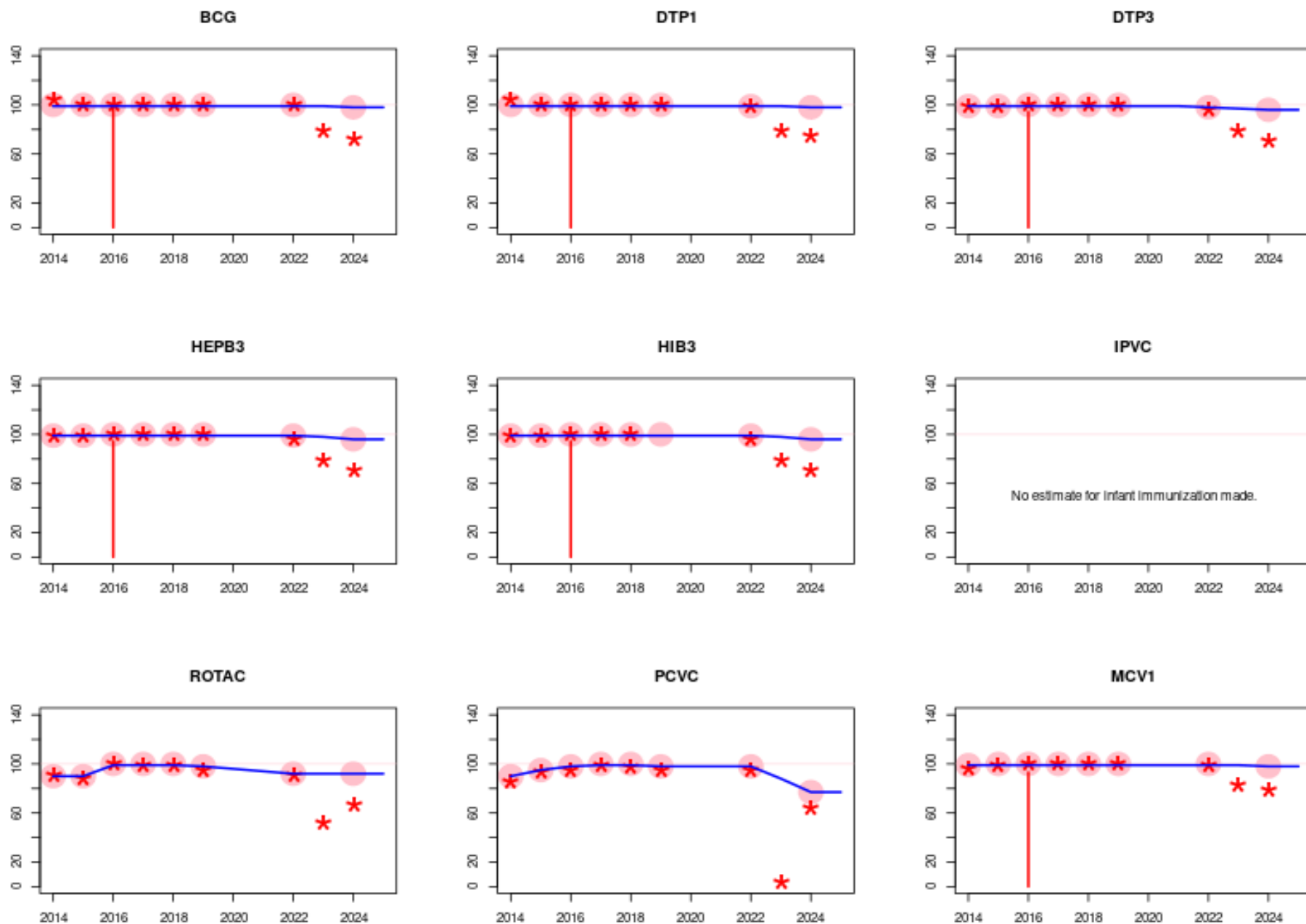




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture. Les estimations se réfèrent aux vaccinations administrées et documentées dans le cadre des services de vaccination de routine aux enfants de moins de 12 mois, ou à l'âge spécifié dans le calendrier vaccinal recommandé. Les vaccinations reçues dans le cadre d'activités de vaccination supplémentaires, telles que les campagnes contre la poliomyélite ou la rougeole, ne sont pas incluses.

