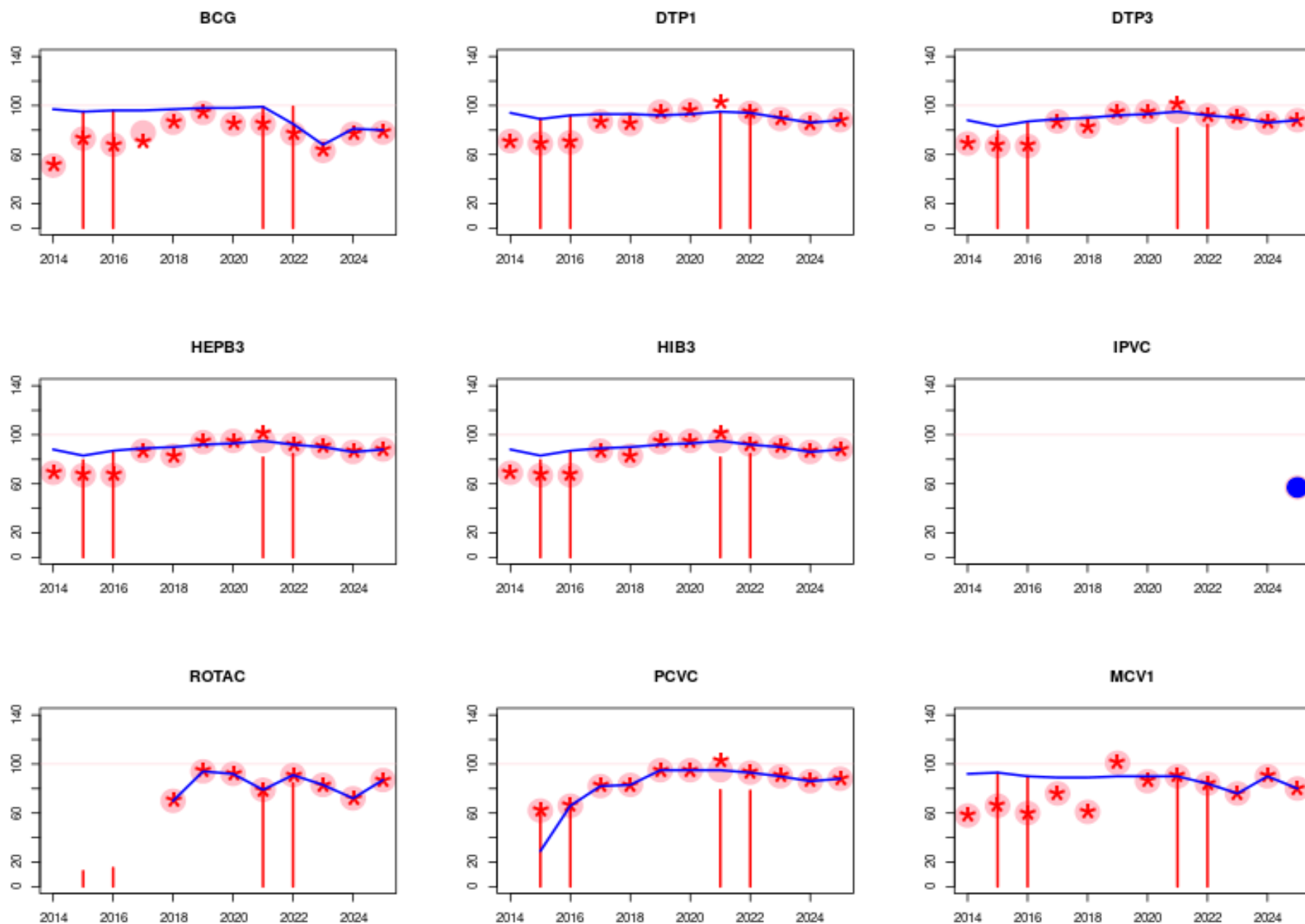




**BACKGROUND NOTE** Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local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

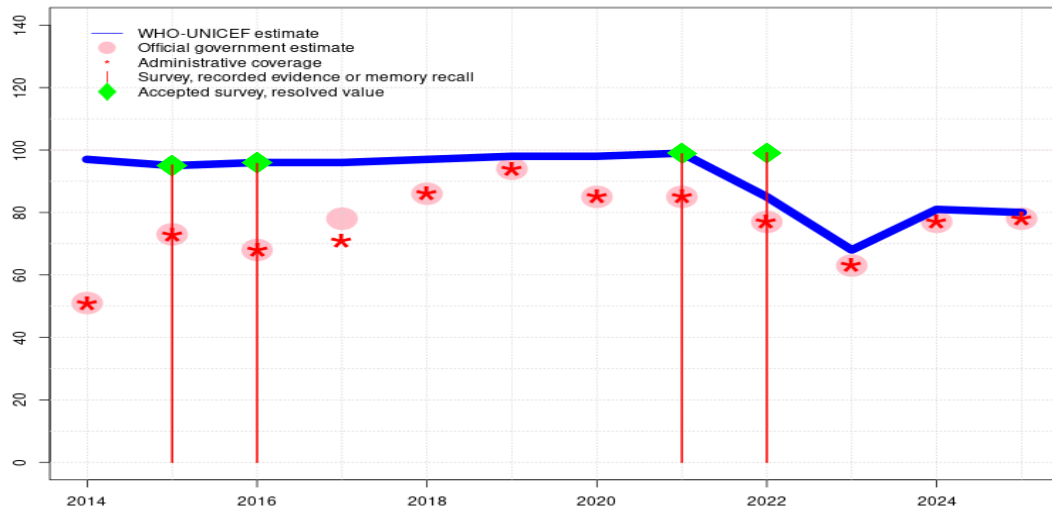
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**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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# Lesotho - BCG

LSO - BCG



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 97   | 95   | 96   | 96   | 97   | 98   | 98   | 99   | 85   | 68   | 81   | 80   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 51   | 73   | 68   | 78   | 86   | 94   | 85   | 85   | 77   | 63   | 77   | 78   |
| Administrative | 51   | 73   | 68   | 71   | 86   | 94   | 85   | 85   | 77   | 63   | 77   | 78   |
| Survey         | -    | 95   | 96   | -    | -    | -    | -    | 99   | 99   | -    | -    | -    |

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 the relative relationship between estimated coverage and reported number of administered BCG doses for 2024 applied to the reported number of administered BCG doses for 2025. Estimate challenged by: D-R-
- 2024: Estimate informed by the relative relationship between estimated coverage and reported number of administered BCG doses for 2023 applied to the reported number of administered BCG doses for 2024. Estimate of 81 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-S-
- 2023: Estimate informed by the relative relationship between estimated coverage and reported number of administered BCG doses for 2022 applied to the reported number of administered BCG doses for 2023. Reported data excluded due to decline in reported coverage from 77 percent to 63 percent with increase to 77 percent. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-S-
- 2022: Programme reports three months vaccine stockout. Estimate informed by the relative change in reported number of doses administered from 2021 to 2022 applied to the prior year estimate. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-S-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 99 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations

in reported data suggest the need for review of the administrative recording and reporting system. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Programme reports two months stockout. Estimate challenged by: D-R-

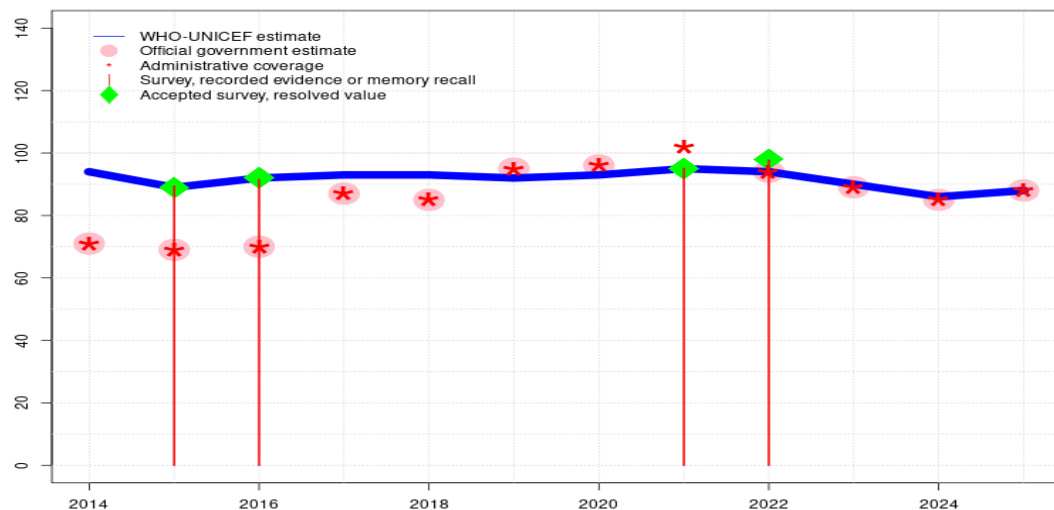
2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 96 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 95 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to decline in reported coverage from 65 percent to 51 percent with increase to 73 percent. Programme reports three months vaccine stockout at national level. Estimate challenged by: D-R-

