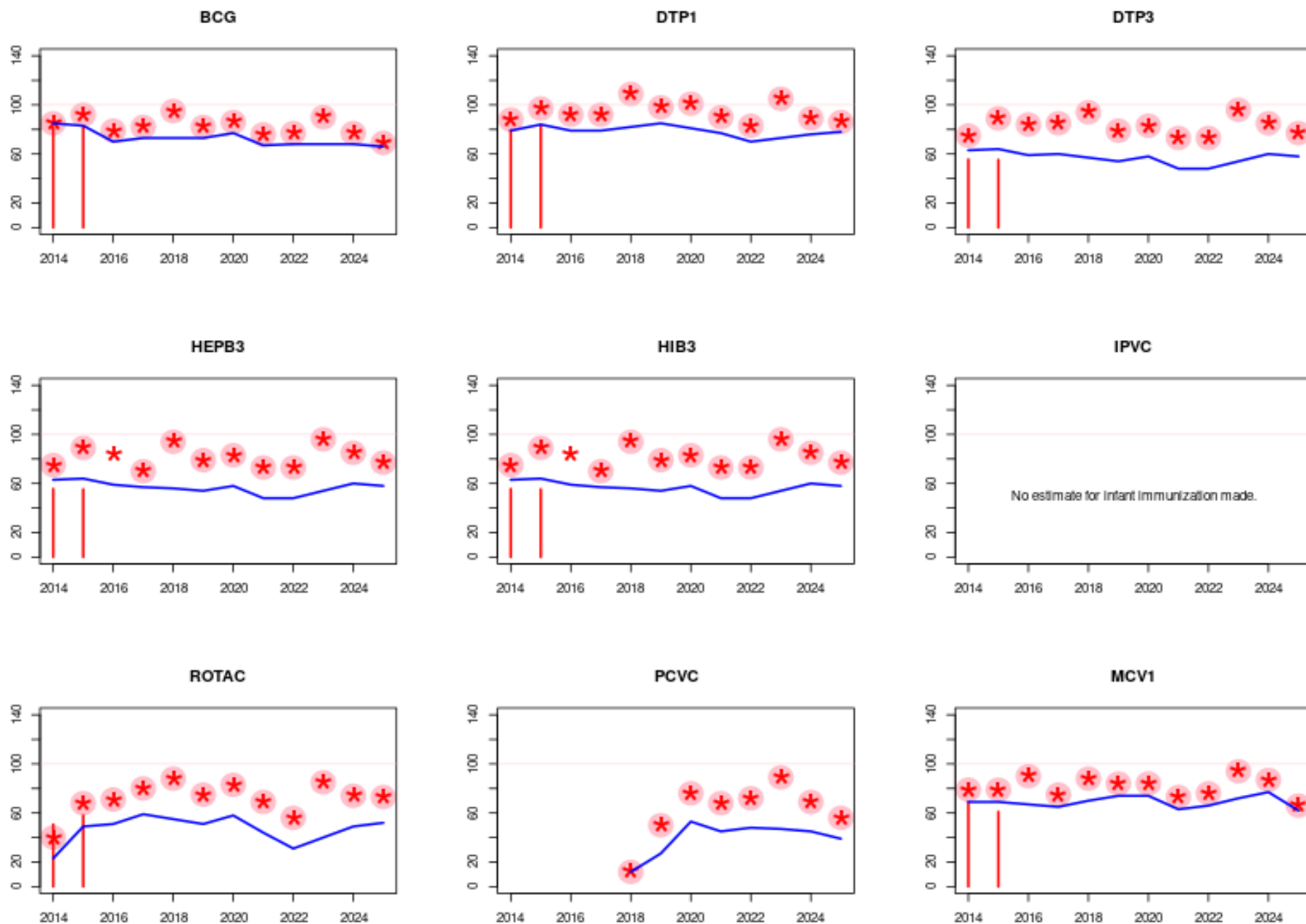




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, 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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NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture. Les estimations se réfèrent aux vaccinations administrées et documentées dans le cadre des services de vaccination de routine aux enfants de moins de 12 mois, ou à l'âge spécifié dans le calendrier vaccinal recommandé. Les vaccinations reçues dans le cadre d'activités de vaccination supplémentaires, telles que les campagnes contre la poliomyélite ou la rougeole, ne sont pas incluses.

Les estimations de l'OMS et de l'UNICEF sont spécifiques à chaque pays ; c'est-à-dire que les données de chaque pays sont examinées individuellement, et aucune donnée n'est empruntée à d'autres pays en l'absence de données. Les estimations ne reposent pas sur des ajustements ponctuels des données rapportées ; dans certains cas, des données empiriques proviennent d'une seule source, généralement les données de couverture déclarées au niveau national. Lorsqu'aucune donnée n'est disponible pour une combinaison donnée de pays/vaccin/année, les données des années précédentes et suivantes sont prises en compte et interpolées pour estimer la couverture des années manquantes. Dans les cas où les sources de données sont variées et présentent de grandes variations, une tentative est faite pour identifier l'estimation la plus probable en tenant compte des biais potentiels dans les données disponibles. Pour les méthodes, voir :

* 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.

SOURCES DE DONNÉES

Couverture ADMINISTRATIVE: Rapportée par les autorités nationales et basée sur des rapports administratifs agrégés provenant des prestataires de services de santé concernant le nombre de vaccinations administrées sur une période donnée (données du numérateur) et les données déclarées sur la population cible (données du dénominateur). Cette couverture peut être biaisée par des inexactitudes dans les données du numérateur et/ou du dénominateur.

Couverture OFFICIELLE: Estimation de la couverture rapportée par les autorités nationales, reflétant leur évaluation de la couverture la plus probable sur la base d'une combinaison de la couverture administrative, des estimations basées sur des enquêtes ou d'autres sources de données ou ajustements. Les approches pour déterminer la couverture OFFICIELLE peuvent varier d'un pays à l'autre.

Couverture par ENQUÊTE: Basée sur des estimations de couverture issues d'enquêtes menées auprès des ménages chez des enfants âgés de 6-11, 12-23 ou 24-35 mois, suivant une revue des méthodes et des résultats de l'enquête. Les informations reposent sur une combinaison de l'historique vaccinal, basé sur des preuves documentées ou le rappel des soignants. Les résultats des enquêtes sont considérés pour la cohorte de naissance appropriée en fonction de la période de collecte des données.

ABRÉVIATIONS ET DÉFINITIONS

BCG: pourcentage des naissances ayant reçu une dose du vaccin Bacillus Calmette-Guérin.

DTP1 (DTC1) / DTP3 (DTC3): pourcentage des nourrissons survivants ayant reçu respectivement la 1re / 3e dose du vaccin contenant l'anatoxine diphtérique et tétanique avec la coqueluche.

IPV1 (VPI1): pourcentage de nourrissons survivants ayant reçu la 1re dose de vaccin antipoliomyélique inactivé (VPI).