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

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

SOURCES DE DONNÉES

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

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

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

ABRÉVIATIONS ET DÉFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

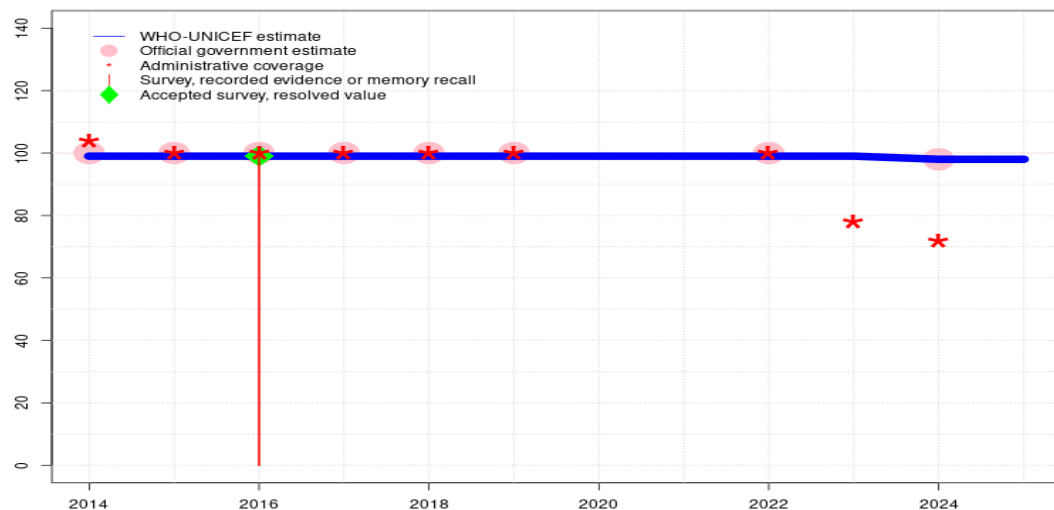
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la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

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

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

Morocco - BCG

MAR - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	98	98
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●●	●	●	●
Official	100	100	100	100	100	100	-	-	100	-	98	-
Administrative	104	100	100	100	100	100	-	-	100	78	72	-
Survey	-	-	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.

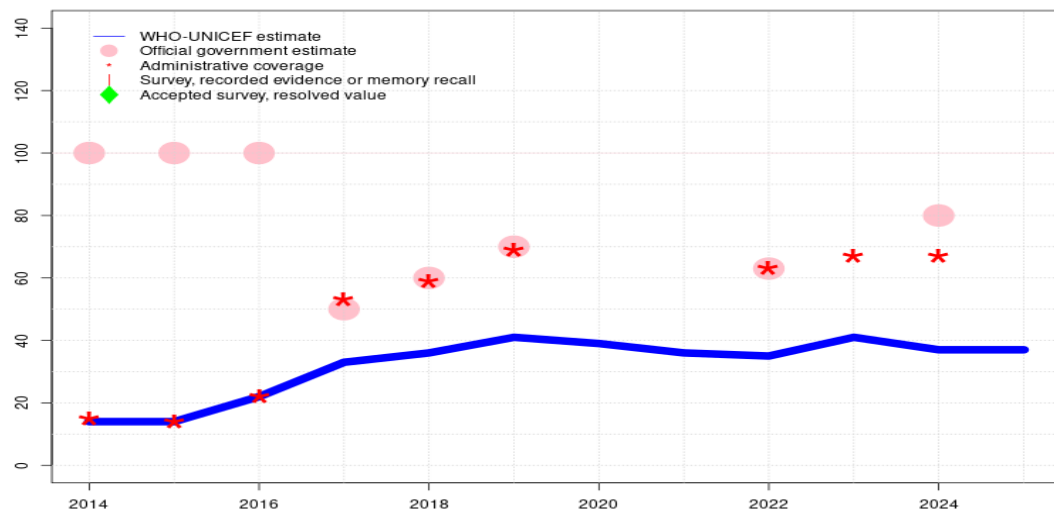
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Official coverage includes vaccines given in the private sector. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Administrative data do not include vaccines given in the private sector. Reported data excluded due to decline in reported coverage from 100 percent to 78 percent with increase to 98 percent. Estimate of 99 percent changed from previous revision value of 98 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+