# Lesotho - DTP1

LSO - DTP1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 94   | 89   | 92   | 93   | 93   | 92   | 93   | 95   | 94   | 90   | 86   | 88   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 71   | 69   | 70   | 87   | 85   | 95   | 96   | -    | 94   | 89   | 85   | 88   |
| Administrative | 71   | 69   | 70   | 87   | 85   | 95   | 96   | 102  | 94   | 89   | 85   | 88   |
| Survey         | -    | 89   | 92   | -    | -    | -    | -    | 95   | 98   | -    | -    | -    |

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. Estimate challenged by: D-
- 2024: Estimate based on DTP3 coverage of 86. Estimate challenged by: D-R-S-
- 2023: Estimate based on DTP3 coverage of 90. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2021: Estimate based on DTP3 coverage of 95. Reported data excluded because 102 percent greater than 100 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2020: Estimate based on DTP3 coverage of 93. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate challenged by: D-R-
- 2016: Estimate of 92 percent assigned by working group. Estimate informed by survey result. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment

# Lesotho - DTP1

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(DQS). Estimate challenged by: D-R-

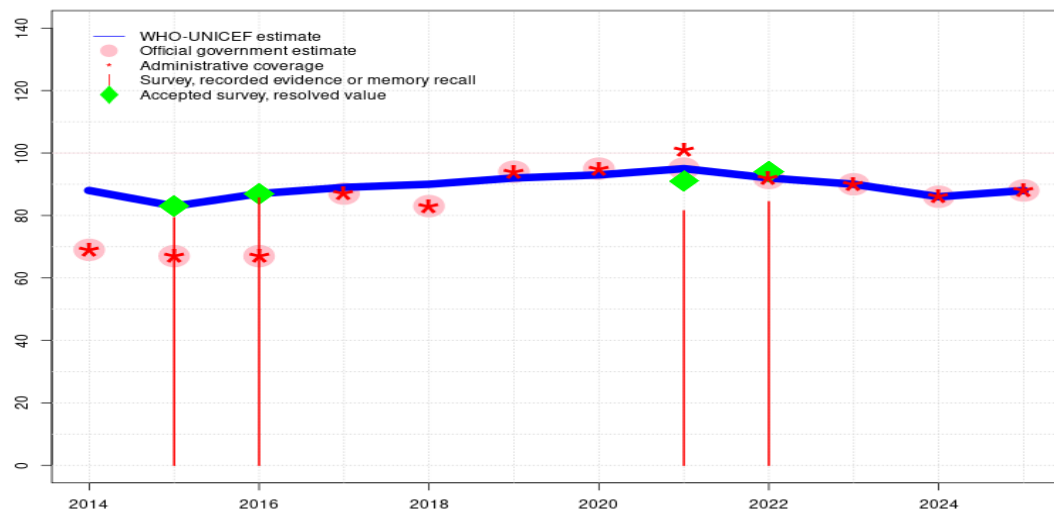
2015: Estimate of 89 percent assigned by working group. Estimate informed by survey result.

Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

# Lesotho - DTP3

LSO - DTP3



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 88   | 83   | 87   | 89   | 90   | 92   | 93   | 95   | 92   | 90   | 86   | 88   |
| Estimate GoC   | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | 69   | 67   | 67   | 87   | 83   | 94   | 95   | 95   | 92   | 90   | 86   | 88   |
| Administrative | 69   | 67   | 67   | 87   | 83   | 94   | 95   | 101  | 92   | 90   | 86   | 88   |
| Survey         | -    | 79   | 86   | -    | -    | -    | -    | 82   | 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 informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 84 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 74 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 82 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 69 percent and 3rd dose record only coverage of 66 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2020: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Target population was revised based on the 2016 census and decreased compared

to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate challenged by: D-R-

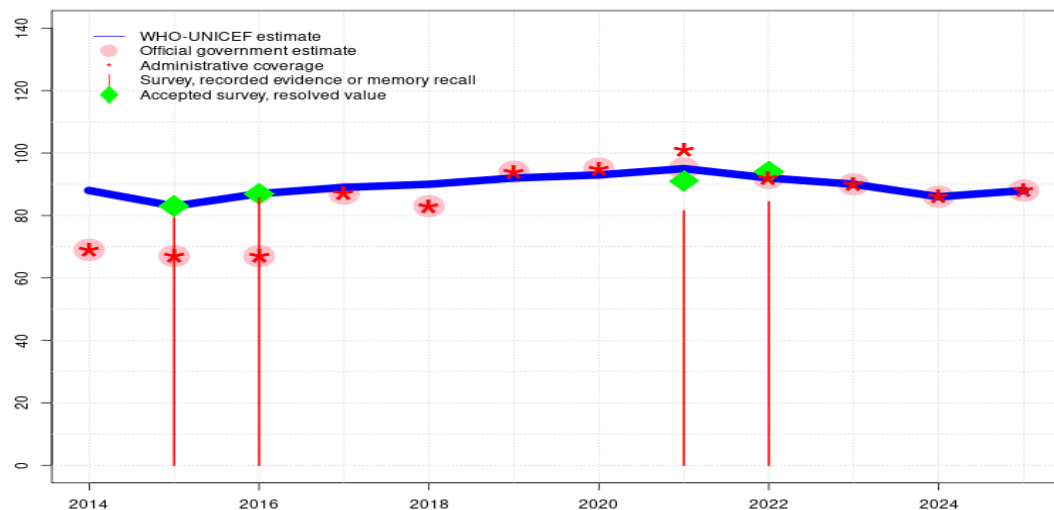
2016: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 86 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 77 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate challenged by: D-R-

2015: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 79 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 71 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

# Lesotho - HEPB3

LSO - HEPB3



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 88   | 83   | 87   | 89   | 90   | 92   | 93   | 95   | 92   | 90   | 86   | 88   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 69   | 67   | 67   | 87   | 83   | 94   | 95   | 95   | 92   | 90   | 86   | 88   |
| Administrative | 69   | 67   | 67   | 87   | 83   | 94   | 95   | 101  | 92   | 90   | 86   | 88   |
| Survey         | -    | 79   | 86   | -    | -    | -    | -    | 82   | 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.

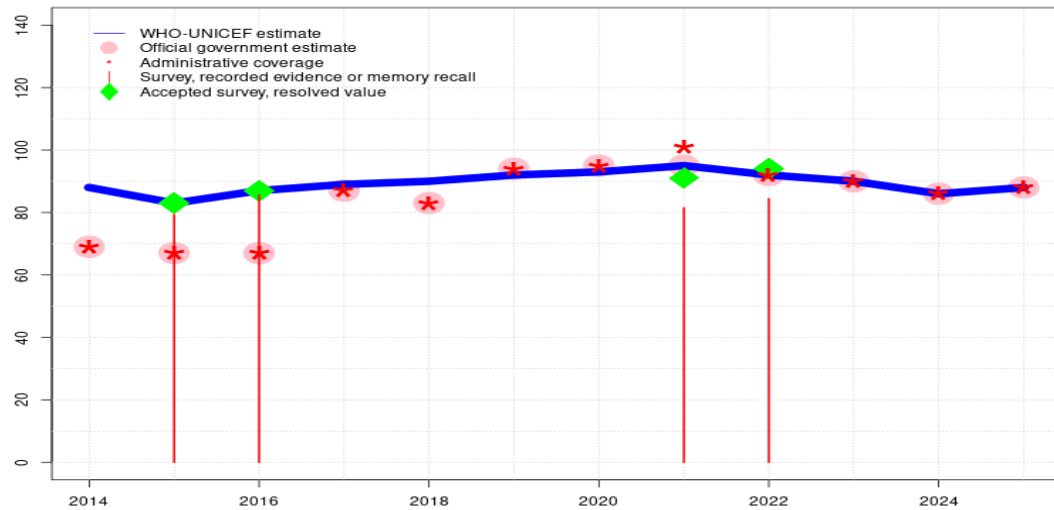
## Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 84 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 74 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 82 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 69 percent and 3rd dose record only coverage of 66 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2020: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Target population was revised based on the 2016 census and decreased compared

- to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate challenged by: D-R-
- 2016: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 86 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 77 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate challenged by: D-R-
- 2015: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 79 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 71 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