IPVC (VPIC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de VPI de la série primaire, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

MCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rougeole. Dans les pays où le calendrier national recommande la 1re dose de MCV à 12 mois ou plus, en fonction de l'épidémiologie de la maladie dans le pays, les estimations de couverture reflètent le pourcentage d'enfants ayant reçu la 1re dose de MCV conformément à la recommandation.

MCV2: pourcentage des enfants ayant reçu la 2e dose de vaccin contenant la rougeole conformément au calendrier vaccinal du pays.

RCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rubéole. Les estimations de couverture sont basées sur les estimations de l'OMS et de l'UNICEF pour la dose de vaccin contenant la rougeole qui correspond à la première combinaison vaccin rougeole-rubéole. La couverture déclarée au niveau national pour le RCV n'est pas prise en compte dans l'élaboration de cette estimation.

HEPBB (VHBN): pourcentage des naissances ayant reçu une dose de vaccin contre l'hépatite B dans les 24 heures suivant l'accouchement. Les estimations de la couverture de la dose à la naissance contre l'hépatite B sont produites uniquement pour les pays ayant une politique universelle de dose à la naissance. Aucune estimation n'est réalisée pour les pays qui recommandent une dose à la naissance uniquement pour les nourrissons nés de mères infectées par le virus de l'hépatite B, ou pour les pays où les informations sont insuffisantes pour déterminer si la vaccination a eu lieu dans les 24 heures suivant la naissance.

HEPB3 (VHB3): pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant l'hépatite B après la dose à la naissance.

HIB3: pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant Haemophilus influenzae de type b.

ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

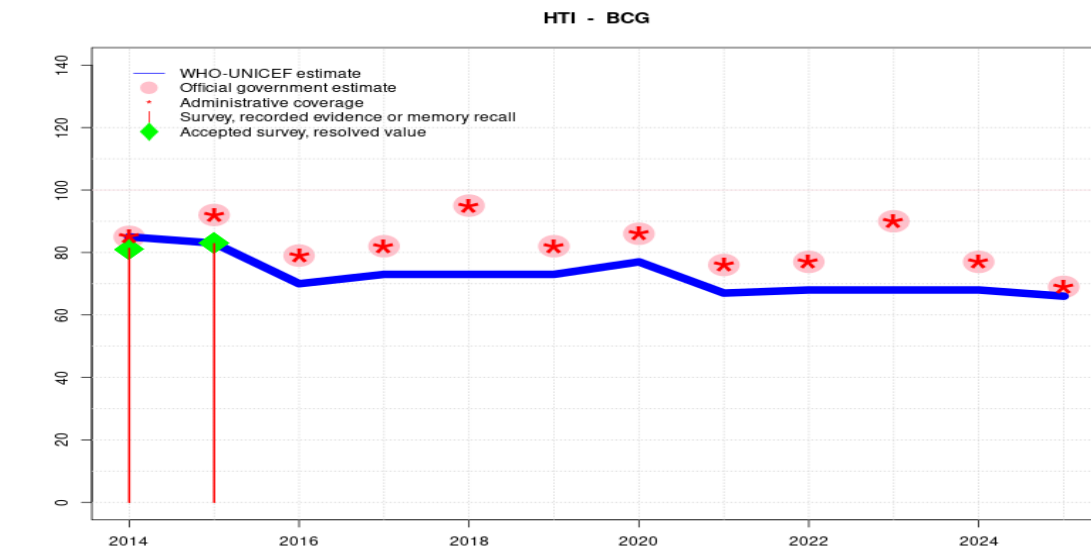
PCVC (VPCC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de vaccin antipneumococcique conjugué, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la cohorte des nourrissons survivants.

MENGA: pourcentage des enfants ayant reçu une dose de vaccin conjugué contre le méningocoque A. Les estimations de couverture MENGA sont produites pour les pays situés dans la ceinture de la méningite en Afrique subsaharienne.

Avertissement: Toutes les précautions raisonnables ont été prises par l'Organisation mondiale de la Santé et le Fonds des Nations Unies pour l'enfance pour vérifier les informations contenues dans cette publication. Toutefois, le matériel publié est distribué sans aucune garantie, explicite ou implicite. La responsabilité de l'interprétation et de l'utilisation du matériel incombe au lecteur. En aucun cas, l'Organisation mondiale de la Santé ou le Fonds des Nations Unies pour l'enfance ne sauraient être tenus responsables des dommages résultant de son utilisation.

Haiti - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	83	70	73	73	77	67	68	68	68	66	66
Estimate GoC	•••	•	•	•	•	•	•	•	•	•	•	•
Official	85	92	79	82	95	82	86	76	77	90	77	69
Administrative	85	92	79	82	95	82	86	76	77	90	77	69
Survey	81	83	-	-	-	-	-	-	-	-	-	-

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:

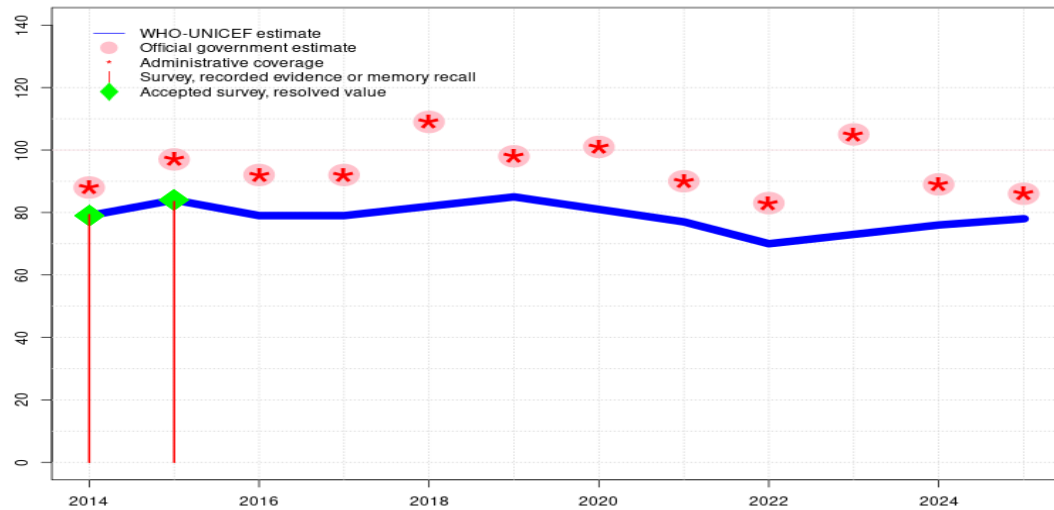
- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2015 levels. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2015 levels. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Reported data excluded due to an increase from 77 percent to 90 percent with decrease to 77 percent. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2015 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2015 levels. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2015 levels. Programme reports a twelve month stockout of reconstitution syringes. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 levels. Reported data excluded. Unexplained increase in coverage. Reported data excluded due to an increase from 82 percent to 95 percent with decrease to 82 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 levels. Estimate challenged by: R-S-

