greater than 100 percent. Reported data excluded due to an increase from 90 percent to 111 percent with decrease to 81 percent. Programme reports a change in schedule from 2+1 to a 3-dose schedule recommended at 2 m, 4 m, and 6 m. Estimate challenged by: D-

Ecuador - IPV1

ECU - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	3	79	83	86	85	80	70	75	81	87	79
Estimate GoC	-	•	•	•	•	•	•	•	•	••	••	••
Official	-	72	79	83	86	85	80	70	75	98	87	79
Administrative	-	72	79	83	86	85	80	71	75	98	87	79
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

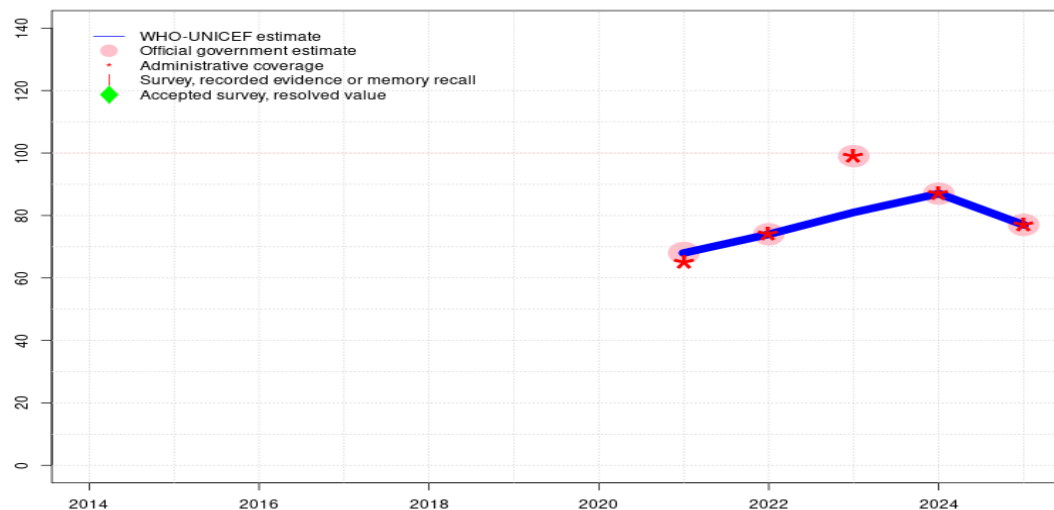
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 87 percent changed from previous revision value of 75 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Reported data excluded due to an increase from 75 percent to 98 percent with decrease to 87 percent. Estimate of 81 percent changed from previous revision value of 75 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Programme reports three months AD syringe stockout at national and subnational levels. Estimate of 70 percent changed from previous revision value of 71 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports use of fractional IPV dose. Reported data reflect first fractional dose. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reports using fractional dose of IPV. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Increase due to national roll out. Estimate challenged by: D-
- 2015: Inactivated polio vaccine introduced in December 2015. Programme reports 72 percent coverage among four percent of the national target population. Estimate informed by coverage achieved among the total annual national target population. Estimate challenged by: R-

Ecuador - IPV

ECU - IPV



Description:

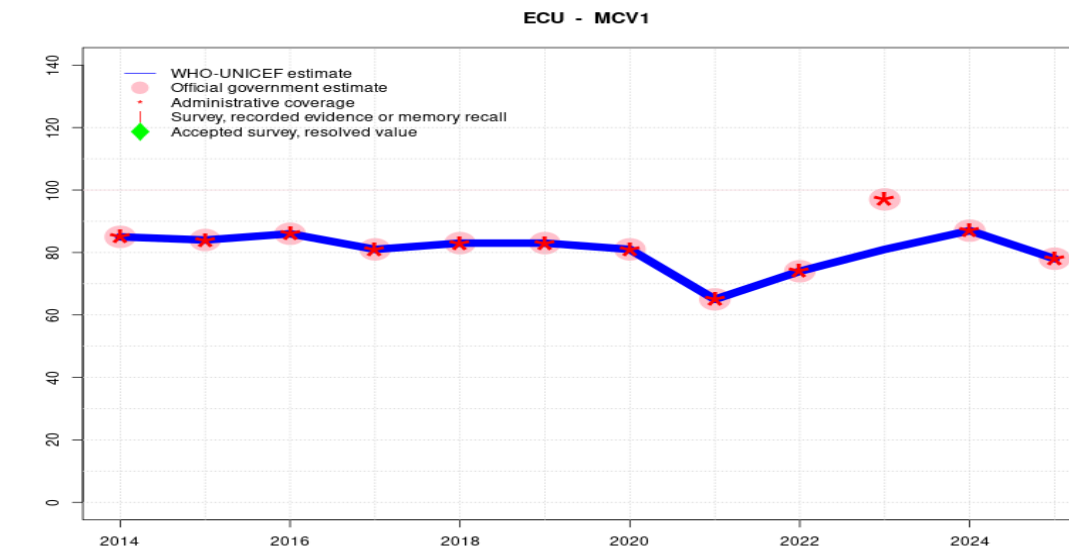
- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 87 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Reported data excluded due to an increase from 74 percent to 99 percent with decrease to 87 percent. Estimate of 81 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports use of fractional IPV dose. Reported data reflect second fractional dose. Programme reports two months vaccine stockout at national and subnational levels. Programme reports three months AD syringe stockout at national and subnational levels. Estimate of 68 percent changed from previous revision value of 65 percent. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	68	74	81	87	77
Estimate GoC	-	-	-	-	-	-	-	••	•	••	••	••
Official	-	-	-	-	-	-	-	68	74	99	87	77
Administrative	-	-	-	-	-	-	-	65	74	99	87	77
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.