# Lesotho - HIB3

LSO - HIB3



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 88   | 83   | 87   | 89   | 90   | 92   | 93   | 95   | 92   | 90   | 86   | 88   |
| Estimate GoC   | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | 69   | 67   | 67   | 87   | 83   | 94   | 95   | 95   | 92   | 90   | 86   | 88   |
| Administrative | 69   | 67   | 67   | 87   | 83   | 94   | 95   | 101  | 92   | 90   | 86   | 88   |
| Survey         | -    | 79   | 86   | -    | -    | -    | -    | 82   | 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 informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 84 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 98 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 74 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 82 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 69 percent and 3rd dose record only coverage of 66 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2020: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Target population was revised based on the 2016 census and decreased compared

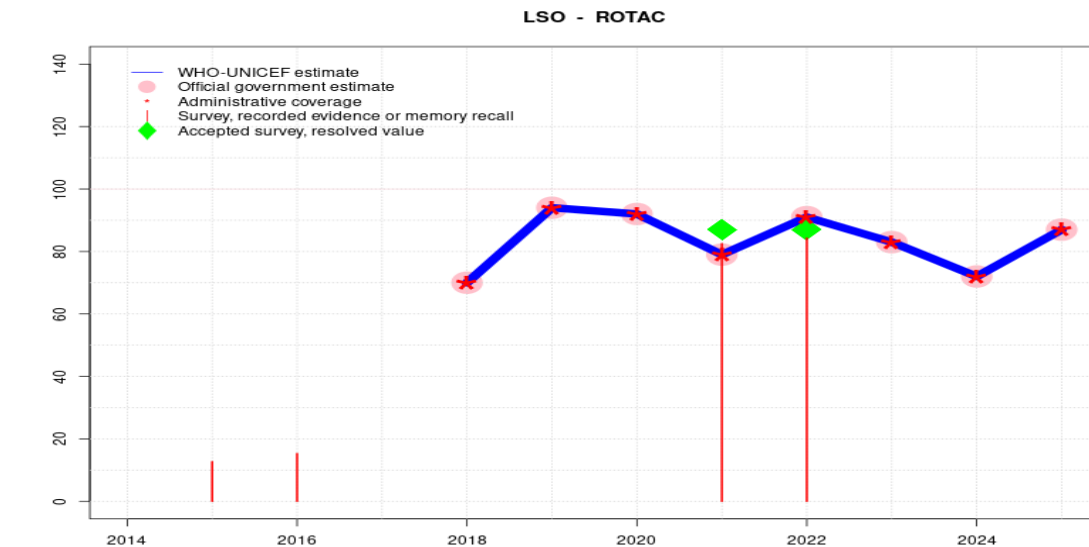
to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate challenged by: D-R-

2016: Estimate of 87 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 86 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 81 percent and 3rd dose record only coverage of 77 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Estimate challenged by: D-R-

2015: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 79 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 71 percent. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-

# Lesotho - ROTAC



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | -    | -    | -    | 70   | 94   | 92   | 79   | 91   | 83   | 72   | 87   |
| Estimate GoC   | -    | -    | -    | -    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | -    | -    | -    | -    | 70   | 94   | 92   | 79   | 91   | 83   | 72   | 87   |
| Administrative | -    | -    | -    | -    | 70   | 94   | 92   | 79   | 91   | 83   | 72   | 87   |
| Survey         | -    | 13   | 15   | -    | -    | -    | -    | 83   | 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.

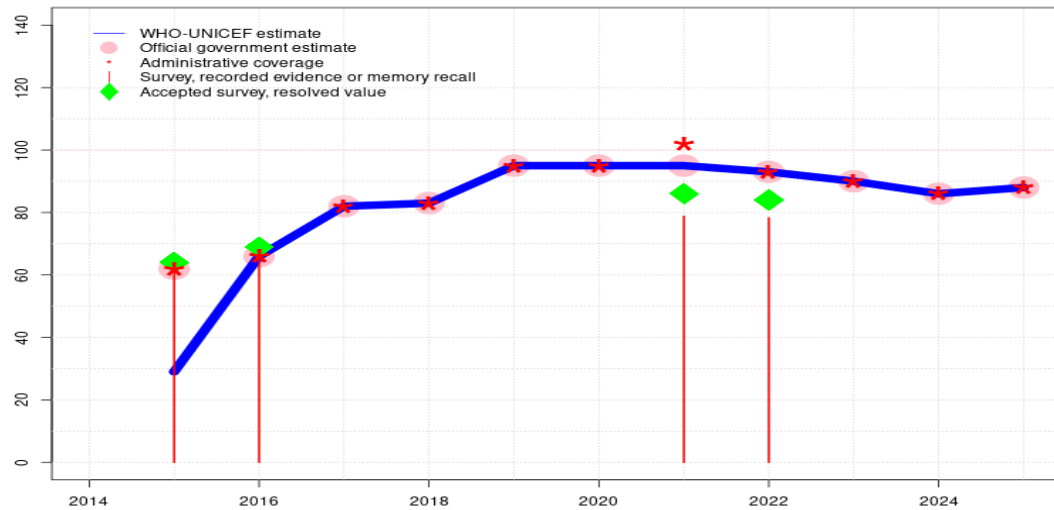
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-S-
- 2023: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 84 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 69 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 83 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 64 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Programme reports a three-month vaccine stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate is exceptionally based on reported data during introduction year. Rotavirus vaccine introduced in 2017. Reporting started in 2018. Estimate challenged by: D-

# Lesotho - PCVC

LSO - PCVC



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | 29   | 66   | 82   | 83   | 95   | 95   | 95   | 93   | 90   | 86   | 88   |
| Estimate GoC   | -    | ●    | ●●●  | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | -    | 62   | 66   | 82   | 83   | 95   | 95   | 95   | 93   | 90   | 86   | 88   |
| Administrative | -    | 62   | 66   | 82   | 83   | 95   | 95   | 102  | 93   | 90   | 86   | 88   |
| Survey         | -    | 62   | 67   | -    | -    | -    | -    | 79   | 78   | -    | -    | -    |

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. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 78 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 67 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Lesotho Demographic and Health Survey 2023-2024 record or recall results of 79 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 68 percent and 3rd dose record only coverage of 65 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-S-
- 2020: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-S-
- 2019: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-S-
- 2017: Estimate informed by reported data. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate challenged by: D-S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 69 percent based on 1 survey(s). Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 67 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 67 percent and 3rd dose record only coverage of 61 percent. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). GoC=R+

# Lesotho - PCVC

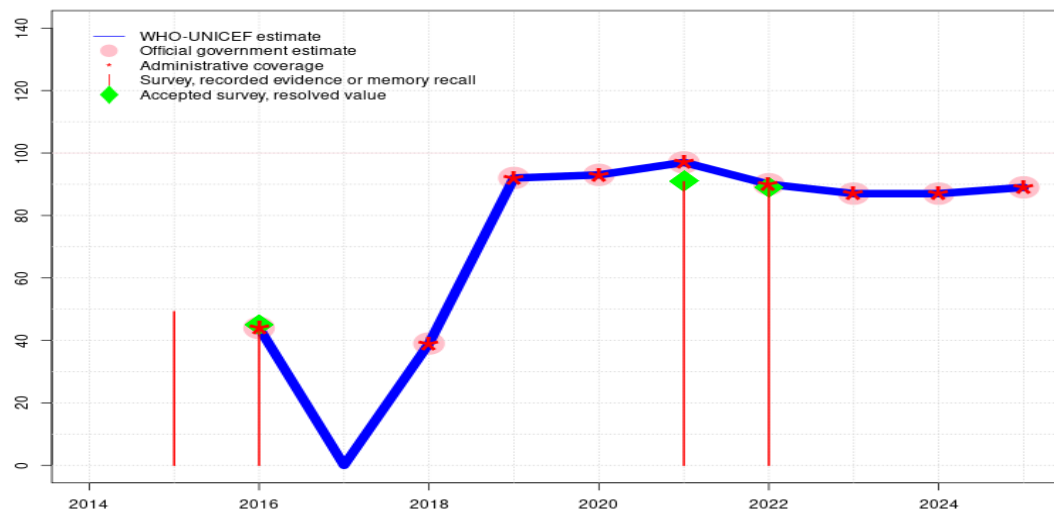
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S+ D+

2015: Pneumococcal conjugate vaccine introduced in July 2015. Programme reports 62 percent coverage in 46 percent of the national target population. Estimate informed by coverage achieved in total annual national target population. Lesotho Multiple Indicator Cluster Survey 2018 record or recall results of 62 percent modified for recall bias to 64 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 54 percent. Estimate challenged by: R-S-

# Lesotho - IPV1

LSO - IPV1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | -    | 44   | 0    | 39   | 92   | 93   | 97   | 90   | 87   | 87   | 89   |
| Estimate GoC   | -    | -    | •••  | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | -    | -    | 44   | -    | 39   | 92   | 93   | 97   | 90   | 87   | 87   | 89   |
| Administrative | -    | -    | 44   | -    | 39   | 92   | 93   | 97   | 90   | 87   | 87   | 89   |
| Survey         | -    | 49   | 45   | -    | -    | -    | -    | 91   | 89   | -    | -    | -    |

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.