Haiti - BCG

- 2015: Estimate of 83 percent assigned by working group. Estimate informed by survey results. Programme reports vaccine stockout at national level. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Programme reports a two months stockout of BCG syringes at national level. GoC=R+ S+ D+

Haiti - DTP1

HTI - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	84	79	79	82	85	81	77	70	73	76	78
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	88	97	92	92	109	98	101	90	83	105	89	86
Administrative	88	97	92	92	109	98	101	90	83	105	89	86
Survey	79	84	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2015 levels. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2015 levels. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Reported data excluded because 105 percent greater than 100 percent. Reported data excluded due to an increase from 83 percent to 105 percent with decrease to 89 percent. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2015 levels. Programme reports five month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2015 levels. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2015 levels. Reported data excluded because 101 percent greater than 100 percent. Programme reports a twelve month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2015 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2015 levels. Reported data excluded. Unexplained increase in coverage. Reported data excluded because 109 percent greater than 100 percent. Reported data excluded due to an increase from 92 percent to 109 percent with decrease to 98 percent. Estimate challenged by: D-R-

Haiti - DTP1

2017: Reported data calibrated to 2015 levels. Estimate challenged by: D-R-

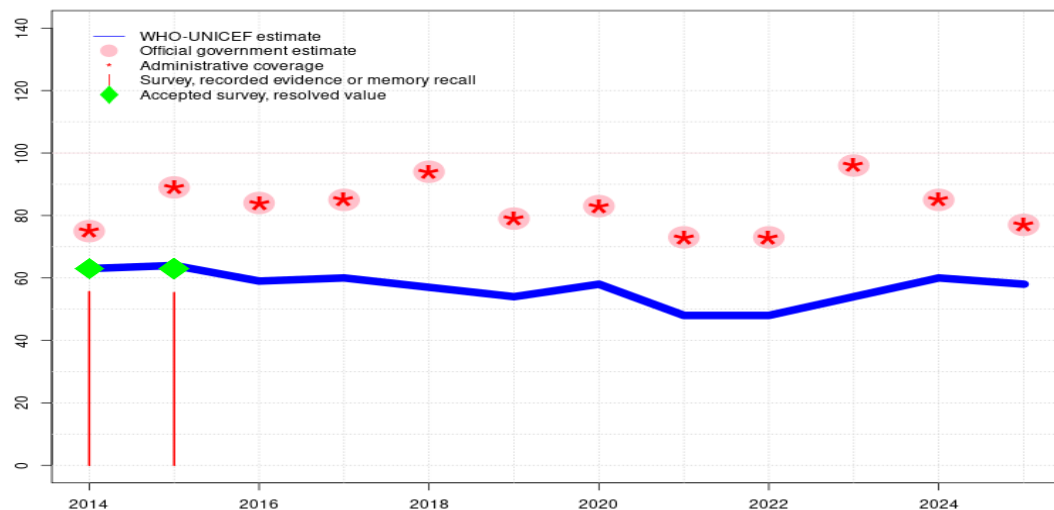
2016: Reported data calibrated to 2015 levels. Estimate challenged by: D-R-

2015: Estimate of 84 percent assigned by working group. Estimate informed by survey results.
Programme appears to have recovered from prior year vaccine stockout. Estimate challenged by: D-R-

2014: Estimate of 79 percent assigned by working group. Estimate informed by survey results.
Programme reports a one month stockout at national level. Estimate challenged by: R-

Haiti - DTP3

HTI - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	63	64	59	60	57	54	58	48	48	54	60	58
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	75	89	84	85	94	79	83	73	73	96	85	77
Administrative	75	89	84	85	94	79	83	73	73	96	85	77
Survey	56	55	-	-	-	-	-	-	-	-	-	-

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

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

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

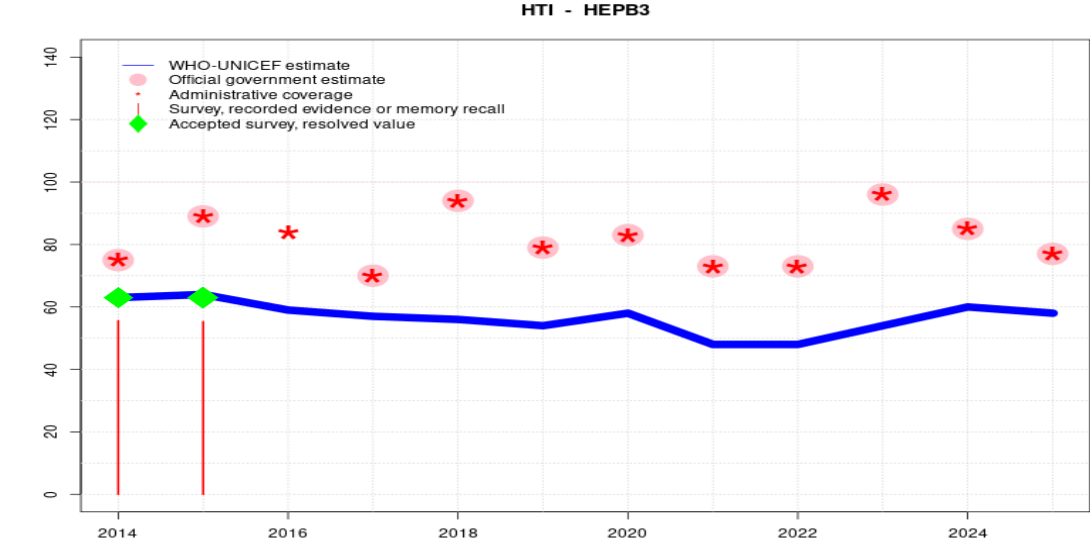
Description:

- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2015 levels. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2015 levels. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Reported data excluded due to an increase from 73 percent to 96 percent with decrease to 85 percent. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2015 levels. Programme reports five month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2015 levels. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2015 levels. Programme reports a twelve month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2015 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Consistency with other antigens suggesting a decline in coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2015 levels. Reported data excluded. Unexplained increase in coverage. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2015 levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 levels. Estimate challenged by: D-R-
- 2015: Estimate of 64 percent assigned by working group. Estimate informed by survey results. Programme appears to have recovered from prior year stockout. Haiti Demographic and

Health Survey 2016-2017 record or recall results of 55 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 49 percent. Estimate challenged by: D-R-

2014: Estimate of 63 percent assigned by working group. Estimate informed by survey results. Haiti Demographic and Health Survey 2016-2017 record or recall results of 56 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 79 percent, 1st dose record only coverage of 55 percent and 3rd dose record only coverage of 44 percent. Reported data excluded due to decline in reported coverage from 99 percent to 75 percent with increase to 89 percent. Programme reports a one month stockout at national level. Estimate challenged by: R-

Haiti - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	63	64	59	57	56	54	58	48	48	54	60	58
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	75	89	-	70	94	79	83	73	73	96	85	77
Administrative	75	89	84	70	94	79	83	73	73	96	85	77
Survey	56	55	-	-	-	-	-	-	-	-	-	-

