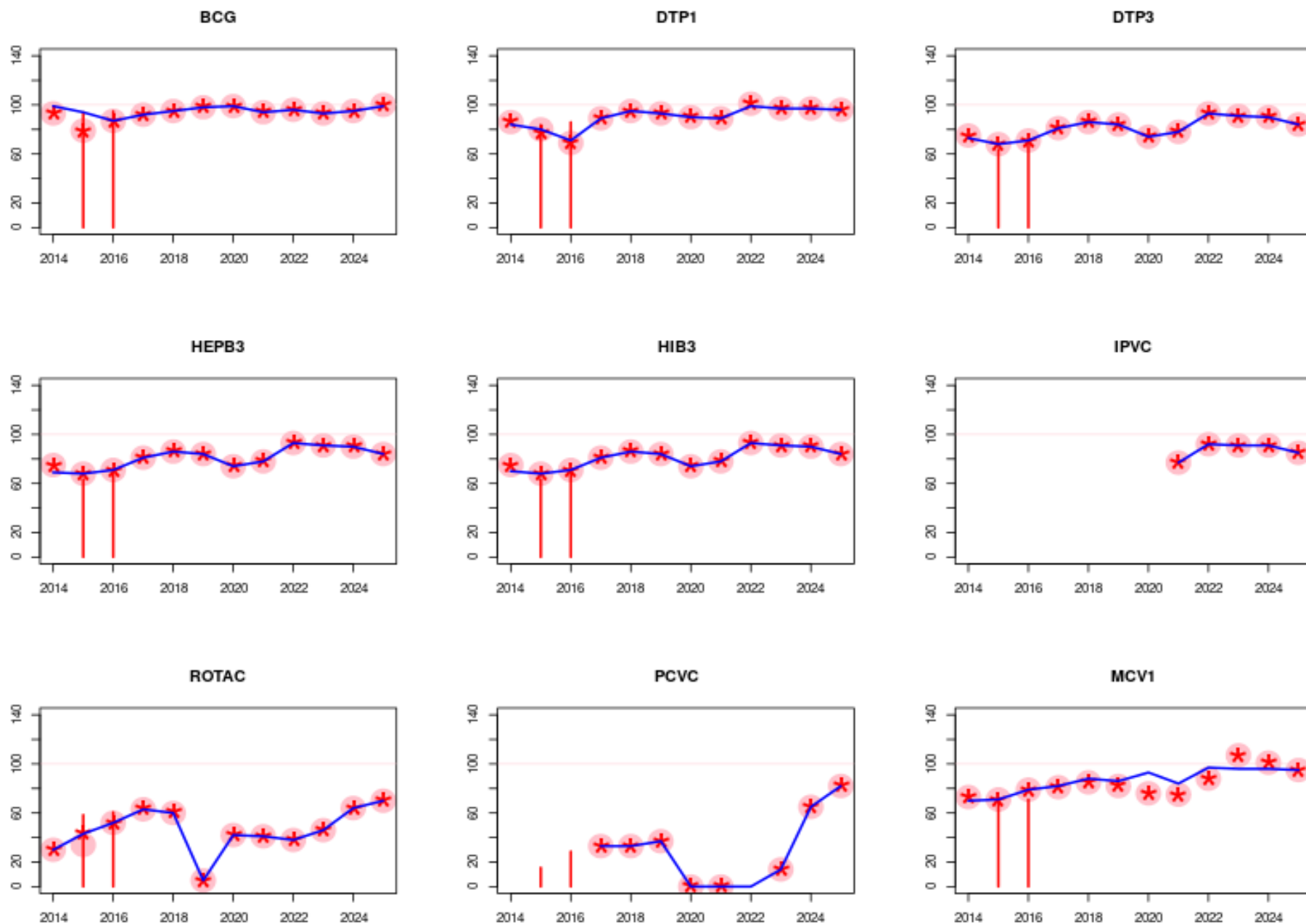




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

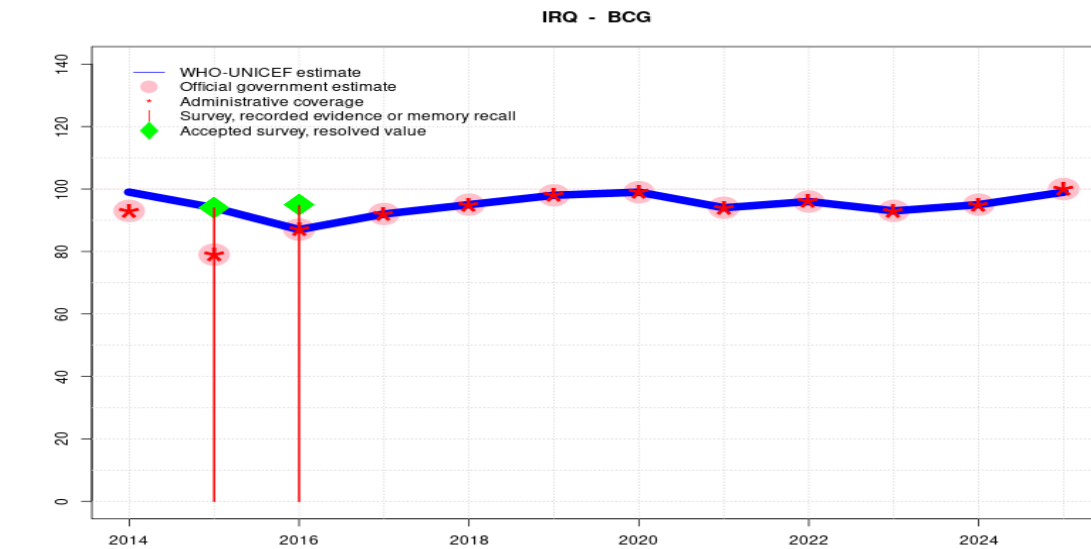
PCVC: percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine according to the national immunization schedule (e.g., second or third dose).