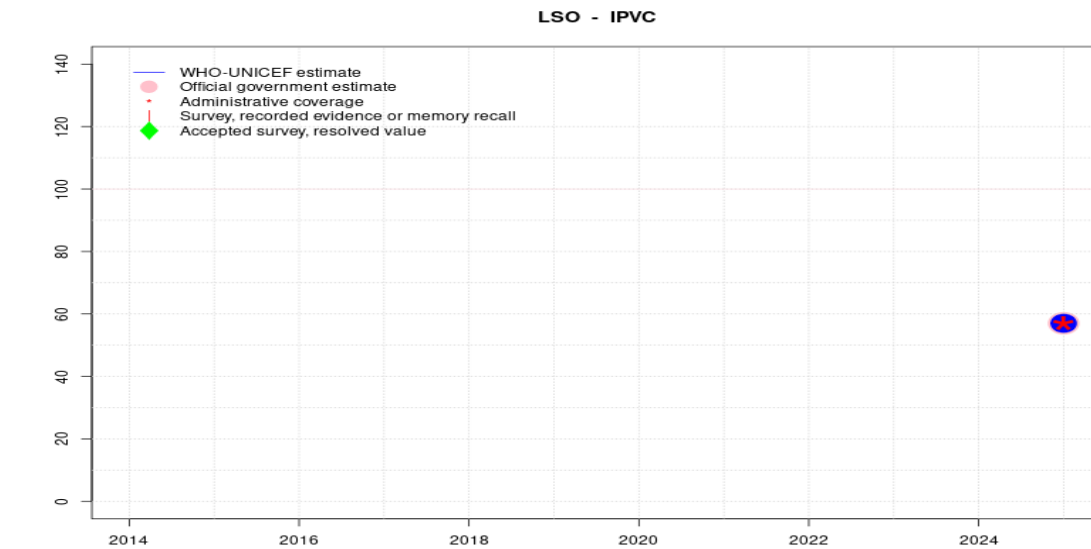
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 89 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Programme reports a two-month vaccine stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Estimate challenged by: D-
- 2017: Programme reports stockout of unspecified duration. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate challenged by: S-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 45 percent based on 1 survey(s). Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Inactivated polio vaccine introduced in April 2016. Estimates exceptionally based on reporting data during introduction year. GoC=R+ S+ D+

# Lesotho - IPV



## Description:

2025: Estimate informed by reported data. Second dose of IPV introduced in 2025. Estimate challenged by: D-

|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | 57   |
| Estimate GoC   | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | ●    |
| Official       | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | 57   |
| Administrative | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | 57   |
| Survey         | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |

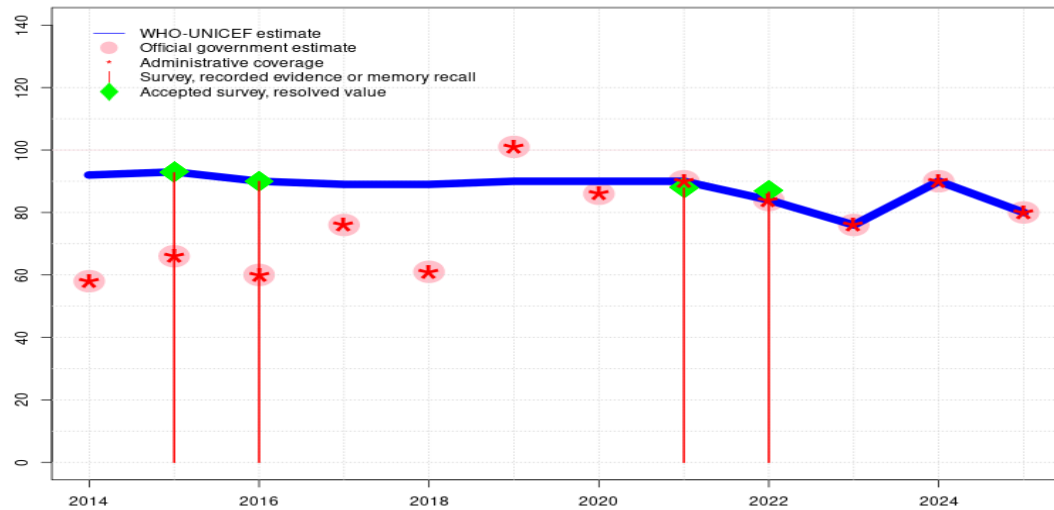
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Lesotho - MCV1

LSO - MCV1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 92   | 93   | 90   | 89   | 89   | 90   | 90   | 90   | 84   | 76   | 90   | 80   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 58   | 66   | 60   | 76   | 61   | 101  | 86   | 90   | 84   | 76   | 90   | 80   |
| Administrative | 58   | 66   | 60   | 76   | 61   | 101  | 86   | 90   | 84   | 76   | 90   | 80   |
| Survey         | -    | 93   | 90   | -    | -    | -    | -    | 88   | 87   | -    | -    | -    |

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.

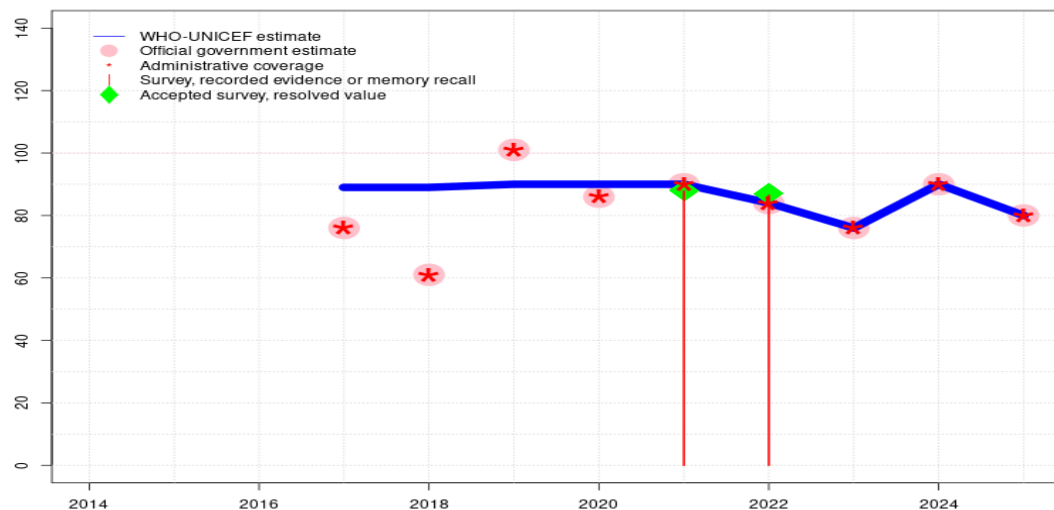
## Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-S-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 87 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Programme reports five months vaccine stockout. Estimate challenged by: D-
- 2021: Estimate informed by reported data supported by survey.Survey evidence of 88 percent based on 1 survey(s). Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2020: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system.Reported data excluded because 101 percent greater than 100 percent. Reported data excluded due to an increase from 61 percent to 101 percent with decrease to 86 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system.Reported data excluded due to decline in reported coverage from 76 percent to 61 percent with increase to 101 percent. Programme reports three months vaccine stockout at the national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system.Reported data excluded due to an increase from 60 percent to 76 percent with decrease to 61 percent. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage

- that does not reflect programme improvements. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 90 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Programme reports one month stockout for measles vaccine. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 93 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Programme reports two months stockout at national level. Estimate challenged by: D-R-

# Lesotho - RCV1

LSO - RCV1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | -    | -    | 89   | 89   | 90   | 90   | 90   | 84   | 76   | 90   | 80   |
| Estimate GoC   | -    | -    | -    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | -    | -    | -    | 76   | 61   | 101  | 86   | 90   | 84   | 76   | 90   | 80   |
| Administrative | -    | -    | -    | 76   | 61   | 101  | 86   | 90   | 84   | 76   | 90   | 80   |
| Survey         | -    | -    | -    | -    | -    | -    | -    | 88   | 87   | -    | -    | -    |

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.