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

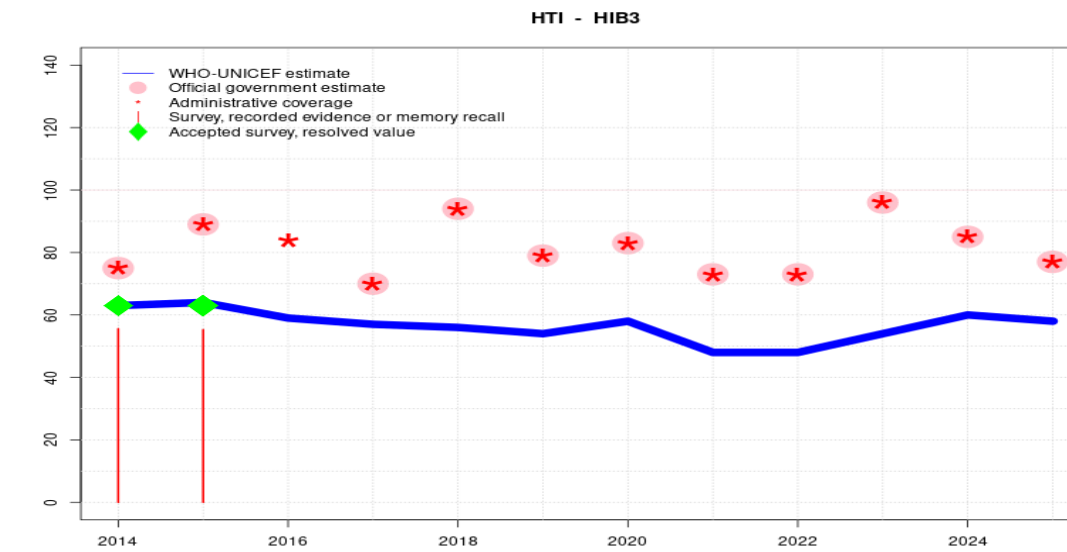
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2015 levels. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2015 levels. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Reported data excluded due to an increase from 73 percent to 96 percent with decrease to 85 percent. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2015 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2015 levels. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2015 levels. Programme reports a twelve month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2015 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2015 levels. Reported data excluded. Unexplained increase in coverage. Reported data excluded due to an increase from 70 percent to 94 percent with decrease to 79 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2015 levels. Reported data excluded due to decline in reported coverage from 84 percent to 70 percent with increase to 94 percent. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 levels. Estimate challenged by: D-R-

- 2015: Estimate of 64 percent assigned by working group. Programme recovered from prior year stockout. Haiti Demographic and Health Survey 2016-2017 record or recall results of 55 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 49 percent. Estimate challenged by: D-R-
- 2014: Estimate of 63 percent assigned by working group. Estimate informed by difference between administrative coverage between 2013 and 2014 applied to the estimate for 2013. Haiti Demographic and Health Survey 2016-2017 record or recall results of 56 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 79 percent, 1st dose record only coverage of 55 percent and 3rd dose record only coverage of 44 percent. Programme reports a one month stockout at national level. Estimate challenged by: R-



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	63	64	59	57	56	54	58	48	48	54	60	58
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	75	89	-	70	94	79	83	73	73	96	85	77
Administrative	75	89	84	70	94	79	83	73	73	96	85	77
Survey	56	55	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

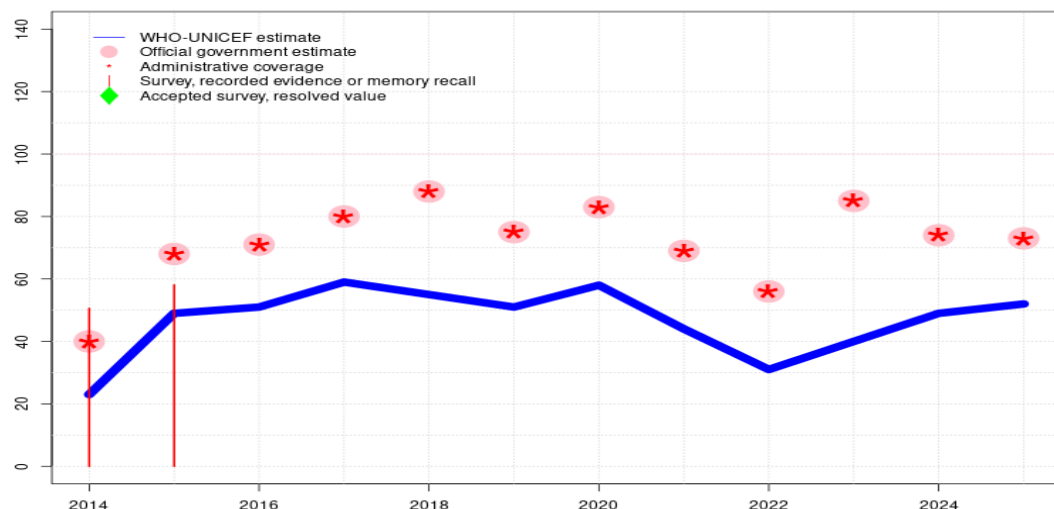
- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2015 levels. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2015 levels. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Reported data excluded due to an increase from 73 percent to 96 percent with decrease to 85 percent. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2015 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2015 levels. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2015 levels. Programme reports a twelve month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2015 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2015 levels. Reported data excluded. Unexplained increase in coverage. Reported data excluded due to an increase from 70 percent to 94 percent with decrease to 79 percent. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2015 levels. Reported data excluded due to decline in reported coverage from 84 percent to 70 percent with increase to 94 percent. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 levels. Estimate challenged by: D-R-

Haiti - HIB3

- 2015: Estimate of 64 percent assigned by working group. Estimate informed by survey results. Programme appears to have recovered from prior year vaccine stockout. Haiti Demographic and Health Survey 2016-2017 record or recall results of 55 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 49 percent. Estimate challenged by: D-R-
- 2014: Estimate of 63 percent assigned by working group. Estimate informed by survey results. Haiti Demographic and Health Survey 2016-2017 record or recall results of 56 percent modified for recall bias to 63 percent based on 1st dose record or recall coverage of 79 percent, 1st dose record only coverage of 55 percent and 3rd dose record only coverage of 44 percent. Programme reports a one month stockout at national level. Estimate challenged by: R-

Haiti - ROTAC

HTI - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	23	49	51	59	55	51	58	44	31	40	49	52
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	40	68	71	80	88	75	83	69	56	85	74	73
Administrative	40	68	71	80	88	75	83	69	56	85	74	73
Survey	51	58	-	-	-	-	-	-	-	-	-	-

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.