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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Iraq - BCG



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Programme reports four months vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. Estimate challenged by: D-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Reported data calibrated to 2010 and 2015 levels. Estimate challenged by: R-S-

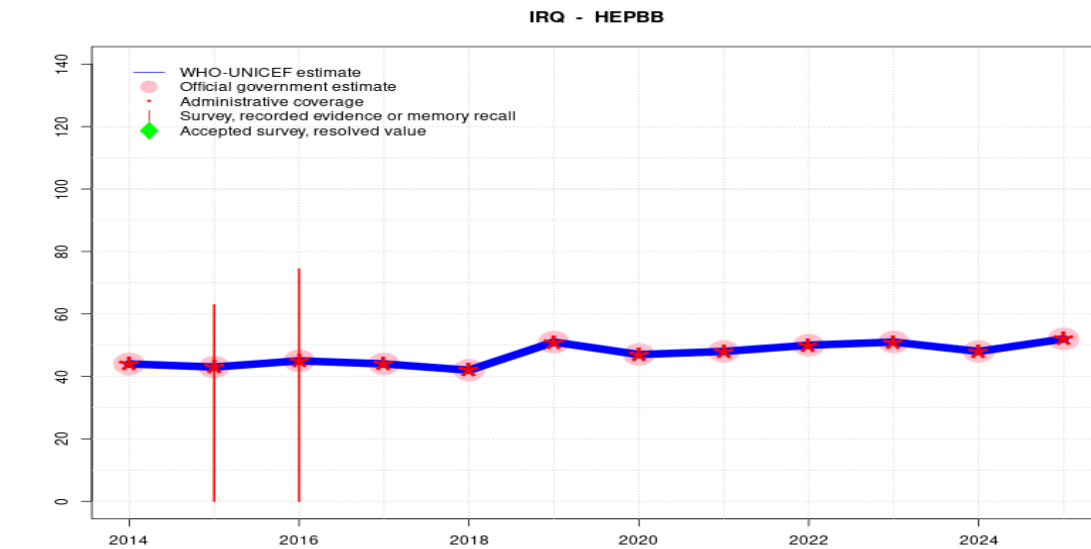
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	94	87	92	95	98	99	94	96	93	95	99
Estimate GoC	•	•	•	•••	•••	••	••	••	••	••	•	•
Official	93	79	87	92	95	98	99	94	96	93	95	100
Administrative	93	79	87	92	95	98	99	94	96	93	95	100
Survey	-	94	95	-	-	-	-	-	-	-	-	-

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.

Iraq - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	44	43	45	44	42	51	47	48	50	51	48	52
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	44	43	45	44	42	51	47	48	50	51	48	52
Administrative	44	43	45	44	42	51	47	48	50	51	48	52
Survey	-	63	74	-	-	-	-	-	-	-	-	-

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

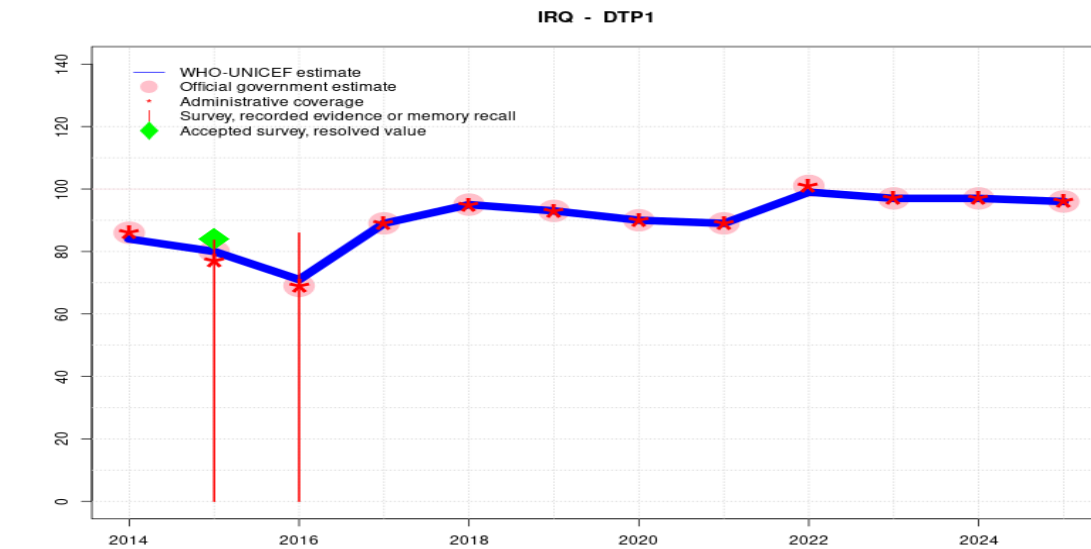
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey may not differentiate from doses given within 24 hours to other doses. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ D+
- 2015: Estimate informed by reported data. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey may not differentiate from doses given within 24 hours to other doses. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Iraq - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	84	80	71	89	95	93	90	89	99	97	97	96
Estimate GoC	•	•••	•	•••	••	••	••	••	••	••	•	•
Official	86	80	69	89	95	93	90	89	101	97	97	96
Administrative	86	77	69	89	95	93	90	89	101	97	97	96
Survey	-	84	86	-	-	-	-	-	-	-	-	-

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

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

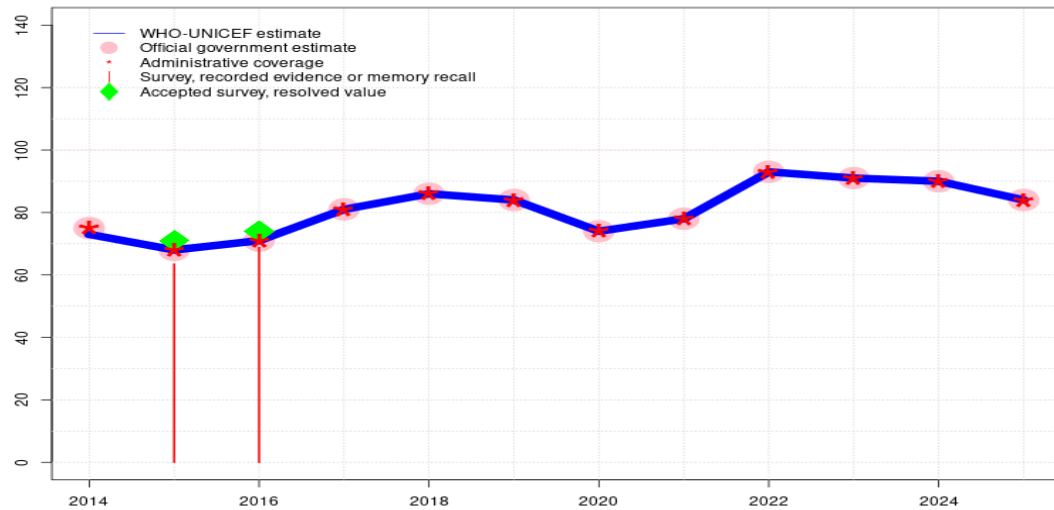
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. 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+ S+ D+
- 2016: Reported DTP1 lower than DTP3. Estimate based on estimated DTP3 and assumes no dropout. Programme reports five month vaccine stockout at national level. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey may no reflect 2016 vaccine stockout. Reported data excluded due to decline in reported coverage from 80 percent to 69 percent with increase to 89 percent. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. Estimate challenged by: R-S-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Programme reports a five months national level stockout of DTP-HepB-Hib vaccine. GoC=R+ S+ D+
- 2014: Reported data calibrated to 2010 and 2015 levels. Programme reports four months stock-out at national level. Reported number of children vaccinated is increasing since 2012 but continues to fall short of the reported number of children vaccinated with DTP containing vaccines during 2011. Estimate challenged by: R-

Iraq - DTP3

IRQ - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	73	68	71	81	86	84	74	78	93	91	90	84
Estimate GoC	•	•••	•••	•••	•	••	••	••	••	••	••	•
Official	75	68	71	81	86	84	74	78	93	91	90	84
Administrative	75	68	71	81	86	84	74	78	93	91	90	84
Survey	-	64	69	-	-	-	-	-	-	-	-	-

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.