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	84	86	81	83	83	81	65	74	97	87	78
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	85	84	86	81	83	83	81	65	74	97	87	78
Administrative	85	84	86	81	83	83	81	65	74	97	87	78
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

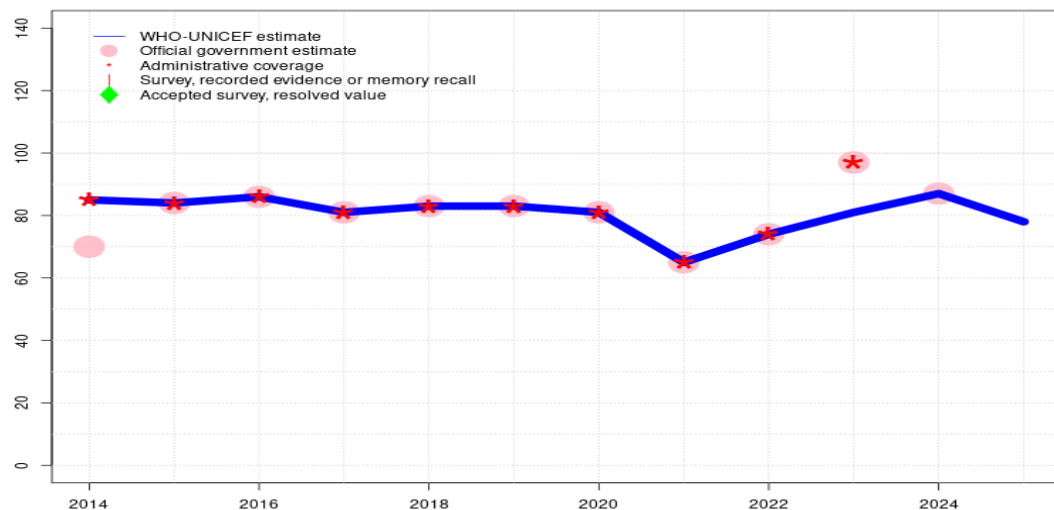
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 87 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Estimate of 81 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months AD syringe stock-out at national and subnational levels. Programme reports four months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Programme reports a decrease in the number of children vaccinated with first dose of measles containing vaccine (MCV). Programme provides a dose of MR at 6 months following recent outbreak but that dose is a temporary response. The first dose of MMR is recommended at 12 months and is the coverage reflected here. Estimate informed by reported data to be consistent across vaccines. Estimate challenged by: D-

Ecuador - RCV1

ECU - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	84	86	81	83	83	81	65	74	81	87	78
Estimate GoC	●	●	●	●	●	●	●	●	●	●●	●●	●●
Official	70	84	86	81	83	83	81	65	74	97	87	-
Administrative	85	84	86	81	83	83	81	65	74	97	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

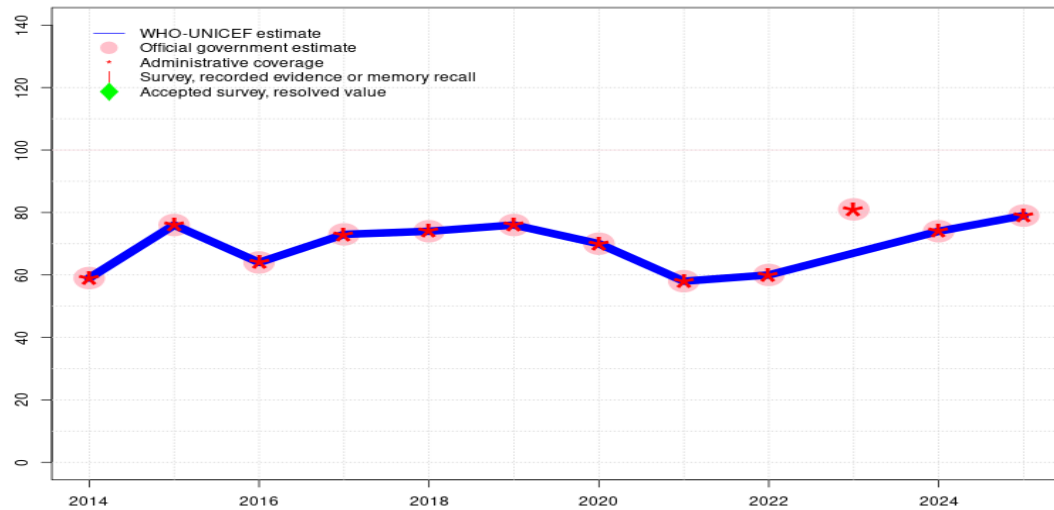
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 87 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Estimate of 81 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Programme reports three months AD syringe stock-out at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. 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. Estimate challenged by: D-
- 2016: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2015: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2014: Estimate based on estimated MCV1. Reported data excluded due to decline in reported coverage from 97 percent to 70 percent with increase to 84 percent. Estimate challenged by: D-