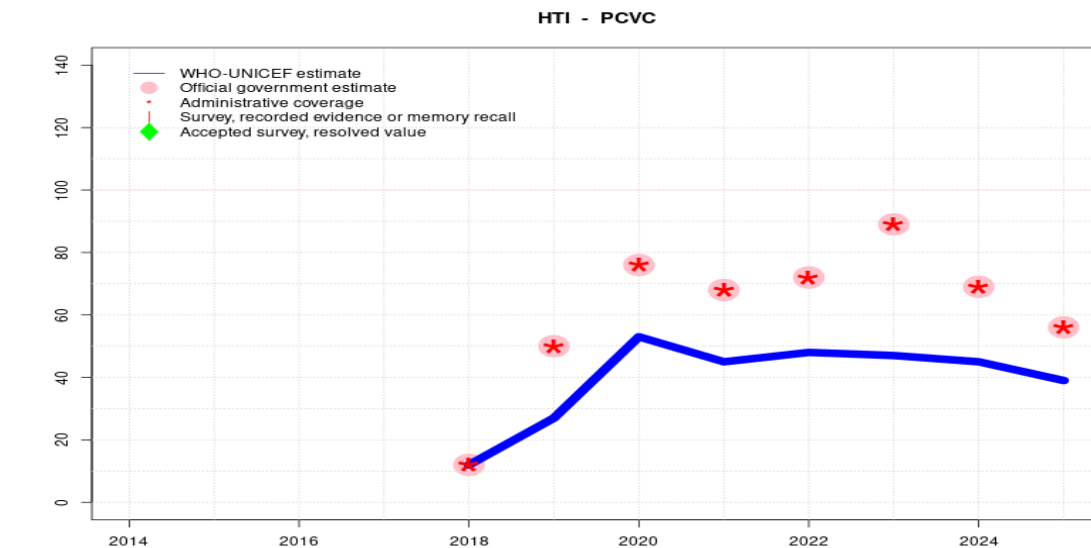
Description:

- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2020 levels. Programme reported 2 months vaccine stockout at the national and subnational levels. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Reported data excluded due to an increase from 56 percent to 85 percent with decrease to 74 percent. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Programme reports one month vaccine stockout at the national and subnational level. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Programme reports two months vaccine stockout. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Programme reports two months vaccine stockout at national level. Estimate challenged by: D-R-
- 2020: Estimate of 58 percent assigned by working group. Estimate based on estimated DTP3 coverage. Programme reports a twelve month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2015 and 2020 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2015 and 2020 levels. Reported data excluded. Unexplained increase in coverage. Estimate challenged by: D-R-

Haiti - ROTAC

- 2017: Reported data calibrated to 2015 and 2020 levels. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 and 2020 levels. Estimate challenged by: D-R-
- 2015: Estimate of 49 percent assigned by working group. Estimate is based on the relationship between reported administrative coverage for DTP3 and RotaC applied to the DTP3 estimated coverage. Haiti Demographic and Health Survey 2016-2017 results ignored by working group. Survey result inconsistent with other antigens. Haiti Demographic and Health Survey 2016-2017 record or recall results of 58 percent modified for recall bias to 62 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 60 percent and 3rd dose record only coverage of 51 percent. Estimate challenged by: D-R-
- 2014: Programme reports 40 percent coverage for 58 percent of the target population. Estimate based on coverage achieved in total annual national target population. Survey result may reflect children reached beyond infancy during introduction. Haiti Demographic and Health Survey 2016-2017 results ignored by working group. Survey result inconsistent with other antigens. Haiti Demographic and Health Survey 2016-2017 record or recall results of 51 percent modified for recall bias to 53 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage of 44 percent and 3rd dose record only coverage of 37 percent. Rotavirus vaccine introduced in 2014. Estimate challenged by: R-

Haiti - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	12	27	53	45	48	47	45	39
Estimate GoC	-	-	-	-	•	•	•	•	•	•	•	•
Official	-	-	-	-	12	50	76	68	72	89	69	56
Administrative	-	-	-	-	12	50	76	68	72	89	69	56
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 is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. Reported data excluded due to sudden change in coverage from 69 to 56 percent. Programme reported 3 months vaccine stock-out at the national and subnational levels. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-

2024: Reported data calibrated to 2022 levels. Programme reported 4 months vaccine stockout at the national and subnational levels. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-

2023: Reported data calibrated to 2022 levels. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Reported data excluded due to an increase from 72 percent to 89 percent with decrease to 69 percent. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate challenged by: D-R-

2022: Estimate of 48 percent assigned by working group. Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-

2021: Reported data calibrated to 2020 and 2022 levels. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Estimate challenged by: D-R-

2020: Estimate of 53 percent assigned by working group. Estimate is based on the relationship between reported coverage for DTP3 and PCVC applied to the DTP3 estimated coverage. Programme reports a twelve month stockout of reconstitution syringes. Estimate challenged by: D-R-

2019: Reported data calibrated to 2020 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Estimate informed by reported data on an exceptional basis following introduction. Estimate challenged by:

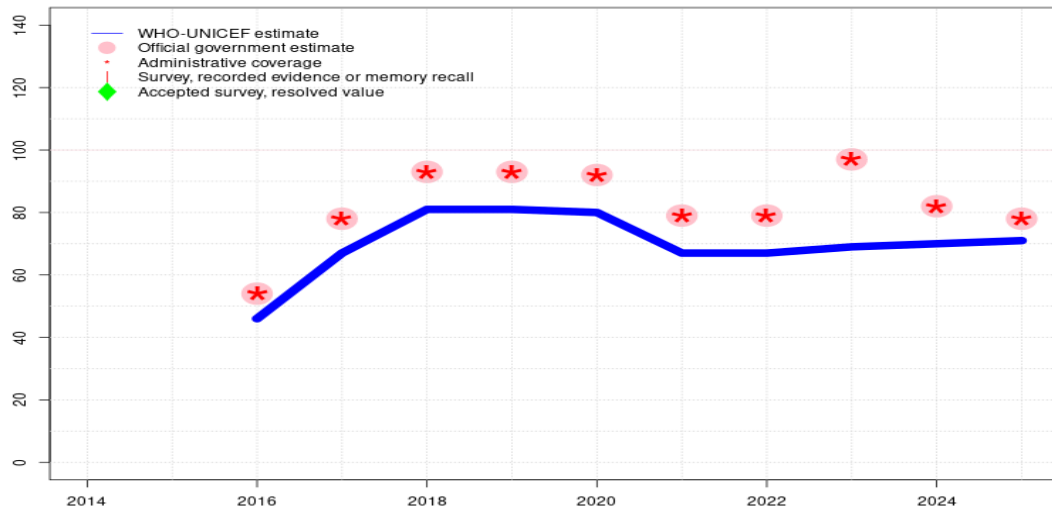
Haiti - PCVC

D-R-

2018: Estimate exceptionally based on reported data during year of introduction. Pneumococcal conjugate vaccine introduced in November 2018. Estimate of 12 percent changed from previous revision value of 0 percent. Estimate challenged by: D-R-

Haiti - IPV1

HTI - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	46	67	81	81	80	67	67	69	70	71
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	54	78	93	93	92	79	79	97	82	78
Administrative	-	-	54	78	93	93	92	79	79	97	82	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 is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-

2024: Reported data calibrated to 2019 levels. Programme reported 2 months vaccine stockout at the national and subnational levels. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-