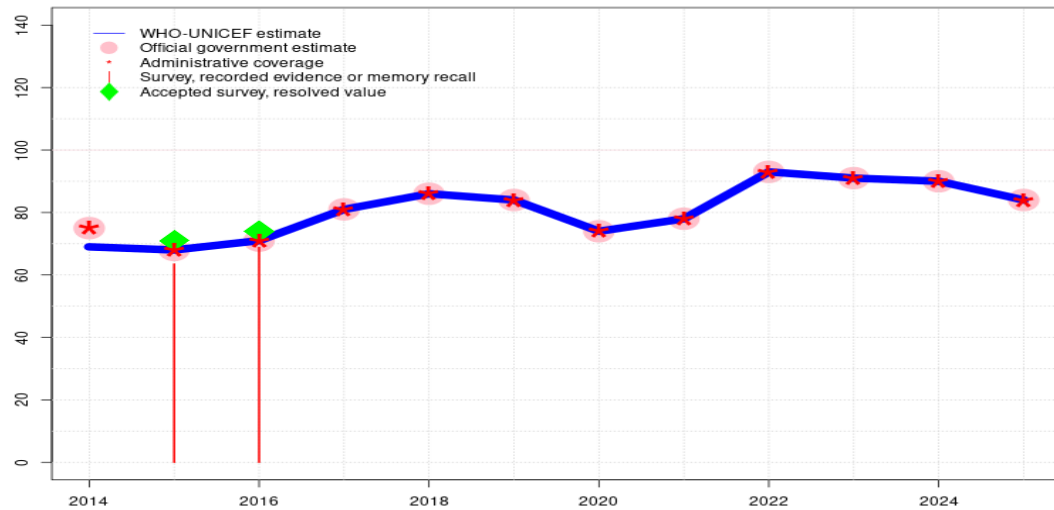
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- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 74 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 69 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 63 percent. Programme reports five month vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 71 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 64 percent modified for recall bias to 71 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 50 percent. Programme reports a five months national level stockout of DTP-HepB-Hib vaccine. GoC=R+ S+ D+
- 2014: Reported data calibrated to 2010 and 2015 levels. Programme reports four months stock-out at national level. Reported number of children vaccinated is increasing since 2012 but continues to fall short of the reported number of children vaccinated with DTP containing vaccines during 2011. Estimate challenged by: R-

Iraq - HEPB3

IRQ - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	69	68	71	81	86	84	74	78	93	91	90	84
Estimate GoC	•	•••	•••	•••	•	••	••	••	••	••	••	•
Official	75	68	71	81	86	84	74	78	93	91	90	84
Administrative	75	68	71	81	86	84	74	78	93	91	90	84
Survey	-	64	69	-	-	-	-	-	-	-	-	-

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.

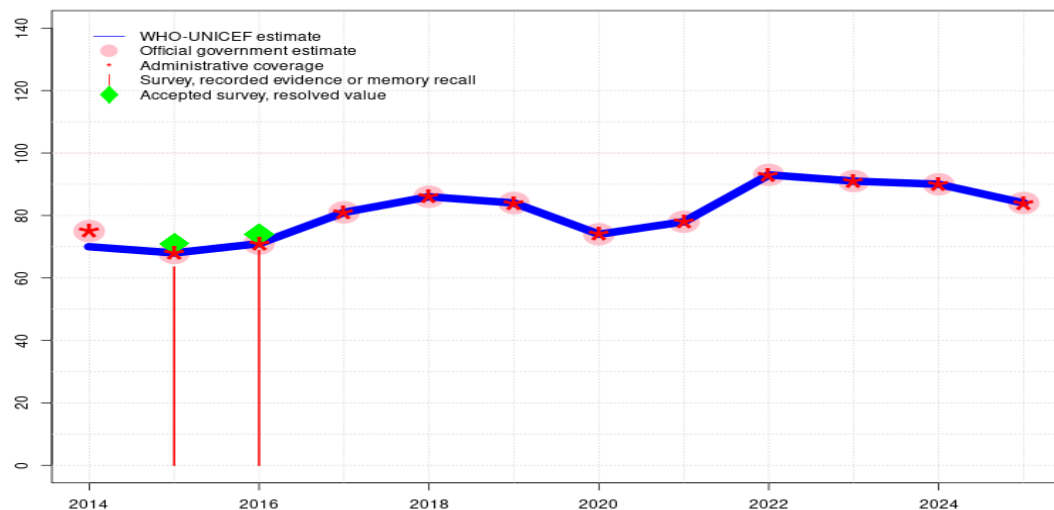
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- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 74 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 69 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 63 percent. Programme reports five month vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 71 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 64 percent modified for recall bias to 71 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 50 percent. Programme reports a five months national level stockout of DTP-HepB-Hib vaccine. GoC=R+ S+ D+
- 2014: Reported data calibrated to 2013 and 2015 levels. Programme reports four months stock-out at national level. Estimate challenged by: R-

Iraq - HIB3

IRQ - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	70	68	71	81	86	84	74	78	93	91	90	84
Estimate GoC	•	•••	•••	•••	•	••	••	••	••	••	••	•
Official	75	68	71	81	86	84	74	78	93	91	90	84
Administrative	75	68	71	81	86	84	74	78	93	91	90	84
Survey	-	64	69	-	-	-	-	-	-	-	-	-