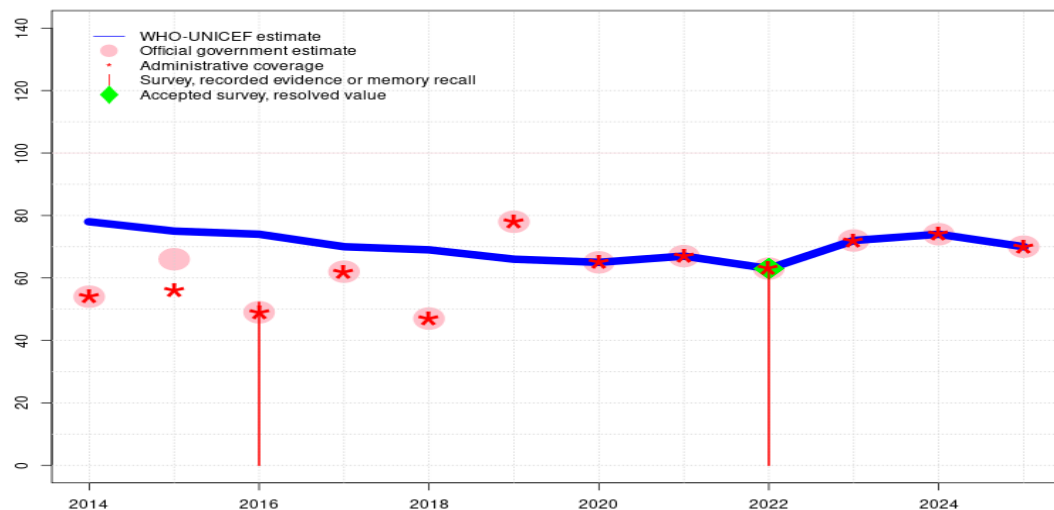
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2025: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Estimate challenged by: D-S-
- 2022: Estimate based on estimated MCV1. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate based on estimated MCV1. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded because 101 percent greater than 100 percent. Reported data excluded due to an increase from 61 percent to 101 percent with decrease to 86 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to decline in reported coverage from 76 percent to 61 percent with increase to 101 percent. Estimate challenged by: D-R-
- 2017: Estimate based on estimated MCV1. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to an increase from 0 percent to 76 percent with decrease to 61 percent. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Measles and rubella combination vaccine introduced in 2017 and recommended at 9 and 18 months. Estimate challenged by: D-R-

# Lesotho - MCV2

LSO - MCV2



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 78   | 75   | 74   | 70   | 69   | 66   | 65   | 67   | 63   | 72   | 74   | 70   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 54   | 66   | 49   | 62   | 47   | 78   | 65   | 67   | 63   | 72   | 74   | 70   |
| Administrative | 54   | 56   | 49   | 62   | 47   | 78   | 65   | 67   | 63   | 72   | 74   | 70   |
| Survey         | -    | -    | 52   | -    | -    | -    | -    | -    | 63   | -    | -    | -    |

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

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

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

## Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-S-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 63 percent based on 1 survey(s). Programme reports five months vaccine stockout. Estimate informed by the relative change in reported number of doses administered from 2021 to 2022 applied to the prior year estimate. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2020: Estimate based on reported data. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-
- 2019: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to an increase from 47 percent to 78 percent with decrease to 65 percent. Although recent reported coverage levels are more consistent with those of a 2018 survey, WHO and UNICEF encourage another independent coverage assessment to verify coverage levels given fluctuations in reported data for several vaccines that suggest issues with the quality of administrative recording and reporting. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to decline in reported coverage from 62 percent to 47 percent with increase to 78 percent. Programme reports three months vaccine stockout at national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to an increase from 49 percent to 62 percent with decrease to 47 percent. Target population was revised based on the 2016 census and decreased compared to previous years. This resulted in a increase in reported coverage that does not reflect programme improvements. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2012 and 2020 levels. Lesotho Multiple Indicator Cluster

Survey 2018 results ignored by working group. Survey results may not capture second dose measles coverage appropriately. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to decline in reported coverage from 66 percent to 49 percent with increase to 62 percent. Programme reports challenges with recording and reporting based on the findings from a 2012 Data Quality Assessment (DQS). Programme reports one month stockout for measles vaccine. Estimate challenged by: D-R-

2015: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. Reported data excluded due to an increase from 54 percent to 66 percent with decrease to 49 percent. Estimate challenged by: D-R-

2014: Reported data calibrated to 2012 and 2020 levels. Reported data excluded. Fluctuations in reported data suggest the need for review of the administrative recording and reporting system. GoC=Assigned by working group.

# Lesotho - Survey Details

**NOTE** A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

## 2022 Lesotho Demographic and Health Survey 2023-2024

| Vaccine | Confirmation method  | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG     | Recall               | 22.6     | 12-23 m    | 112    | 77            |
| BCG     | Record               | 76.6     | 12-23 m    | 379    | 77            |
| BCG     | Record or Recall     | 99.1     | 12-23 m    | 490    | 77            |
| BCG     | Record or Recall<12m | 98.6     | 12-23 m    | 490    | 77            |
| DTP1    | Recall               | 20.5     | 12-23 m    | 112    | 77            |
| DTP1    | Record               | 77.2     | 12-23 m    | 379    | 77            |
| DTP1    | Record or Recall     | 97.7     | 12-23 m    | 490    | 77            |
| DTP1    | Record or Recall<12m | 97.5     | 12-23 m    | 490    | 77            |
| DTP3    | Recall               | 10.8     | 12-23 m    | 112    | 77            |
| DTP3    | Record               | 73.6     | 12-23 m    | 379    | 77            |
| DTP3    | Record or Recall     | 84.4     | 12-23 m    | 490    | 77            |
| DTP3    | Record or Recall<12m | 83.8     | 12-23 m    | 490    | 77            |
| HEPB1   | Recall               | 20.5     | 12-23 m    | 112    | 77            |
| HEPB1   | Record               | 77.2     | 12-23 m    | 379    | 77            |
| HEPB1   | Record or Recall     | 97.7     | 12-23 m    | 490    | 77            |
| HEPB1   | Record or Recall<12m | 97.5     | 12-23 m    | 490    | 77            |
| HEPB3   | Recall               | 10.8     | 12-23 m    | 112    | 77            |
| HEPB3   | Record               | 73.6     | 12-23 m    | 379    | 77            |
| HEPB3   | Record or Recall     | 84.4     | 12-23 m    | 490    | 77            |

|       |                      |      |         |     |    |
|-------|----------------------|------|---------|-----|----|
| HEPB3 | Record or Recall<12m | 83.8 | 12-23 m | 490 | 77 |
| HIB1  | Recall               | 20.5 | 12-23 m | 112 | 77 |
| HIB1  | Record               | 77.2 | 12-23 m | 379 | 77 |
| HIB1  | Record or Recall     | 97.7 | 12-23 m | 490 | 77 |
| HIB1  | Record or Recall<12m | 97.5 | 12-23 m | 490 | 77 |
| HIB3  | Recall               | 10.8 | 12-23 m | 112 | 77 |
| HIB3  | Record               | 73.6 | 12-23 m | 379 | 77 |
| HIB3  | Record or Recall     | 84.4 | 12-23 m | 490 | 77 |
| HIB3  | Record or Recall<12m | 83.8 | 12-23 m | 490 | 77 |
| IPV1  | Recall               | 20.2 | 12-23 m | 112 | 77 |
| IPV1  | Record               | 68.7 | 12-23 m | 379 | 77 |
| IPV1  | Record or Recall     | 88.9 | 12-23 m | 490 | 77 |
| IPV1  | Record or Recall<12m | 87.7 | 12-23 m | 490 | 77 |
| MCV1  | Recall               | 19   | 12-23 m | 112 | 77 |
| MCV1  | Record               | 67.5 | 12-23 m | 379 | 77 |
| MCV1  | Record or Recall     | 86.5 | 12-23 m | 490 | 77 |
| MCV1  | Record or Recall<12m | 79   | 12-23 m | 490 | 77 |
| MCV2  | Recall               | 14.6 | 24-35 m | 138 | 69 |
| MCV2  | Record               | 47.9 | 24-35 m | 305 | 69 |
| MCV2  | Record or Recall     | 62.5 | 24-35 m | 443 | 69 |
| MCV2  | Record or Recall<12m | 59.1 | 24-35 m | 443 | 69 |
| PCV1  | Recall               | 19.1 | 12-23 m | 112 | 77 |
| PCV1  | Record               | 75.2 | 12-23 m | 379 | 77 |
| PCV1  | Record or Recall     | 94.3 | 12-23 m | 490 | 77 |
| PCV1  | Record or Recall<12m | 93.9 | 12-23 m | 490 | 77 |
| PCVC  | Recall               | 11.3 | 12-23 m | 112 | 77 |
| PCVC  | Record               | 67   | 12-23 m | 379 | 77 |
| PCVC  | Record or Recall     | 78.3 | 12-23 m | 490 | 77 |
| PCVC  | Record or Recall<12m | 76.2 | 12-23 m | 490 | 77 |
| RCV1  | Recall               | 19   | 12-23 m | 112 | 77 |
| RCV1  | Record               | 67.5 | 12-23 m | 379 | 77 |
| RCV1  | Record or Recall     | 86.5 | 12-23 m | 490 | 77 |
| RCV1  | Record or Recall<12m | 79   | 12-23 m | 490 | 77 |
| ROTAC | Recall               | 15.7 | 12-23 m | 112 | 77 |
| ROTAC | Record               | 68.6 | 12-23 m | 379 | 77 |
| ROTAC | Record or Recall     | 84.3 | 12-23 m | 490 | 77 |
| ROTAC | Record or Recall<12m | 83.9 | 12-23 m | 490 | 77 |