Ecuador - MCV2

ECU - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	59	76	64	73	74	76	70	58	60	67	74	79
Estimate GoC	••	•	•	•	••	•	•	•	•	••	••	••
Official	59	76	64	73	74	76	70	58	60	81	74	79
Administrative	59	76	64	73	74	76	70	58	60	81	74	79
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

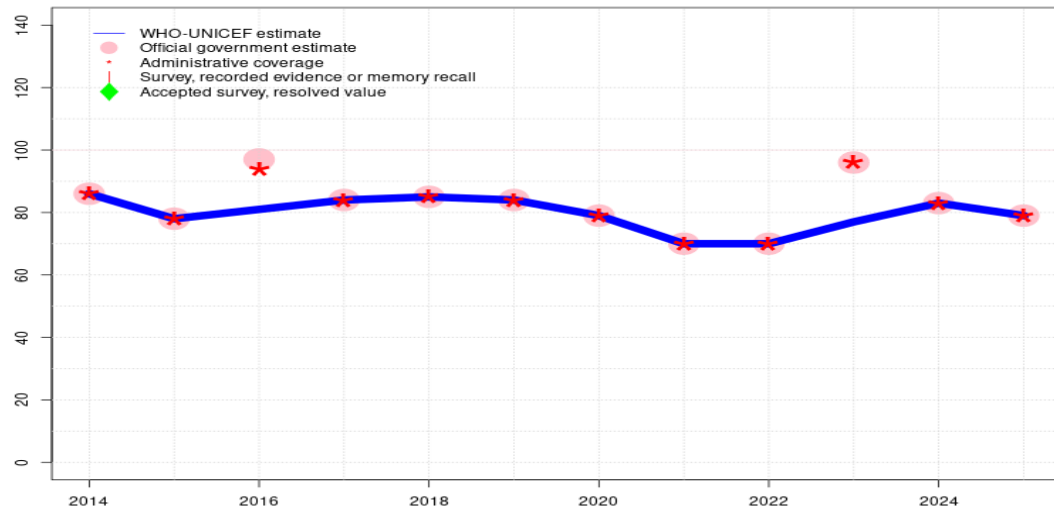
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 74 percent changed from previous revision value of 60 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Estimate of 67 percent changed from previous revision value of 60 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports three months AD syringe stock-out at national and subnational levels. Programme reports four months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Change in recommended age at administration from 6 years to 18 months. Increase may reflect change in schedule Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate informed by reported coverage consistent with other vaccines. The number of doses of measles containing vaccine administered has declined between 2013 and 2014. GoC=R+ D+

Ecuador - YFV

ECU - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	86	78	81	84	85	84	79	70	70	77	83	79
Estimate GoC	●	●	●	●	●	●	●	●	●	●●	●●	●●
Official	86	78	97	84	85	84	79	70	70	96	83	79
Administrative	86	78	94	84	85	84	79	70	70	96	83	79
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Increase of over eight percent seen in target population between 2023 and 2024 is due to revised target population following new 2022 census. Estimate of 83 percent changed from previous revision value of 70 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Increase in reported coverage reflects a 27 percent decrease in surviving infants - the result of preliminary data from the 2022 census. Reported administrative data are incomplete. Reported data excluded due to an increase from 70 percent to 96 percent with decrease to 83 percent. Estimate of 77 percent changed from previous revision value of 70 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Programme reports three months AD syringe stockout at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 78 percent to 97 percent with decrease to 84 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate informed by reported data. Estimate challenged by: D-

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.

2011 Encuesta Nacional de Salud y Nutrición: ENSANUT-ECU 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	97.7	12-23 m	2065	88
DTP3	Record or Recall	88.1	12-23 m	2065	88
MCV1	Record or Recall	78.9	12-23 m	2065	88

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

2003 Encuesta Demográfica y de Salud Materna e Infantil (ENDEMAIN-2004)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	96.7	12-23 m	788	72
BCG	Record or Recall<12m	92.9	12-23 m	788	72
DTP3	Record or Recall	74.6	12-23 m	788	72
DTP3	Record or Recall<12m	70	12-23 m	788	72
MCV1	Record or Recall	65.9	12-23 m	788	72
MCV1	Record or Recall<12m	17.6	12-23 m	788	72

1998 República del Ecuador, Encuesta Demográfica y de Salud Materna e Infantil Endemain-99

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	58	12-23 m	679	-
DTP1	Record	58.5	12-23 m	679	-
DTP3	Record	52.4	12-23 m	679	-
MCV1	Record	45.9	12-23 m	679	-