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.
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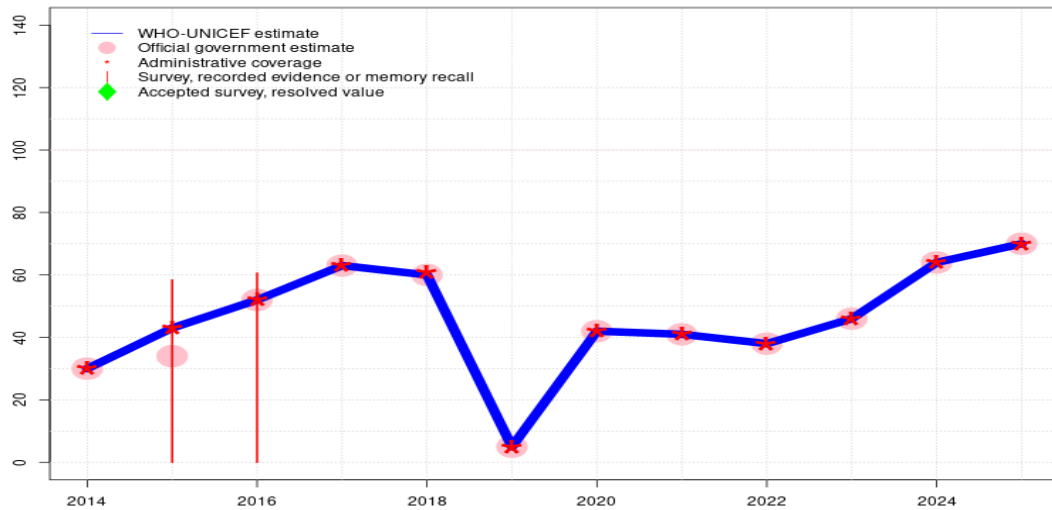
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- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 74 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 69 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 63 percent. Programme reports five month vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 71 percent based on 1 survey(s). Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 64 percent modified for recall bias to 71 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 50 percent. Programme reports a five months national level stockout of DTP-HepB-Hib vaccine. GoC=R+ S+ D+
- 2014: Reported data calibrated to 2013 and 2015 levels. Programme reports four months stock-out at national level. Estimate challenged by: R-

Iraq - ROTAC

IRQ - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	30	43	52	63	60	5	42	41	38	46	64	70
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	•
Official	30	34	52	63	60	5	42	41	38	46	64	70
Administrative	30	43	52	63	61	5	42	41	38	46	64	70
Survey	-	58	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.

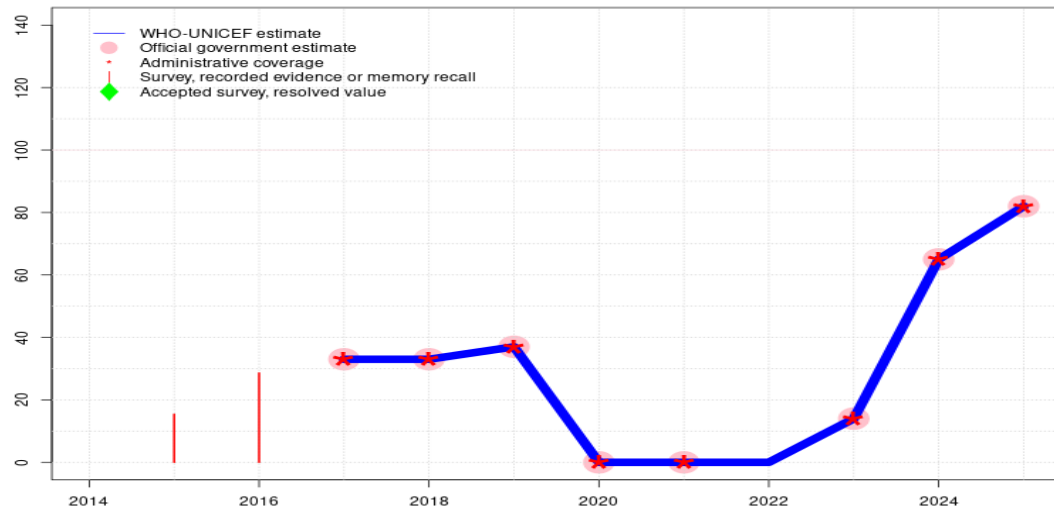
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a 10 months vaccine stockout at national and district levels. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports seven months vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey results inconsistent with reported data and contextual information suggesting the occurrence of vaccine stockout during the survey period. Programme reports two months vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+
- 2015: Estimate informed by reported administrative data. Iraq Multiple Indicator Cluster Survey 2018 results ignored by working group. Survey results inconsistent with reported data and contextual information suggesting the occurrence of vaccine stockout during the survey period. Iraq Multiple Indicator Cluster Survey 2018 record or recall results of 58 percent modified for recall bias to 60 percent based on 1st dose record or recall coverage of 67 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 45 percent. GoC=R+ D+
- 2014: Estimate informed by reported administrative data. Estimate informed by reported data. Programme reports five months stockout at national level. GoC=R+ D+

Iraq - PCVC

IRQ - PCVC



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Programme reports vaccine stockout of unspecified duration. Estimate informed by prior year estimate. GoC=No accepted empirical data
- 2021: Estimate informed by reported data. Programme reports a vaccine stockout of unspecified duration. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a 12-month vaccine stockout. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a 12 month vaccine stockout at national and district levels. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports six month vaccine stockout at national level. GoC=R+ D+
- 2017: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced March 2017. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	33	33	37	0	0	0	14	65	82
Estimate GoC	-	-	-	••	••	••	••	••	•	••	••	•
Official	-	-	-	33	33	37	0	0	-	14	65	82
Administrative	-	-	-	33	33	37	0	0	-	14	65	82
Survey	-	15	29	-	-	-	-	-	-	-	-	-

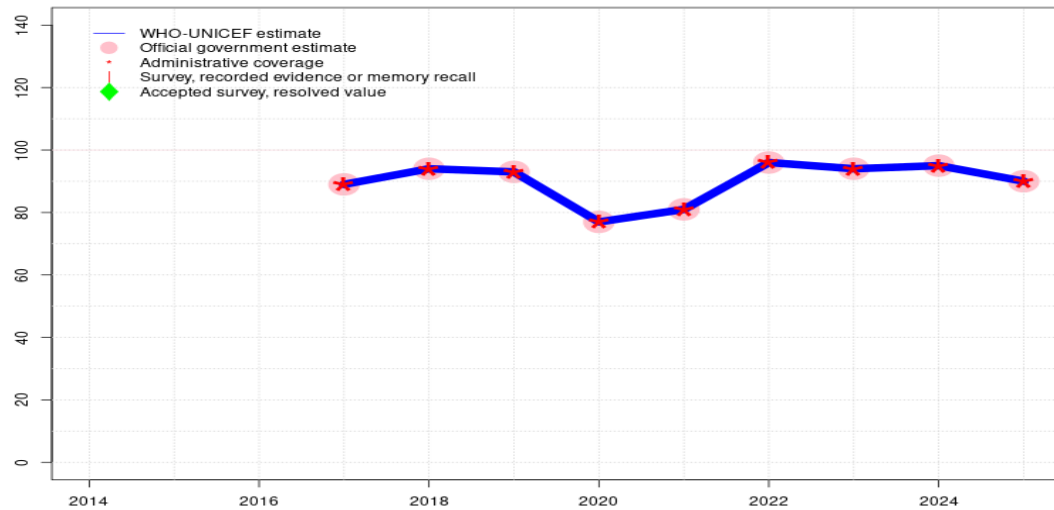
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - IPV1