## 2021 Lesotho Demographic and Health Survey 2023-2024

# Lesotho - Survey Details

| Vaccine | Confirmation method  | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG     | Recall               | 30.2     | 24-35 m    | 138    | 69            |
| BCG     | Record               | 68.6     | 24-35 m    | 305    | 69            |
| BCG     | Record or Recall     | 98.8     | 24-35 m    | 443    | 69            |
| BCG     | Record or Recall<12m | 97.5     | 24-35 m    | 443    | 69            |
| DTP1    | Recall               | 26.3     | 24-35 m    | 138    | 69            |
| DTP1    | Record               | 68.8     | 24-35 m    | 305    | 69            |
| DTP1    | Record or Recall     | 95.1     | 24-35 m    | 443    | 69            |
| DTP1    | Record or Recall<12m | 94.3     | 24-35 m    | 443    | 69            |
| DTP3    | Recall               | 16.1     | 24-35 m    | 138    | 69            |
| DTP3    | Record               | 65.5     | 24-35 m    | 305    | 69            |
| DTP3    | Record or Recall     | 81.5     | 24-35 m    | 443    | 69            |
| DTP3    | Record or Recall<12m | 79.1     | 24-35 m    | 443    | 69            |
| HEPB1   | Recall               | 26.3     | 24-35 m    | 138    | 69            |
| HEPB1   | Record               | 68.8     | 24-35 m    | 305    | 69            |
| HEPB1   | Record or Recall     | 95.1     | 24-35 m    | 443    | 69            |
| HEPB1   | Record or Recall<12m | 94.3     | 24-35 m    | 443    | 69            |
| HEPB3   | Recall               | 16.1     | 24-35 m    | 138    | 69            |
| HEPB3   | Record               | 65.5     | 24-35 m    | 305    | 69            |
| HEPB3   | Record or Recall     | 81.5     | 24-35 m    | 443    | 69            |
| HEPB3   | Record or Recall<12m | 79.1     | 24-35 m    | 443    | 69            |
| HIB1    | Recall               | 26.3     | 24-35 m    | 138    | 69            |
| HIB1    | Record               | 68.8     | 24-35 m    | 305    | 69            |
| HIB1    | Record or Recall     | 95.1     | 24-35 m    | 443    | 69            |
| HIB1    | Record or Recall<12m | 94.3     | 24-35 m    | 443    | 69            |
| HIB3    | Recall               | 16.1     | 24-35 m    | 138    | 69            |
| HIB3    | Record               | 65.5     | 24-35 m    | 305    | 69            |
| HIB3    | Record or Recall     | 81.5     | 24-35 m    | 443    | 69            |
| HIB3    | Record or Recall<12m | 79.1     | 24-35 m    | 443    | 69            |
| IPV1    | Recall               | 26.8     | 24-35 m    | 138    | 69            |
| IPV1    | Record               | 64       | 24-35 m    | 305    | 69            |
| IPV1    | Record or Recall     | 90.8     | 24-35 m    | 443    | 69            |
| IPV1    | Record or Recall<12m | 88.4     | 24-35 m    | 443    | 69            |
| MCV1    | Recall               | 22.9     | 24-35 m    | 138    | 69            |
| MCV1    | Record               | 64.8     | 24-35 m    | 305    | 69            |
| MCV1    | Record or Recall     | 87.8     | 24-35 m    | 443    | 69            |
| MCV1    | Record or Recall<12m | 75.5     | 24-35 m    | 443    | 69            |
| PCV1    | Recall               | 21.9     | 24-35 m    | 138    | 69            |
| PCV1    | Record               | 67.7     | 24-35 m    | 305    | 69            |

|       |                      |      |         |     |    |
|-------|----------------------|------|---------|-----|----|
| PCV1  | Record or Recall     | 89.6 | 24-35 m | 443 | 69 |
| PCV1  | Record or Recall<12m | 88.9 | 24-35 m | 443 | 69 |
| PCVC  | Recall               | 14   | 24-35 m | 138 | 69 |
| PCVC  | Record               | 64.8 | 24-35 m | 305 | 69 |
| PCVC  | Record or Recall     | 78.8 | 24-35 m | 443 | 69 |
| PCVC  | Record or Recall<12m | 77.2 | 24-35 m | 443 | 69 |
| RCV1  | Recall               | 22.9 | 24-35 m | 138 | 69 |
| RCV1  | Record               | 64.8 | 24-35 m | 305 | 69 |
| RCV1  | Record or Recall     | 87.8 | 24-35 m | 443 | 69 |
| RCV1  | Record or Recall<12m | 75.5 | 24-35 m | 443 | 69 |
| ROTAC | Recall               | 19   | 24-35 m | 138 | 69 |
| ROTAC | Record               | 63.6 | 24-35 m | 305 | 69 |
| ROTAC | Record or Recall     | 82.5 | 24-35 m | 443 | 69 |
| ROTAC | Record or Recall<12m | 81   | 24-35 m | 443 | 69 |

## 2016 Lesotho Multiple Indicator Cluster Survey 2018

| Vaccine | Confirmation method  | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG     | Recall               | 13       | 12-23 m    | 665    | 84            |
| BCG     | Record               | 82.7     | 12-23 m    | 665    | 84            |
| BCG     | Record or Recall     | 95.7     | 12-23 m    | 665    | 84            |
| BCG     | Record or Recall<12m | 95.1     | 12-23 m    | 665    | 84            |
| DTP1    | Recall               | 10.9     | 12-23 m    | 665    | 84            |
| DTP1    | Record               | 80.6     | 12-23 m    | 665    | 84            |
| DTP1    | Record or Recall     | 91.5     | 12-23 m    | 665    | 84            |
| DTP1    | Record or Recall<12m | 91.5     | 12-23 m    | 665    | 84            |
| DTP3    | Recall               | 8.8      | 12-23 m    | 665    | 84            |
| DTP3    | Record               | 76.8     | 12-23 m    | 665    | 84            |
| DTP3    | Record or Recall     | 85.6     | 12-23 m    | 665    | 84            |
| DTP3    | Record or Recall<12m | 84.6     | 12-23 m    | 665    | 84            |
| HEPB1   | Recall               | 10.9     | 12-23 m    | 665    | 84            |
| HEPB1   | Record               | 80.6     | 12-23 m    | 665    | 84            |
| HEPB1   | Record or Recall     | 91.5     | 12-23 m    | 665    | 84            |
| HEPB1   | Record or Recall<12m | 91.5     | 12-23 m    | 665    | 84            |
| HEPB3   | Recall               | 8.8      | 12-23 m    | 665    | 84            |
| HEPB3   | Record               | 76.8     | 12-23 m    | 665    | 84            |
| HEPB3   | Record or Recall     | 85.6     | 12-23 m    | 665    | 84            |
| HEPB3   | Record or Recall<12m | 84.6     | 12-23 m    | 665    | 84            |
| HIB1    | Recall               | 10.9     | 12-23 m    | 665    | 84            |