2023: Reported data calibrated to 2019 levels. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Reported data excluded due to an increase from 79 percent to 97 percent with decrease to 82 percent. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate challenged by: D-R-

2022: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2019 levels. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Programme reports three months vaccine stockout at national level. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 levels. Programme reports a twelve month stockout of reconstitution syringes. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2019: Estimate of 81 percent assigned by working group. IPV1 recommended for administration at 6 weeks of age, similar to DTP1. Estimate is based on the relationship between reported coverage for DTP1 and IPV1 applied to the DTP1 estimated coverage. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Estimate challenged by: D-R-

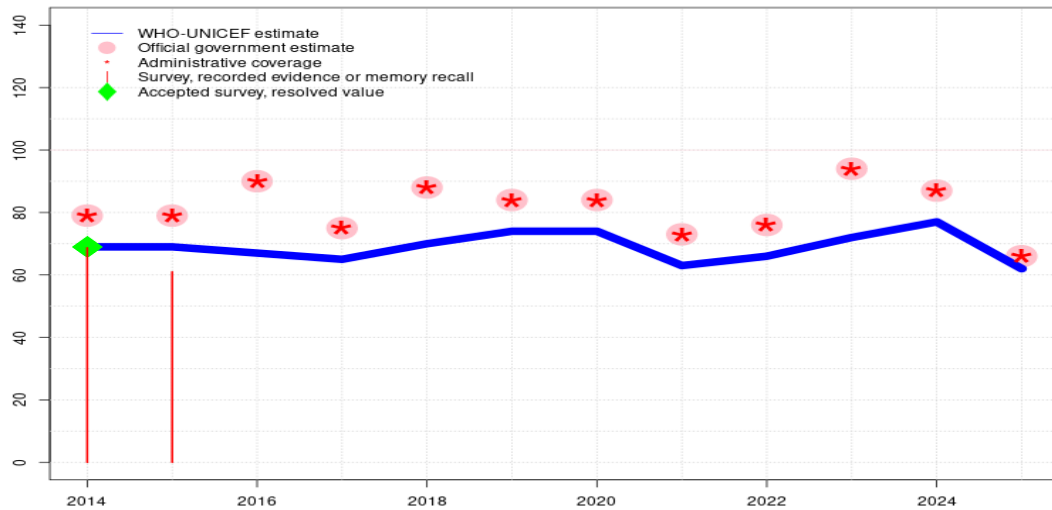
2018: Reported data calibrated to 2019 levels. Estimate informed by reported data on an exceptional basis following introduction. Estimate challenged by: D-R-

Haiti - IPV1

- 2017: Estimate is based on the relationship between reported coverage for DTP1 and IPV1 applied to the DTP1 estimated coverage. Estimate informed by reported data on an exceptional basis following introduction. Estimate challenged by: D-R-
- 2016: Estimate is based on the relationship between reported coverage for DTP1 and IPV1 applied to the DTP1 estimated coverage. Estimate challenged by: R-

Haiti - MCV1

HTI - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	69	69	67	65	70	74	74	63	66	72	77	62
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	79	79	90	75	88	84	84	73	76	94	87	66
Administrative	79	79	90	75	88	84	84	73	76	94	87	66
Survey	69	61	-	-	-	-	-	-	-	-	-	-

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 number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. Reported data excluded due to sudden change in coverage from 87 to 66 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-

2024: Reported data calibrated to 2014 levels. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-

2023: Reported data calibrated to 2014 levels. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate challenged by: D-R-

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

2021: Reported data calibrated to 2014 levels. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Estimate challenged by: D-R-

2020: Reported data calibrated to 2014 levels. Programme reports a twelve month stockout of reconstitution syringes. Estimate challenged by: D-R-

2019: Reported data calibrated to 2014 levels. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Estimate challenged by: D-R-

2018: Reported data calibrated to 2014 levels. Reported data excluded. Unexplained increase in coverage. Estimate challenged by: D-R-

2017: Reported data calibrated to 2014 levels. Estimate challenged by: R-

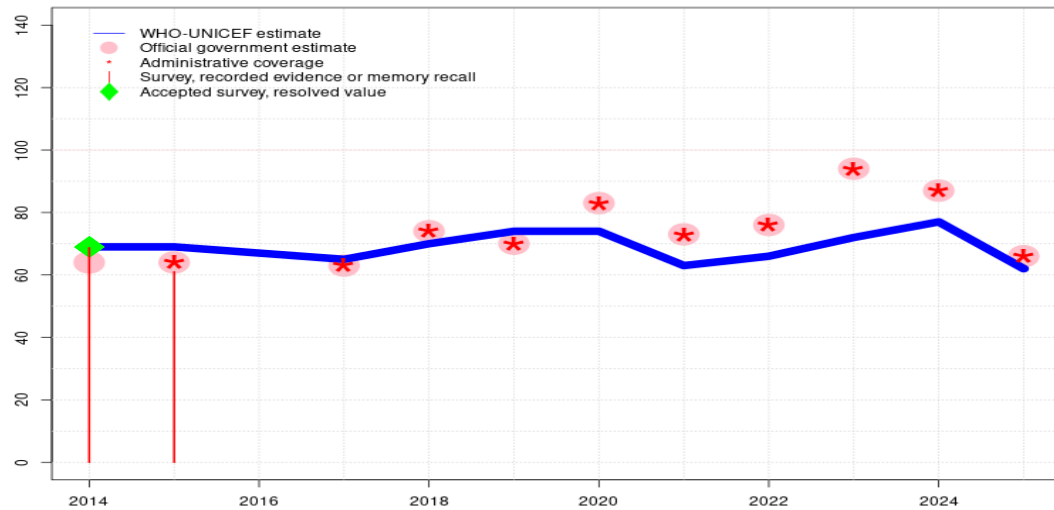
2016: Reported data calibrated to 2014 levels. Reported data excluded due to an increase from 79 percent to 90 percent with decrease to 75 percent. Country conducted a measles-rubella campaign in 2016. Increase in reported coverage may reflect campaign doses. Estimate challenged by: D-R-

Haiti - MCV1

- 2015: Reported data calibrated to 2014 levels. Haiti Demographic and Health Survey 2016-2017 results ignored by working group. Survey results likely do not reflect delayed vaccination for MCV. Estimate challenged by: R-
- 2014: Estimate of 69 percent assigned by working group. Estimate based survey results. Programme reports a two months stockout at national level. Estimate challenged by: R-

Haiti - RCV1

HTI - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	69	69	67	65	70	74	74	63	66	72	77	62
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	64	64	-	63	74	70	83	73	76	94	87	66
Administrative	-	64	-	63	74	70	83	73	76	94	87	66
Survey	69	61	-	-	-	-	-	-	-	-	-	-

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:

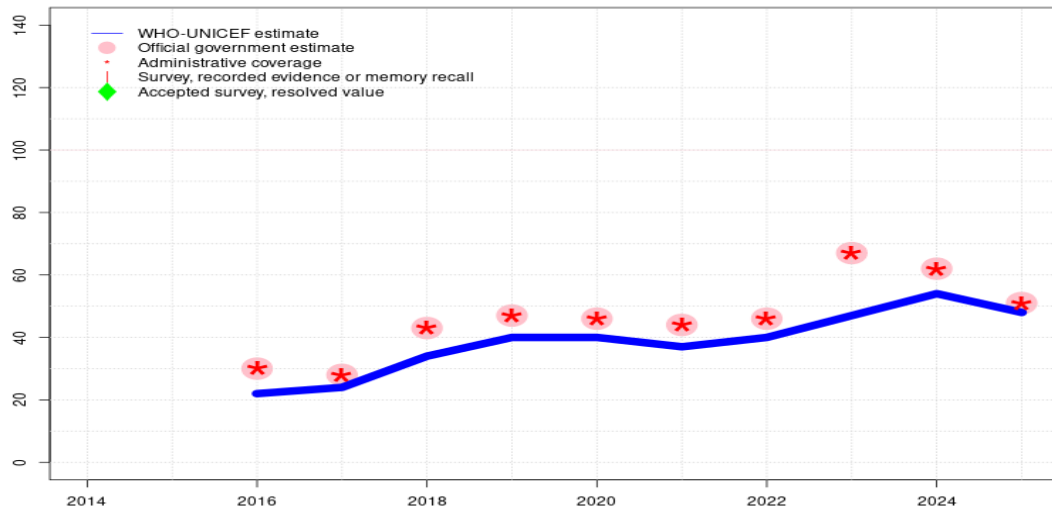
- 2025: Estimate based on estimated MCV1 coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. Reported data excluded due to sudden change in coverage from 87 to 66 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-
- 2024: Estimate based on estimated MCV1. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-
- 2023: Estimate based on estimated MCV1. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate challenged by: D-R-
- 2022: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2021: Estimate based on estimated MCV1. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. Programme reports a twelve month stockout of reconstitution syringes. Estimate challenged by: D-R-
- 2019: Estimate based on estimated MCV1. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immunization services. Programme reports a stockout of disposable syringes. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Reported data excluded. Unexplained increase in coverage. Estimate challenged by: D-R-
- 2017: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2016: Estimate based on estimated MCV1. Country conducted a measles-rubella campaign in 2016. Increase in reported coverage may reflect campaign doses. Estimate challenged by: D-R-
- 2015: Estimate based on estimated MCV1. Haiti Demographic and Health Survey 2016-2017 results ignored by working group. Survey results likely do not reflect delayed vaccination

Haiti - RCV1

for RCV1. Estimate challenged by: R-
2014: Estimate based on estimated MCV1. Estimate challenged by: R-

Haiti - MCV2

HTI - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	22	24	34	40	40	37	40	47	54	48
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	30	28	43	47	46	44	46	67	62	51
Administrative	-	-	30	28	43	47	46	44	46	67	62	51
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 is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the MCV1 estimated coverage. Reported data excluded. Decline in coverage partially explained by a 7 percent increase in target population. Reported data excluded due to sudden change in coverage from 62 to 51 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage as the situation permits. Estimate challenged by: D-R-

2024: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the MCV1 estimated coverage. Country reports data quality issues and uncertain denominators related to population movements, including emigration to other countries. However, data quality improvement activities are ongoing, including standardization of data collection tools and procurement in collaboration with the national health information unit; training on data collection and reporting; regular supervision sessions reinforcing data quality; implementation of a feedback system (bulletins and reports); quarterly departmental data review meetings and Data quality self-assessments were conducted in 4 of the 10 Departments of the country. Estimate challenged by: D-R-

2023: Estimate is based on the interpolation between 2022 and 2024 estimated coverages. Reported data excluded. Country reports conducting several intensification activities in 2023. Estimates may underestimate coverage for this year. Programme conducted intensification of immunization activities. Current information system does not allow for disaggregation by age. Estimated coverage does not reflect additional children vaccinated during the intensification activities. Estimate of 47 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-

2022: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the MCV1 estimated coverage. GoC=Assigned by working group. Consistency with other antigens.

2021: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the MCV1 estimated coverage. Due to a confluence of multiple factors impacting programme performance (number and quality of trained staff, monitoring sessions, and data quality) related to the COVID-19 pandemic and persistent instability. Programme reports two months stockout of reconstitution syringes. GoC=Assigned by working group. Consistency with other antigens.

2020: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the MCV1 estimated coverage. Programme reports a twelve month stockout of reconstitution syringes. GoC=Assigned by working group. Consistency with other antigens.

2019: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the MCV1 estimated coverage. Country reports a disruption of health service delivery due to socio-political disturbances. WHO and UNICEF recommend continued focus on improved recording and monitoring of immunization service delivery and periodic independent coverage assessment in addition to improving coverage of immu-

nization services. Programme reports a stockout of disposable syringes. Estimate is exceptionally based on reported data. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the MCV1 estimated coverage. Reported data excluded. Unexplained increase in coverage. Estimate is exceptionally based on reported data following introduction. GoC=Assigned by working group. Consistency with other antigens.

2017: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the MCV1 estimated coverage. Estimate is exceptionally based on reported data following introduction. GoC=Assigned by working group. Consistency with other antigens.

2016: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the MCV1 estimated coverage. Second dose of measles-rubella vaccine introduced in 2016. Country reports 26 percent coverage in 94 percent of the birth cohort. Coverage estimate recalculated to 24 percent for the entire birth cohort. GoC=Assigned by working group. Consistency with other antigens.

Haiti - 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.

2015 Haïti Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-VI) 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	20.4	12-23 m	357	68
BCG	Record	62.4	12-23 m	773	68
BCG	Record or Recall	82.8	12-23 m	1131	68
BCG	Record or Recall<12m	81.9	12-23 m	1131	68
DTP1	Recall	19.1	12-23 m	357	68
DTP1	Record	64.5	12-23 m	773	68
DTP1	Record or Recall	83.5	12-23 m	1131	68
DTP1	Record or Recall<12m	82.3	12-23 m	1131	68
DTP3	Recall	6.3	12-23 m	357	68
DTP3	Record	49	12-23 m	773	68
DTP3	Record or Recall	55.3	12-23 m	1131	68
DTP3	Record or Recall<12m	53.3	12-23 m	1131	68
HEPB1	Recall	19.1	12-23 m	357	68
HEPB1	Record	64.5	12-23 m	773	68
HEPB1	Record or Recall	83.5	12-23 m	1131	68
HEPB1	Record or Recall<12m	82.3	12-23 m	1131	68
HEPB3	Recall	6.3	12-23 m	357	68
HEPB3	Record	49	12-23 m	773	68