IRQ - IPV1



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. 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. Inactivated polio vaccine introduced as part of DTP-HepB-Hib-IPV hexavalent vaccine in 2016. Reporting started in 2017. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	89	94	93	77	81	96	94	95	90
Estimate GoC	-	-	-	●●	●●	●●	●●	●●	●●	●●	●	●
Official	-	-	-	89	94	93	77	81	96	94	95	90
Administrative	-	-	-	89	94	93	77	81	96	94	95	90
Survey	-	-	-	-	-	-	-	-	-	-	-	-

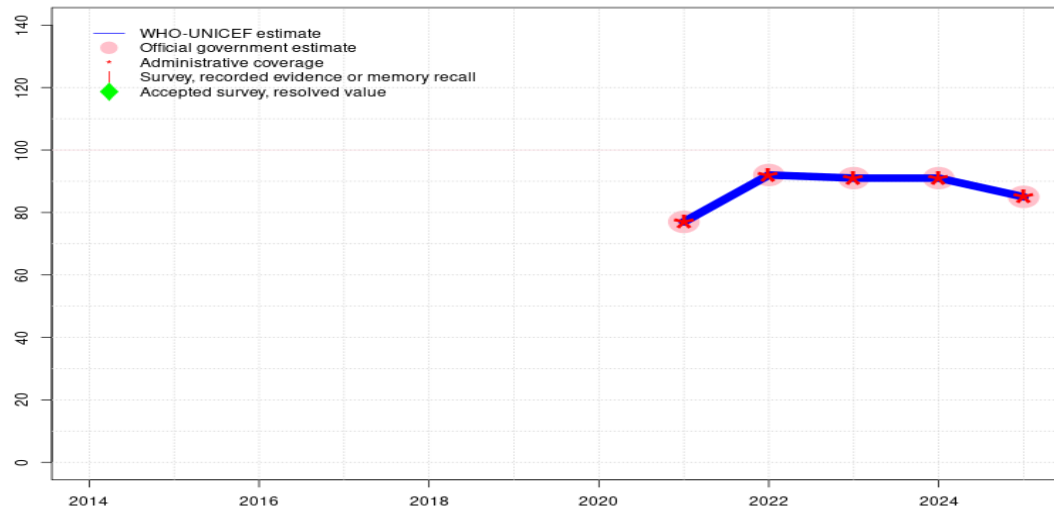
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - IPVC

IRQ - IPVC



Description:

- 2025: Estimate informed by reported data. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced prior to 2021. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	77	92	91	91	85
Estimate GoC	-	-	-	-	-	-	-	●●	●●	●●	●	●
Official	-	-	-	-	-	-	-	77	92	91	91	85
Administrative	-	-	-	-	-	-	-	77	92	91	91	85
Survey	-	-	-	-	-	-	-	-	-	-	-	-

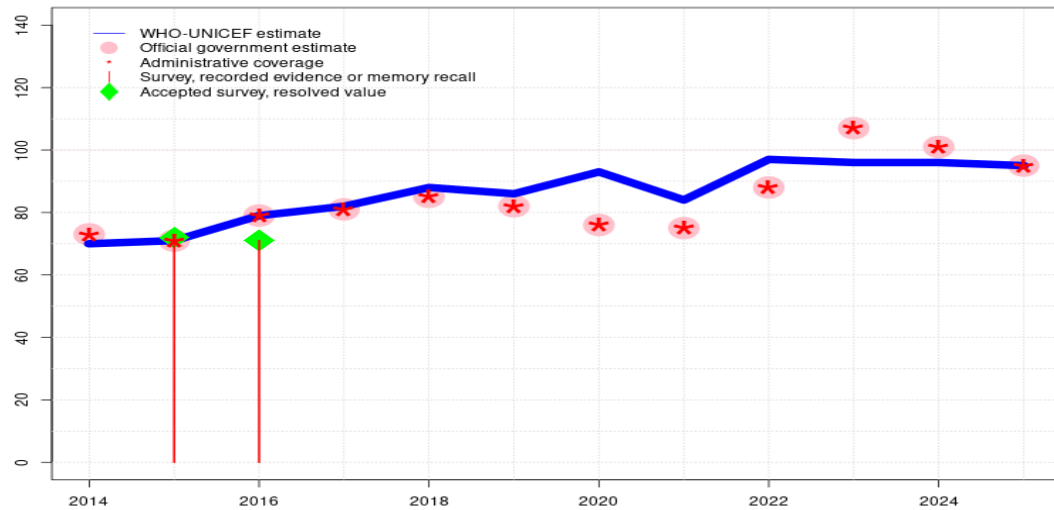
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Iraq - MCV1

IRQ - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	70	71	79	82	88	86	93	84	97	96	96	95
Estimate GoC	•	•••	•••	•	•	•	•	•	•	•	•	•
Official	73	71	79	81	85	82	76	75	88	107	101	95
Administrative	73	71	79	81	85	82	76	75	88	107	101	95
Survey	-	72	71	-	-	-	-	-	-	-	-	-

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.