# Lesotho - Survey Details

|       |                      |      |         |     |    |       |                      |      |         |     |   |
|-------|----------------------|------|---------|-----|----|-------|----------------------|------|---------|-----|---|
| HIB1  | Record               | 80.6 | 12-23 m | 665 | 84 | DTP1  | Recall               | 13.2 | 24-35 m | 719 | - |
| HIB1  | Record or Recall     | 91.5 | 12-23 m | 665 | 84 | DTP1  | Record               | 76.2 | 24-35 m | 719 | - |
| HIB1  | Record or Recall<12m | 91.5 | 12-23 m | 665 | 84 | DTP1  | Record or Recall     | 89.4 | 24-35 m | 719 | - |
| HIB3  | Recall               | 8.8  | 12-23 m | 665 | 84 | DTP1  | Record or Recall<12m | 88.9 | 24-35 m | 719 | - |
| HIB3  | Record               | 76.8 | 12-23 m | 665 | 84 | DTP3  | Recall               | 8.5  | 24-35 m | 719 | - |
| HIB3  | Record or Recall     | 85.6 | 12-23 m | 665 | 84 | DTP3  | Record               | 70.9 | 24-35 m | 719 | - |
| HIB3  | Record or Recall<12m | 84.6 | 12-23 m | 665 | 84 | DTP3  | Record or Recall     | 79.3 | 24-35 m | 719 | - |
| IPV1  | Recall               | 9.3  | 12-23 m | 665 | 84 | DTP3  | Record or Recall<12m | 78.5 | 24-35 m | 719 | - |
| IPV1  | Record               | 36   | 12-23 m | 665 | 84 | HEPB1 | Recall               | 13.2 | 24-35 m | 719 | - |
| IPV1  | Record or Recall     | 45.4 | 12-23 m | 665 | 84 | HEPB1 | Record               | 76.2 | 24-35 m | 719 | - |
| IPV1  | Record or Recall<12m | 44.4 | 12-23 m | 665 | 84 | HEPB1 | Record or Recall     | 89.4 | 24-35 m | 719 | - |
| MCV1  | Recall               | 11.8 | 12-23 m | 665 | 84 | HEPB1 | Record or Recall<12m | 88.9 | 24-35 m | 719 | - |
| MCV1  | Record               | 78.1 | 12-23 m | 665 | 84 | HEPB3 | Recall               | 8.5  | 24-35 m | 719 | - |
| MCV1  | Record or Recall     | 89.9 | 12-23 m | 665 | 84 | HEPB3 | Record               | 70.9 | 24-35 m | 719 | - |
| MCV1  | Record or Recall<12m | 76.7 | 12-23 m | 665 | 84 | HEPB3 | Record or Recall     | 79.3 | 24-35 m | 719 | - |
| MCV2  | Recall               | 11.2 | 24-35 m | 719 | -  | HEPB3 | Record or Recall<12m | 78.5 | 24-35 m | 719 | - |
| MCV2  | Record               | 41.1 | 24-35 m | 719 | -  | HIB1  | Recall               | 13.2 | 24-35 m | 719 | - |
| MCV2  | Record or Recall     | 52.2 | 24-35 m | 719 | -  | HIB1  | Record               | 76.2 | 24-35 m | 719 | - |
| MCV2  | Record or Recall<12m | 24.5 | 24-35 m | 719 | -  | HIB1  | Record or Recall     | 89.4 | 24-35 m | 719 | - |
| PCV1  | Recall               | 8.9  | 12-23 m | 665 | 84 | HIB1  | Record or Recall<12m | 88.9 | 24-35 m | 719 | - |
| PCV1  | Record               | 67.3 | 12-23 m | 665 | 84 | HIB3  | Recall               | 8.5  | 24-35 m | 719 | - |
| PCV1  | Record or Recall     | 76.2 | 12-23 m | 665 | 84 | HIB3  | Record               | 70.9 | 24-35 m | 719 | - |
| PCV1  | Record or Recall<12m | 76.2 | 12-23 m | 665 | 84 | HIB3  | Record or Recall     | 79.3 | 24-35 m | 719 | - |
| PCVC  | Recall               | 6.2  | 12-23 m | 665 | 84 | HIB3  | Record or Recall<12m | 78.5 | 24-35 m | 719 | - |
| PCVC  | Record               | 60.6 | 12-23 m | 665 | 84 | IPV1  | Recall               | 13.4 | 24-35 m | 719 | - |
| PCVC  | Record or Recall     | 66.8 | 12-23 m | 665 | 84 | IPV1  | Record               | 35.9 | 24-35 m | 719 | - |
| PCVC  | Record or Recall<12m | 65.5 | 12-23 m | 665 | 84 | IPV1  | Record or Recall     | 49.2 | 24-35 m | 719 | - |
| ROTAC | Recall               | 2.7  | 12-23 m | 665 | 84 | IPV1  | Record or Recall<12m | 48.3 | 24-35 m | 719 | - |
| ROTAC | Record               | 12.6 | 12-23 m | 665 | 84 | MCV1  | Recall               | 16.5 | 24-35 m | 719 | - |
| ROTAC | Record or Recall     | 15.3 | 12-23 m | 665 | 84 | MCV1  | Record               | 76.2 | 24-35 m | 719 | - |
| ROTAC | Record or Recall<12m | 15   | 12-23 m | 665 | 84 | MCV1  | Record or Recall     | 92.7 | 24-35 m | 719 | - |
|       |                      |      |         |     |    | MCV1  | Record or Recall<12m | 71.2 | 24-35 m | 719 | - |
|       |                      |      |         |     |    | PCV1  | Recall               | 11.8 | 24-35 m | 719 | - |
|       |                      |      |         |     |    | PCV1  | Record               | 62.7 | 24-35 m | 719 | - |
|       |                      |      |         |     |    | PCV1  | Record or Recall     | 74.5 | 24-35 m | 719 | - |
|       |                      |      |         |     |    | PCV1  | Record or Recall<12m | 73.9 | 24-35 m | 719 | - |
|       |                      |      |         |     |    | PCVC  | Recall               | 7.2  | 24-35 m | 719 | - |
|       |                      |      |         |     |    | PCVC  | Record               | 54.4 | 24-35 m | 719 | - |
|       |                      |      |         |     |    | PCVC  | Record or Recall     | 61.6 | 24-35 m | 719 | - |
|       |                      |      |         |     |    | PCVC  | Record or Recall<12m | 60.3 | 24-35 m | 719 | - |

## 2015 Lesotho Multiple Indicator Cluster Survey 2018

| Vaccine | Confirmation method  | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG     | Recall               | 16.1     | 24-35 m    | 719    | -             |
| BCG     | Record               | 79.1     | 24-35 m    | 719    | -             |
| BCG     | Record or Recall     | 95.2     | 24-35 m    | 719    | -             |
| BCG     | Record or Recall<12m | 94.7     | 24-35 m    | 719    | -             |

# Lesotho - Survey Details

|       |                      |      |         |     |   |
|-------|----------------------|------|---------|-----|---|
| ROTAC | Recall               | 3.2  | 24-35 m | 719 | - |
| ROTAC | Record               | 9.5  | 24-35 m | 719 | - |
| ROTAC | Record or Recall     | 12.7 | 24-35 m | 719 | - |
| ROTAC | Record or Recall<12m | 12.3 | 24-35 m | 719 | - |

|      |                      |      |         |     |   |
|------|----------------------|------|---------|-----|---|
| DTP1 | Record or Recall<12m | 96.9 | 24-35 m | 572 | - |
| DTP3 | Record or Recall<12m | 85.5 | 24-35 m | 572 | - |
| HIB1 | Record or Recall<12m | 96.9 | 24-35 m | 572 | - |
| HIB3 | Record or Recall<12m | 85.5 | 24-35 m | 572 | - |
| MCV1 | Record or Recall<12m | 75.4 | 24-35 m | 572 | - |

## 2013 Lesotho Demographic and Health Survey 2014

| Vaccine | Confirmation method  | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG     | Recall               | 21.8     | 12-23 m    | 655    | 77            |
| BCG     | Record               | 76.2     | 12-23 m    | 655    | 77            |
| BCG     | Record or Recall     | 98       | 12-23 m    | 655    | 77            |
| BCG     | Record or Recall<12m | 97.6     | 12-23 m    | 655    | 77            |
| DTP1    | Recall               | 21.1     | 12-23 m    | 655    | 77            |
| DTP1    | Record               | 77.1     | 12-23 m    | 655    | 77            |
| DTP1    | Record or Recall     | 98.3     | 12-23 m    | 655    | 77            |
| DTP1    | Record or Recall<12m | 98.3     | 12-23 m    | 655    | 77            |
| DTP3    | Recall               | 12.2     | 12-23 m    | 655    | 77            |
| DTP3    | Record               | 73.2     | 12-23 m    | 655    | 77            |
| DTP3    | Record or Recall     | 85.4     | 12-23 m    | 655    | 77            |
| DTP3    | Record or Recall<12m | 83.9     | 12-23 m    | 655    | 77            |
| HIB1    | Recall               | 21.1     | 12-23 m    | 655    | 77            |
| HIB1    | Record               | 77.1     | 12-23 m    | 655    | 77            |
| HIB1    | Record or Recall     | 98.3     | 12-23 m    | 655    | 77            |
| HIB1    | Record or Recall<12m | 98.3     | 12-23 m    | 655    | 77            |
| HIB3    | Recall               | 12.2     | 12-23 m    | 655    | 77            |
| HIB3    | Record               | 73.2     | 12-23 m    | 655    | 77            |
| HIB3    | Record or Recall     | 85.4     | 12-23 m    | 655    | 77            |
| HIB3    | Record or Recall<12m | 83.9     | 12-23 m    | 655    | 77            |
| MCV1    | Recall               | 18.9     | 12-23 m    | 655    | 77            |
| MCV1    | Record               | 71.2     | 12-23 m    | 655    | 77            |
| MCV1    | Record or Recall     | 90.1     | 12-23 m    | 655    | 77            |
| MCV1    | Record or Recall<12m | 79.6     | 12-23 m    | 655    | 77            |