HEPB3	Record or Recall	55.3	12-23 m	1131	68
HEPB3	Record or Recall<12m	53.3	12-23 m	1131	68
HIB1	Recall	19.1	12-23 m	357	68
HIB1	Record	64.5	12-23 m	773	68
HIB1	Record or Recall	83.5	12-23 m	1131	68
HIB1	Record or Recall<12m	82.3	12-23 m	1131	68
HIB3	Recall	6.3	12-23 m	357	68
HIB3	Record	49	12-23 m	773	68
HIB3	Record or Recall	55.3	12-23 m	1131	68
HIB3	Record or Recall<12m	53.3	12-23 m	1131	68
MCV1	Recall	13.1	12-23 m	357	68
MCV1	Record	48	12-23 m	773	68
MCV1	Record or Recall	61	12-23 m	1131	68
MCV1	Record or Recall<12m	52.8	12-23 m	1131	68
RCV1	Recall	13.1	12-23 m	357	68
RCV1	Record	48	12-23 m	773	68
RCV1	Record or Recall	61	12-23 m	1131	68
RCV1	Record or Recall<12m	52.8	12-23 m	1131	68
ROTAC	Recall	7.1	12-23 m	357	68
ROTAC	Record	50.9	12-23 m	773	68
ROTAC	Record or Recall	58.1	12-23 m	1131	68
ROTAC	Record or Recall<12m	56.9	12-23 m	1131	68

2014 Haïti Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-VI) 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	27.7	24-35 m	486	-
BCG	Record	53.6	24-35 m	695	-
BCG	Record or Recall	81.3	24-35 m	1181	-
BCG	Record or Recall<12m	80.7	24-35 m	1181	-
DTP1	Recall	24.8	24-35 m	486	-
DTP1	Record	54.6	24-35 m	695	-
DTP1	Record or Recall	79.3	24-35 m	1181	-
DTP1	Record or Recall<12m	77.2	24-35 m	1181	-
DTP3	Recall	11.7	24-35 m	486	-
DTP3	Record	43.9	24-35 m	695	-
DTP3	Record or Recall	55.6	24-35 m	1181	-
DTP3	Record or Recall<12m	50.9	24-35 m	1181	-

Haiti - Survey Details

HEPB1	Recall	24.8	24-35 m	486	-
HEPB1	Record	54.6	24-35 m	695	-
HEPB1	Record or Recall	79.3	24-35 m	1181	-
HEPB1	Record or Recall<12m	77.2	24-35 m	1181	-
HEPB3	Recall	11.7	24-35 m	486	-
HEPB3	Record	43.9	24-35 m	695	-
HEPB3	Record or Recall	55.6	24-35 m	1181	-
HEPB3	Record or Recall<12m	50.9	24-35 m	1181	-
HIB1	Recall	24.8	24-35 m	486	-
HIB1	Record	54.6	24-35 m	695	-
HIB1	Record or Recall	79.3	24-35 m	1181	-
HIB1	Record or Recall<12m	77.2	24-35 m	1181	-
HIB3	Recall	11.7	24-35 m	486	-
HIB3	Record	43.9	24-35 m	695	-
HIB3	Record or Recall	55.6	24-35 m	1181	-
HIB3	Record or Recall<12m	50.9	24-35 m	1181	-
MCV1	Recall	21.7	24-35 m	486	-
MCV1	Record	47	24-35 m	695	-
MCV1	Record or Recall	68.7	24-35 m	1181	-
MCV1	Record or Recall<24m	47.5	24-35 m	1181	-
RCV1	Recall	21.7	24-35 m	486	-
RCV1	Record	47	24-35 m	695	-
RCV1	Record or Recall	68.7	24-35 m	1181	-
RCV1	Record or Recall<24m	47.5	24-35 m	1181	-
ROTAC	Recall	13.2	24-35 m	486	-
ROTAC	Record	37.3	24-35 m	695	-
ROTAC	Record or Recall	50.6	24-35 m	1181	-
ROTAC	Record or Recall<12m	48.1	24-35 m	1181	-

2011 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-V), Haiti 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	18.1	12-23 m	345	73
BCG	Record	64.6	12-23 m	943	73
BCG	Record or Recall	82.7	12-23 m	1288	73
BCG	Record or Recall<12m	80.6	12-23 m	1288	73
DTP1	Recall	17.8	12-23 m	345	73
DTP1	Record	70.1	12-23 m	943	73

DTP1	Record or Recall	87.9	12-23 m	1288	73
DTP1	Record or Recall<12m	83.4	12-23 m	1288	73
DTP3	Recall	8.4	12-23 m	345	73
DTP3	Record	54.1	12-23 m	943	73
DTP3	Record or Recall	62.5	12-23 m	1288	73
DTP3	Record or Recall<12m	54.9	12-23 m	1288	73
MCV1	Recall	13.9	12-23 m	345	73
MCV1	Record	51.2	12-23 m	943	73
MCV1	Record or Recall	65.1	12-23 m	1288	73
MCV1	Record or Recall<12m	38	12-23 m	1288	73

2008 Vaccination Coverage in Haiti: Results from the 2009 National Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	54.5	12-23 m	1345	62
DTP1	Record	57.5	12-23 m	1345	62
DTP3	Record	46.7	12-23 m	1345	62
MCV1	Record	29.3	12-23 m	1345	62

2005 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-IV), Haiti 2005-2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14.9	12-23 m	1135	73
BCG	Record	60	12-23 m	1135	73
BCG	Record or Recall	74.9	12-23 m	1135	73
BCG	Record or Recall<12m	73.2	12-23 m	1135	73
DTP1	Recall	14.9	12-23 m	1135	73
DTP1	Record	68.2	12-23 m	1135	73
DTP1	Record or Recall	83	12-23 m	1135	73
DTP1	Record or Recall<12m	77.9	12-23 m	1135	73
DTP3	Recall	4.3	12-23 m	1135	73
DTP3	Record	48.7	12-23 m	1135	73
DTP3	Record or Recall	53	12-23 m	1135	73
DTP3	Record or Recall<12m	47.9	12-23 m	1135	73
MCV1	Recall	8.6	12-23 m	1135	73
MCV1	Record	49.1	12-23 m	1135	73

MCV1	Record or Recall	57.7	12-23 m	1135	73
MCV1	Record or Recall<12m	45.3	12-23 m	1135	73
1999 Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-III), Haiti 2000, 2001					
Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	17.7	12-23 m	1225	66
BCG	Record	53.2	12-23 m	1225	66
BCG	Record or Recall	71	12-23 m	1225	66
BCG	Record or Recall<12m	67.6	12-23 m	1225	66

DTP1	Recall	15.4	12-23 m	1225	66
DTP1	Record	60.5	12-23 m	1225	66
DTP1	Record or Recall	76	12-23 m	1225	66
DTP1	Record or Recall<12m	71	12-23 m	1225	66
DTP3	Recall	5.7	12-23 m	1225	66
DTP3	Record	37.2	12-23 m	1225	66
DTP3	Record or Recall	42.9	12-23 m	1225	66
DTP3	Record or Recall<12m	36.2	12-23 m	1225	66
MCV1	Recall	9.8	12-23 m	1225	66
MCV1	Record	44.1	12-23 m	1225	66
MCV1	Record or Recall	53.9	12-23 m	1225	66
MCV1	Record or Recall<12m	34.3	12-23 m	1225	66

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