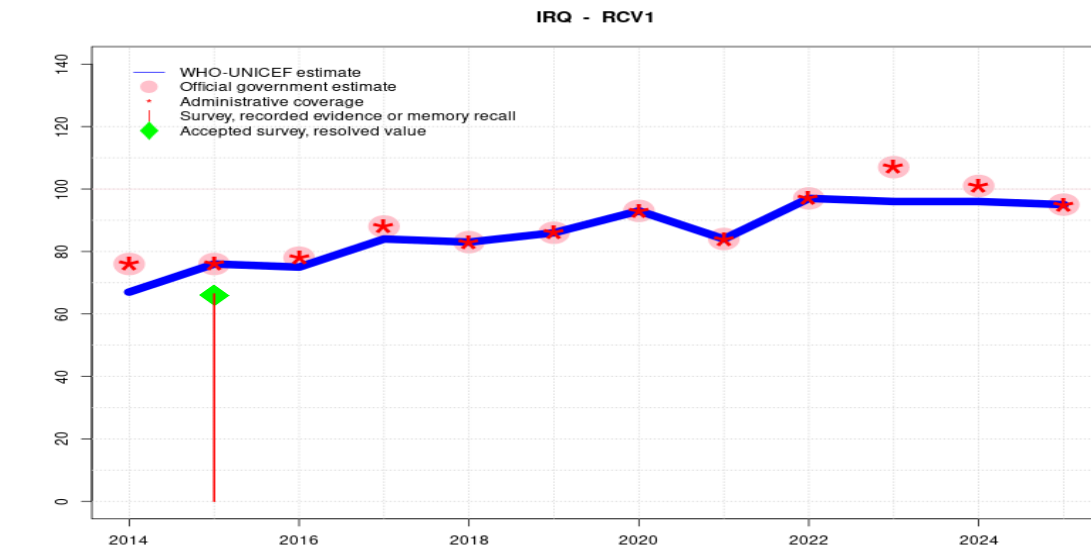
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by interpolation between 2022 and 2025 levels. Reported data excluded because 101 percent greater than 100 percent. Estimate of 96 percent changed from previous revision value of 91 percent. Estimate challenged by: R-
- 2023: Estimate informed by interpolation between 2022 and 2025 levels. Reported data excluded because 107 percent greater than 100 percent. Estimate of 96 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2022: Estimate of 97 percent assigned by working group. See note in 2019. Estimate is informed by reported coverage for the first MMR dose. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. Estimate challenged by: D-R-
- 2021: See note in 2019. Estimate is informed by reported coverage for the first MMR dose. Estimate challenged by: D-R-
- 2020: See note in 2019. Estimate is informed by reported coverage for the first MMR dose. Estimate challenged by: D-R-
- 2019: There are three doses of measles containing vaccine in the national immunization schedule: a monovalent dose recommended at 9 months and two MMR doses recommended at 12 and 18 months, respectively. Beginning in 2019, the first MMR dose is recommended at 12 months and the second MMR dose is recommended at 18 months. Estimate is informed by reported coverage for the first MMR dose. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 and 2022 levels. Estimate of 88 percent changed from previous revision value of 85 percent. Estimate challenged by: R-S-
- 2017: Reported data calibrated to 2016 and 2022 levels. Estimate of 82 percent changed from previous revision value of 81 percent. Estimate challenged by: R-S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 71 percent based on 1 survey(s). Programme reports three months vaccine stockout at national level. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 72 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Reported data calibrated to 2010 and 2015 levels. Programme reports five months stockout of measles containing vaccine at national level. Estimate challenged by: R-

Iraq - RCV1



Description:

- 2025: Estimate based on estimated MCV1. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. Estimate of 96 percent changed from previous revision value of 91 percent. Estimate challenged by: R-
- 2023: Estimate based on estimated MCV1. Reported data excluded because 107 percent greater than 100 percent. Beginning with 2023, RCV administered with the first dose of MMR at 12 months. Estimate of 96 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2022: Estimate based on estimated MCV2. GoC=R+ D+
- 2021: Estimate based on estimated MCV2. GoC=R+ D+
- 2020: Estimate based on estimated MCV2. GoC=R+ D+
- 2019: Estimate based on estimated MCV2. GoC=R+ D+
- 2018: Estimate based on estimated MCV2. GoC=R+ D+
- 2017: Estimate based on estimated MCV2. Estimate challenged by: S-
- 2016: Estimate based on estimated MCV2. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate based on estimated MCV2. GoC=R+ S+ D+
- 2014: Estimate based on estimated MCV2. Estimate challenged by: D-R-

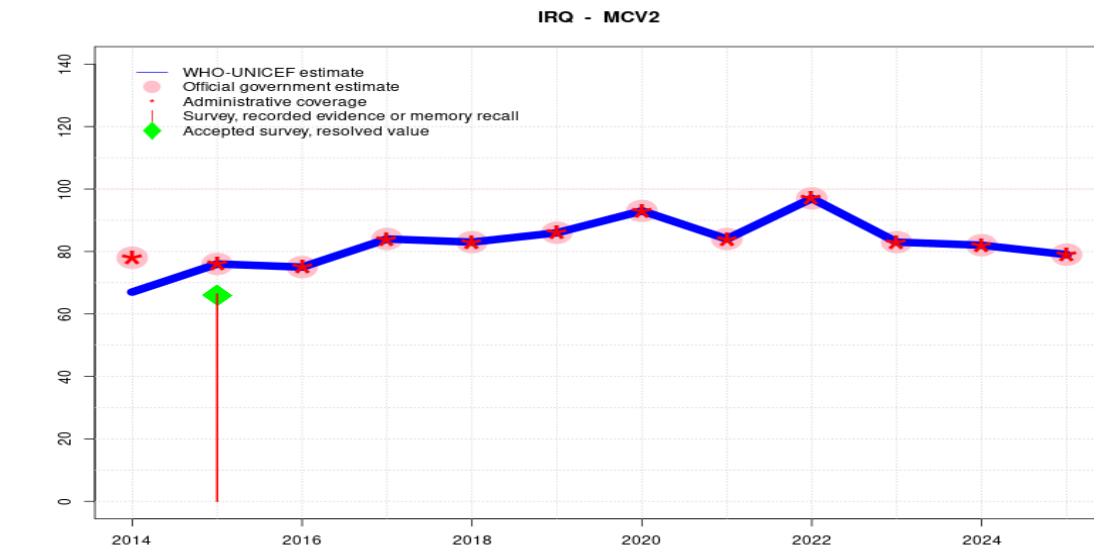
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	67	76	75	84	83	86	93	84	97	96	96	95
Estimate GoC	•	•••	•••	•	••	••	••	••	••	•	•	•
Official	76	76	78	88	83	86	93	84	97	107	101	95
Administrative	76	76	78	88	83	86	93	84	97	107	101	95
Survey	-	66	-	-	-	-	-	-	-	-	-	-

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.