## 2012 Lesotho Demographic and Health Survey 2014

| Vaccine | Confirmation method  | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG     | Record or Recall<12m | 95.8     | 24-35 m    | 572    | -             |

## 2011 Lesotho Post SIAs and Routine Immunization Coverage Survey 2013

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG     | Record              | 85       | 24-35 m    | -      | 92            |
| BCG     | Record or Recall    | 87       | 24-35 m    | 3614   | 92            |
| DTP1    | Record              | 83.3     | 24-35 m    | -      | 92            |
| DTP1    | Record or Recall    | 96.6     | 24-35 m    | 3614   | 92            |
| DTP3    | Record              | 81.5     | 24-35 m    | -      | 92            |
| DTP3    | Record or Recall    | 95       | 24-35 m    | 3614   | 92            |
| HEPB1   | Record              | 83.3     | 24-35 m    | -      | 92            |
| HEPB1   | Record or Recall    | 96.6     | 24-35 m    | 3614   | 92            |
| HEPB3   | Record              | 81.5     | 24-35 m    | -      | 92            |
| HEPB3   | Record or Recall    | 95       | 24-35 m    | 3614   | 92            |
| HIB1    | Record              | 83.3     | 24-35 m    | -      | 92            |
| HIB1    | Record or Recall    | 96.6     | 24-35 m    | 3614   | 92            |
| HIB3    | Record              | 81.5     | 24-35 m    | -      | 92            |
| HIB3    | Record or Recall    | 95       | 24-35 m    | 3614   | 92            |
| MCV1    | Record              | 78.8     | 24-35 m    | -      | 92            |
| MCV1    | Record or Recall    | 92       | 24-35 m    | 3614   | 92            |
| MCV2    | Record              | 69.3     | 24-35 m    | -      | 92            |
| MCV2    | Record or Recall    | 81.7     | 24-35 m    | 3614   | 92            |

## 2008 Lesotho Demographic and Health Survey 2009

| Vaccine | Confirmation method  | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG     | Recall               | 22.4     | 12-23 m    | 744    | 74            |
| BCG     | Record               | 72.7     | 12-23 m    | 744    | 74            |
| BCG     | Record or Recall     | 95.1     | 12-23 m    | 744    | 74            |
| BCG     | Record or Recall<12m | 94.4     | 12-23 m    | 744    | 74            |
| DTP1    | Recall               | 22       | 12-23 m    | 744    | 74            |
| DTP1    | Record               | 73.7     | 12-23 m    | 744    | 74            |

|      |                      |      |         |     |    |
|------|----------------------|------|---------|-----|----|
| DTP1 | Record or Recall     | 95.7 | 12-23 m | 744 | 74 |
| DTP1 | Record or Recall<12m | 95.4 | 12-23 m | 744 | 74 |
| DTP3 | Recall               | 15.3 | 12-23 m | 744 | 74 |
| DTP3 | Record               | 68.2 | 12-23 m | 744 | 74 |
| DTP3 | Record or Recall     | 83.5 | 12-23 m | 744 | 74 |
| DTP3 | Record or Recall<12m | 81.6 | 12-23 m | 744 | 74 |
| MCV1 | Recall               | 18.5 | 12-23 m | 744 | 74 |
| MCV1 | Record               | 61.8 | 12-23 m | 744 | 74 |
| MCV1 | Record or Recall     | 80.3 | 12-23 m | 744 | 74 |
| MCV1 | Record or Recall<12m | 69.6 | 12-23 m | 744 | 74 |

2003 Lesotho Demographic and Health Survey 2004

| Vaccine | Confirmation method  | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG     | Recall               | 19.9     | 12-23 m    | 660    | 78            |
| BCG     | Record               | 76.5     | 12-23 m    | 660    | 78            |
| BCG     | Record or Recall     | 96.4     | 12-23 m    | 660    | 78            |
| BCG     | Record or Recall<12m | 95.3     | 12-23 m    | 660    | 78            |
| DTP1    | Recall               | 18.3     | 12-23 m    | 660    | 78            |
| DTP1    | Record               | 76.3     | 12-23 m    | 660    | 78            |
| DTP1    | Record or Recall     | 94.6     | 12-23 m    | 660    | 78            |
| DTP1    | Record or Recall<12m | 93.9     | 12-23 m    | 660    | 78            |
| DTP3    | Recall               | 11.1     | 12-23 m    | 660    | 78            |
| DTP3    | Record               | 71.7     | 12-23 m    | 660    | 78            |
| DTP3    | Record or Recall     | 82.8     | 12-23 m    | 660    | 78            |
| DTP3    | Record or Recall<12m | 80.4     | 12-23 m    | 660    | 78            |
| HEPB1   | Recall               | 8.3      | 12-23 m    | 660    | 78            |
| HEPB1   | Record               | 23       | 12-23 m    | 660    | 78            |
| HEPB1   | Record or Recall     | 31.4     | 12-23 m    | 660    | 78            |
| HEPB1   | Record or Recall<12m | 28.9     | 12-23 m    | 660    | 78            |
| HEPB3   | Recall               | 3.5      | 12-23 m    | 660    | 78            |
| HEPB3   | Record               | 10.1     | 12-23 m    | 660    | 78            |
| HEPB3   | Record or Recall     | 13.6     | 12-23 m    | 660    | 78            |
| HEPB3   | Record or Recall<12m | 12.5     | 12-23 m    | 660    | 78            |
| MCV1    | Recall               | 16       | 12-23 m    | 660    | 78            |

|      |                      |      |         |     |    |
|------|----------------------|------|---------|-----|----|
| MCV1 | Record               | 68.9 | 12-23 m | 660 | 78 |
| MCV1 | Record or Recall     | 84.9 | 12-23 m | 660 | 78 |
| MCV1 | Record or Recall<12m | 74.7 | 12-23 m | 660 | 78 |

2001 Lesotho, National Nutrition and EPI Cluster Survey 2002

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG     | Record or Recall    | 82.9     | 12-23 m    | 2289   | 91            |
| DTP1    | Record or Recall    | 82.9     | 12-23 m    | 2289   | 91            |
| DTP3    | Record or Recall    | 78.5     | 12-23 m    | 2289   | 91            |
| MCV1    | Record or Recall    | 69.8     | 12-23 m    | 2289   | 91            |

1999 Lesotho 2000 End Decade Multiple Indicator Cluster Survey (EMICS),  
Draft Preliminary Report, 2001

| Vaccine | Confirmation method  | Coverage | Age cohort | Sample | Evidence seen |
|---------|----------------------|----------|------------|--------|---------------|
| BCG     | Recall               | 8.4      | 12-23 m    | 762    | 85            |
| BCG     | Record               | 83.1     | 12-23 m    | 762    | 85            |
| BCG     | Record or Recall     | 91.5     | 12-23 m    | 762    | 85            |
| BCG     | Record or Recall<12m | 90.5     | 12-23 m    | 762    | 85            |
| DTP1    | Recall               | 8.5      | 12-23 m    | 762    | 85            |
| DTP1    | Record               | 81.9     | 12-23 m    | 762    | 85            |
| DTP1    | Record or Recall     | 90.4     | 12-23 m    | 762    | 85            |
| DTP1    | Record or Recall<12m | 88.5     | 12-23 m    | 762    | 85            |
| DTP3    | Recall               | 5.5      | 12-23 m    | 762    | 85            |
| DTP3    | Record               | 79.9     | 12-23 m    | 762    | 85            |
| DTP3    | Record or Recall     | 85.4     | 12-23 m    | 762    | 85            |
| DTP3    | Record or Recall<12m | 83.9     | 12-23 m    | 762    | 85            |
| MCV1    | Recall               | 7.6      | 12-23 m    | 762    | 85            |
| MCV1    | Record               | 69.6     | 12-23 m    | 762    | 85            |
| MCV1    | Record or Recall     | 77.2     | 12-23 m    | 762    | 85            |
| MCV1    | Record or Recall<12m | 71.3     | 12-23 m    | 762    | 85            |

Further information and estimates for previous years are available at:

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<https://data.unicef.org/topic/child-health/immunization/>  
<https://immunizationdata.who.int/listing.html>