Iraq - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	67	76	75	84	83	86	93	84	97	83	82	79
Estimate GoC	•	•••	•••	•	••	••	••	••	••	••	••	•
Official	78	76	75	84	83	86	93	84	97	83	82	79
Administrative	78	76	75	84	83	86	93	84	97	83	82	79
Survey	-	66	-	-	-	-	-	-	-	-	-	-

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. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. Beginning in 2023, reported coverage for MCV2 reflects that for the second dose of MMR recommended for children at 18 months of age. Thus, the appearance of a decline in coverage from 2022 is an artefact of a change in reporting. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimated coverage is likely overestimated as the reported coverage reflects that achieved for the first dose of MMR recommended at 12 months of age, which is the second dose of a measles-containing vaccine. Coverage data are not reported for the second dose of MMR recommended at 18 months, which is the third dose of a measles-containing vaccine. Programme notes implementation of intensification of integrated service activities to deliver both routine and catch-up doses during 2022. The administrative recording and reporting system does not allow for differentiating routine from catch-up doses and thus estimated coverage likely reflects a combination of both routine and catch-up doses and thus may overestimate actual routine coverage. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage is likely overestimated as the reported coverage reflects that achieved for the first dose of MMR recommended at 12 months of age, which is the second dose of a measles-containing vaccine. Coverage data are not reported for the second dose of MMR recommended at 18 months, which is the third dose of a measles-containing vaccine. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimated coverage is likely overestimated as the reported coverage reflects that achieved for the first dose of MMR recommended at 12 months of age, which is the second dose of a measles-containing vaccine. Coverage data are not reported for the second dose of MMR recommended at 18 months, which is the third dose of a measles-containing vaccine. Coverage may include MCV1 doses, country reports that information system does not allow recording delayed MCV1 doses. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimated coverage is likely overestimated as the reported coverage reflects that achieved for the first dose of MMR recommended at 12 months of age, which is the second dose of a measles-containing vaccine. Coverage data are not reported for the second dose of MMR recommended at 18 months, which is the third dose of a measles-containing vaccine. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: S-
- 2016: Estimate informed by reported data. Programme reports an unexplained decline in the target population of 15 percent from that reported in 2015. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 66 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Programme

Iraq - MCV2

reports five months stockout of measles containing vaccine at national level. There is no apparent impact of the stockout on reported coverage. In fact, counterintuitively the reported administrative coverage increased. Estimate challenged by: D-R-

Iraq - 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.

2016 Iraq Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	17.2	12-23 m	3167	79
BCG	Record	77.4	12-23 m	3167	79
BCG	Record or Recall	94.7	12-23 m	3167	79
BCG	Record or Recall<12m	94.3	12-23 m	3167	79
DTP1	Recall	12.6	12-23 m	3167	79
DTP1	Record	73.3	12-23 m	3167	79
DTP1	Record or Recall	85.9	12-23 m	3167	79
DTP1	Record or Recall<12m	84.6	12-23 m	3167	79
DTP3	Recall	6.3	12-23 m	3167	79
DTP3	Record	62.5	12-23 m	3167	79
DTP3	Record or Recall	68.8	12-23 m	3167	79
DTP3	Record or Recall<12m	64.3	12-23 m	3167	79
HEPB1	Recall	12.6	12-23 m	3167	79
HEPB1	Record	73.3	12-23 m	3167	79
HEPB1	Record or Recall	85.9	12-23 m	3167	79
HEPB1	Record or Recall<12m	84.6	12-23 m	3167	79
HEPB3	Recall	6.3	12-23 m	3167	79
HEPB3	Record	62.5	12-23 m	3167	79
HEPB3	Record or Recall	68.8	12-23 m	3167	79

HEPB3	Record or Recall<12m	64.3	12-23 m	3167	79
HEPBB	Recall	1.9	12-23 m	3167	79
HEPBB	Record	72.5	12-23 m	3167	79
HEPBB	Record or Recall	74.4	12-23 m	3167	79
HEPBB	Record or Recall<12m	74.4	12-23 m	3167	79
HIB1	Recall	12.6	12-23 m	3167	79
HIB1	Record	73.3	12-23 m	3167	79
HIB1	Record or Recall	85.9	12-23 m	3167	79
HIB1	Record or Recall<12m	84.6	12-23 m	3167	79
HIB3	Recall	6.3	12-23 m	3167	79
HIB3	Record	62.5	12-23 m	3167	79
HIB3	Record or Recall	68.8	12-23 m	3167	79
HIB3	Record or Recall<12m	64.3	12-23 m	3167	79
MCV1	Recall	10.6	12-23 m	3167	79
MCV1	Record	60.4	12-23 m	3167	79
MCV1	Record or Recall	71	12-23 m	3167	79
MCV1	Record or Recall<12m	65.6	12-23 m	3167	79
PCV1	Recall	6	12-23 m	3167	79
PCV1	Record	32.1	12-23 m	3167	79
PCV1	Record or Recall	38.1	12-23 m	3167	79
PCV1	Record or Recall<12m	37.3	12-23 m	3167	79
PCVC	Recall	2.9	12-23 m	3167	79
PCVC	Record	25.8	12-23 m	3167	79
PCVC	Record or Recall	28.6	12-23 m	3167	79
PCVC	Record or Recall<12m	27	12-23 m	3167	79
ROTAC	Recall	6.6	12-23 m	3167	79
ROTAC	Record	54	12-23 m	3167	79
ROTAC	Record or Recall	60.6	12-23 m	3167	79
ROTAC	Record or Recall<12m	59.8	12-23 m	3167	79

2015 Iraq Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.8	24-35 m	3089	-
BCG	Record	65.1	24-35 m	3089	-
BCG	Record or Recall	93.9	24-35 m	3089	-
BCG	Record or Recall<12m	93.3	24-35 m	3089	-
DTP1	Recall	24.5	24-35 m	3089	-
DTP1	Record	59.1	24-35 m	3089	-

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DTP1	Record or Recall	83.6	24-35 m	3089	-
DTP1	Record or Recall<12m	81.3	24-35 m	3089	-
DTP3	Recall	13.3	24-35 m	3089	-
DTP3	Record	50.2	24-35 m	3089	-
DTP3	Record or Recall	63.5	24-35 m	3089	-
DTP3	Record or Recall<12m	57.7	24-35 m	3089	-
HEPB1	Recall	24.5	24-35 m	3089	-
HEPB1	Record	59.1	24-35 m	3089	-
HEPB1	Record or Recall	83.6	24-35 m	3089	-
HEPB1	Record or Recall<12m	81.3	24-35 m	3089	-
HEPB3	Recall	13.3	24-35 m	3089	-
HEPB3	Record	50.2	24-35 m	3089	-
HEPB3	Record or Recall	63.5	24-35 m	3089	-
HEPB3	Record or Recall<12m	57.7	24-35 m	3089	-
HEPB3	Record	1.1	24-35 m	3089	-
HEPB3	Record	61.7	24-35 m	3089	-
HEPB3	Record or Recall	62.9	24-35 m	3089	-
HEPB3	Record or Recall<12m	62.5	24-35 m	3089	-
HIB1	Recall	24.5	24-35 m	3089	-
HIB1	Record	59.1	24-35 m	3089	-
HIB1	Record or Recall	83.6	24-35 m	3089	-
HIB1	Record or Recall<12m	81.3	24-35 m	3089	-
HIB3	Recall	13.3	24-35 m	3089	-
HIB3	Record	50.2	24-35 m	3089	-
HIB3	Record or Recall	63.5	24-35 m	3089	-
HIB3	Record or Recall<12m	57.7	24-35 m	3089	-
MCV1	Recall	20.9	24-35 m	3089	-
MCV1	Record	51	24-35 m	3089	-
MCV1	Record or Recall	71.9	24-35 m	3089	-
MCV1	Record or Recall<12m	63.3	24-35 m	3089	-
MCV2	Recall	18.5	24-35 m	3089	-
MCV2	Record	48	24-35 m	3089	-
MCV2	Record or Recall	66.4	24-35 m	3089	-
MCV2	Record or Recall<24m	63.1	24-35 m	3089	-
PCV1	Recall	10	24-35 m	3089	-
PCV1	Record	13.9	24-35 m	3089	-
PCV1	Record or Recall	23.9	24-35 m	3089	-
PCV1	Record or Recall<12m	22.6	24-35 m	3089	-
PCVC	Recall	3.8	24-35 m	3089	-
PCVC	Record	11.6	24-35 m	3089	-

PCVC	Record or Recall	15.4	24-35 m	3089	-
PCVC	Record or Recall<12m	13.6	24-35 m	3089	-
RCV1	Recall	18.5	24-35 m	3089	-
RCV1	Record	48	24-35 m	3089	-
RCV1	Record or Recall	66.4	24-35 m	3089	-
RCV1	Record or Recall<24m	63.1	24-35 m	3089	-
ROTAC	Recall	13	24-35 m	3089	-
ROTAC	Record	45.3	24-35 m	3089	-
ROTAC	Record or Recall	58.4	24-35 m	3089	-
ROTAC	Record or Recall<12m	56.5	24-35 m	3089	-

2010 Iraq Multiple Indicator Cluster Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	22.1	12-23 m	-	70
BCG	Record	68.3	12-23 m	-	70
BCG	Record or Recall	90.4	12-23 m	7487	70
BCG	Record or Recall<12m	89.7	12-23 m	-	70
DTP1	Recall	19.6	12-23 m	-	70
DTP1	Record	66.5	12-23 m	-	70
DTP1	Record or Recall	86.1	12-23 m	7487	70
DTP1	Record or Recall<12m	84.9	12-23 m	-	70
DTP3	Recall	13.1	12-23 m	-	70
DTP3	Record	57	12-23 m	-	70
DTP3	Record or Recall	70.1	12-23 m	7487	70
DTP3	Record or Recall<12m	64.8	12-23 m	-	70
HEPB1	Recall	19.1	12-23 m	-	70
HEPB1	Record	69.7	12-23 m	-	70
HEPB1	Record or Recall	88.9	12-23 m	7487	70
HEPB1	Record or Recall<12m	88.2	12-23 m	-	70
HEPB3	Recall	9.2	12-23 m	-	70
HEPB3	Record	56.9	12-23 m	-	70
HEPB3	Record or Recall	66.1	12-23 m	7487	70
HEPB3	Record or Recall<12m	61	12-23 m	-	70
MCV1	Recall	21.3	12-23 m	-	70
MCV1	Record	54	12-23 m	-	70
MCV1	Record or Recall	75.4	12-23 m	7487	70
MCV1	Record or Recall<12m	65.8	12-23 m	-	70

2009 Iraq Multiple Indicator Cluster Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	27.4	18-29 m	-	-
BCG	Record	65	18-29 m	-	-
BCG	Record or Recall	92.4	18-29 m	7524	-
BCG	Record or Recall<12m	91.2	18-29 m	-	-
DTP1	Recall	24.7	18-29 m	-	-
DTP1	Record	63.3	18-29 m	-	-
DTP1	Record or Recall	88	18-29 m	7524	-
DTP1	Record or Recall<12m	85.8	18-29 m	-	-
DTP3	Recall	17.8	18-29 m	-	-
DTP3	Record	55.5	18-29 m	-	-
DTP3	Record or Recall	73.2	18-29 m	7524	-
DTP3	Record or Recall<12m	65.1	18-29 m	-	-
HEPB1	Recall	24.3	18-29 m	-	-
HEPB1	Record	65.9	18-29 m	-	-
HEPB1	Record or Recall	90.1	18-29 m	7524	-
HEPB1	Record or Recall<12m	89.1	18-29 m	-	-
HEPB3	Recall	12.6	18-29 m	-	-
HEPB3	Record	55.1	18-29 m	-	-
HEPB3	Record or Recall	67.7	18-29 m	7524	-
HEPB3	Record or Recall<12m	60.2	18-29 m	-	-
MCV1	Recall	26	18-29 m	-	-
MCV1	Record	55.3	18-29 m	-	-
MCV1	Record or Recall	81.3	18-29 m	7524	-
MCV1	Record or Recall<18m	76.7	18-29 m	-	-

2004 Iraq Multiple Indicator Cluster Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
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Further information and estimates for previous years are available at:
<https://data.unicef.org/topic/child-health/immunization/>
<https://immunizationdata.who.int/listing.html>

BCG	Recall	38.8	18-29 m	3329	55
BCG	Record	53.5	18-29 m	3329	55
BCG	Record or Recall	92.3	18-29 m	3329	55
BCG	Record or Recall<12m	91.4	18-29 m	3329	55
DTP1	Recall	35.5	18-29 m	3329	55
DTP1	Record	49	18-29 m	3329	55
DTP1	Record or Recall	84.5	18-29 m	3329	55
DTP1	Record or Recall<12m	81.9	18-29 m	3329	55
DTP3	Recall	23.6	18-29 m	3329	55
DTP3	Record	37.9	18-29 m	3329	55
DTP3	Record or Recall	61.5	18-29 m	3329	55
DTP3	Record or Recall<12m	52.8	18-29 m	3329	55
HEPB1	Recall	34.5	18-29 m	3329	55
HEPB1	Record	53.8	18-29 m	3329	55
HEPB1	Record or Recall	88.3	18-29 m	3329	55
HEPB1	Record or Recall<12m	87.1	18-29 m	3329	55
HEPB3	Recall	19.4	18-29 m	3329	55
HEPB3	Record	38.2	18-29 m	3329	55
HEPB3	Record or Recall	57.6	18-29 m	3329	55
HEPB3	Record or Recall<12m	49.4	18-29 m	3329	55
MCV1	Recall	30.6	18-29 m	3329	55
MCV1	Record	38.7	18-29 m	3329	55
MCV1	Record or Recall	69.3	18-29 m	3329	55

1999 Iraq Multiple Indicator Cluster Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92.7	12-23 m	434	78
DTP1	Record or Recall	93	12-23 m	434	78
DTP3	Record or Recall	81.1	12-23 m	434	78
MCV1	Record or Recall	90	12-23 m	434	78