Morocco - HEPBB

MAR - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	14	14	22	33	36	41	39	36	35	41	37	37
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	100	100	100	50	60	70	-	-	63	-	80	-
Administrative	15	14	22	53	59	69	-	-	63	67	67	-
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.
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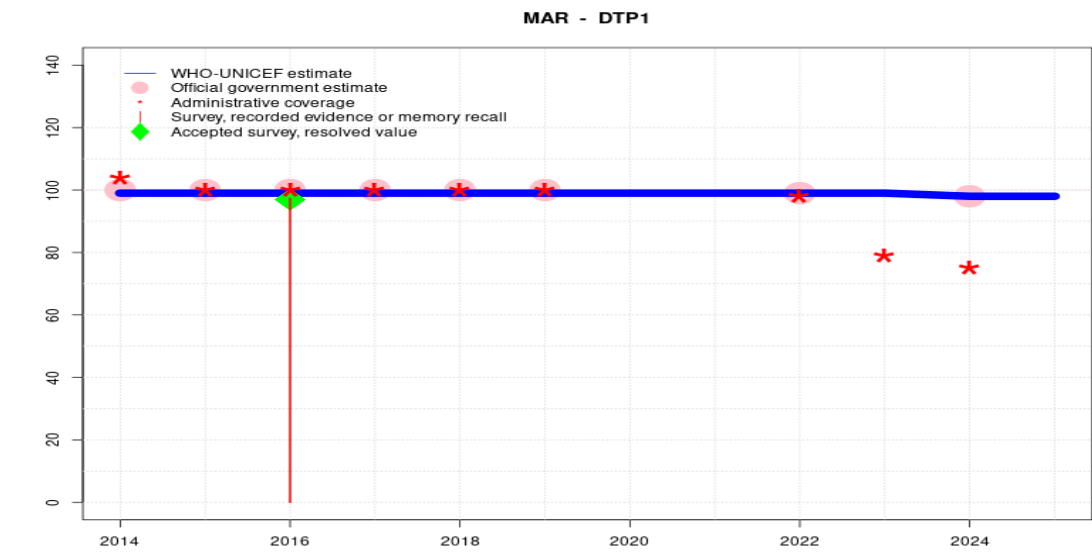
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on previous year estimate. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Programme reports 67 percent coverage achieved in 55 percent of target population. Estimate informed by coverage achieved in total annual national target population. The reported coverage is for births in the public sector, which represents 32 percent of births. Currently, there is no information system to capture doses administered in private hospitals. Official coverage includes vaccines given in the private sector. Estimate of 37 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2023: Programme reports 67 percent coverage achieved in 61 percent of target population. Estimate informed by coverage achieved in total annual national target population. Reported data excluded. Administrative data do not include vaccines given in the private sector. Estimate of 41 percent changed from previous revision value of 72 percent. Estimate challenged by: R-
- 2022: Programme reports 63 percent coverage achieved in 55 percent of target population. Estimate informed by coverage achieved in total annual national target population. Estimate of 35 percent changed from previous revision value of 64 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2019 levels. Estimate of 36 percent changed from previous revision value of 57 percent. GoC=No accepted empirical data
- 2020: Reported data calibrated to 2019 levels. Estimate of 39 percent changed from previous revision value of 49 percent. GoC=No accepted empirical data
- 2019: Estimate of 41 percent assigned by working group. Programme reports 70 percent coverage achieved in 60 percent of the national target population, based on births from the public sector. Estimate informed by annualized coverage achieved in the national target population and reflects doses delivered within 24 hours of delivery. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2018: Programme reports 60 percent coverage achieved in 61 percent of the national target population, based on births from the public sector. Estimate informed by annualized coverage achieved in the national target population and reflects doses delivered within 24 hours of delivery. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2017: Programme reports 53 percent coverage achieved in 61 percent of the national target population, based on births from the public sector. Estimate informed by annualized coverage achieved in the national target population and reflects doses delivered within 24 hours of delivery. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2016: Estimate of 22 percent assigned by working group. Estimate informed by reported data. Coverage reflects doses delivered within 24 hours of delivery. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-

Morocco - HEPBB

- 2015: Estimate of 14 percent assigned by working group. Estimate based on reported administrative coverage data. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Reported administrative coverage level reflects HepB coverage within 24 hours. Reported official government estimate includes HepB coverage beyond 24 hours. Estimated coverage reflects doses administered within 24 hours. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	98	98
Estimate GoC	●	●●●	●●●	●●●	●●●	●●	●	●	●●	●	●	●
Official	100	100	100	100	100	100	-	-	99	-	98	-
Administrative	104	100	100	100	100	100	-	-	98	79	75	-
Survey	-	-	97	-	-	-	-	-	-	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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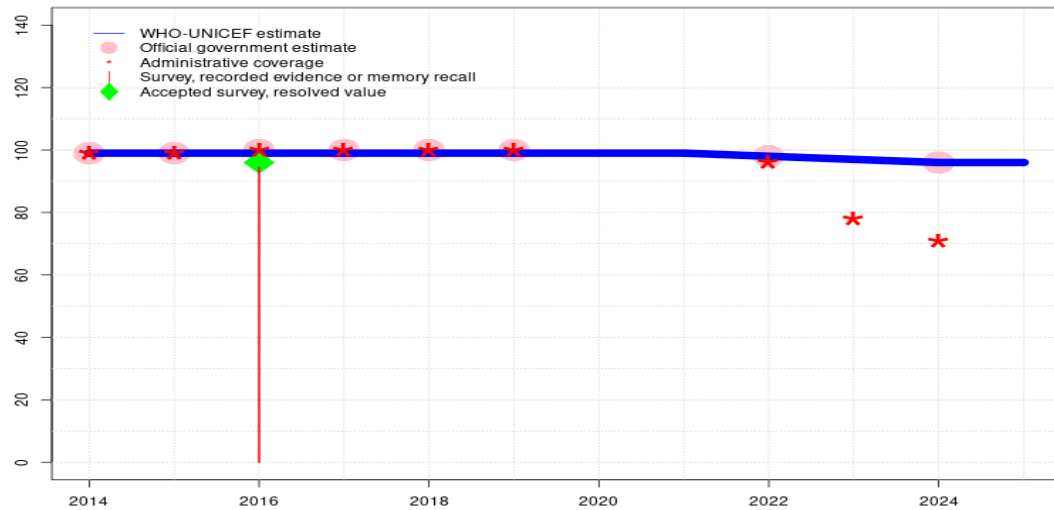
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- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: D-

Morocco - DTP3

MAR - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	98	97	96	96
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●●	●	●	●
Official	99	99	100	100	100	100	-	-	98	-	96	-
Administrative	99	99	100	100	100	100	-	-	96	78	71	-
Survey	-	-	94	-	-	-	-	-	-	-	-	-

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.

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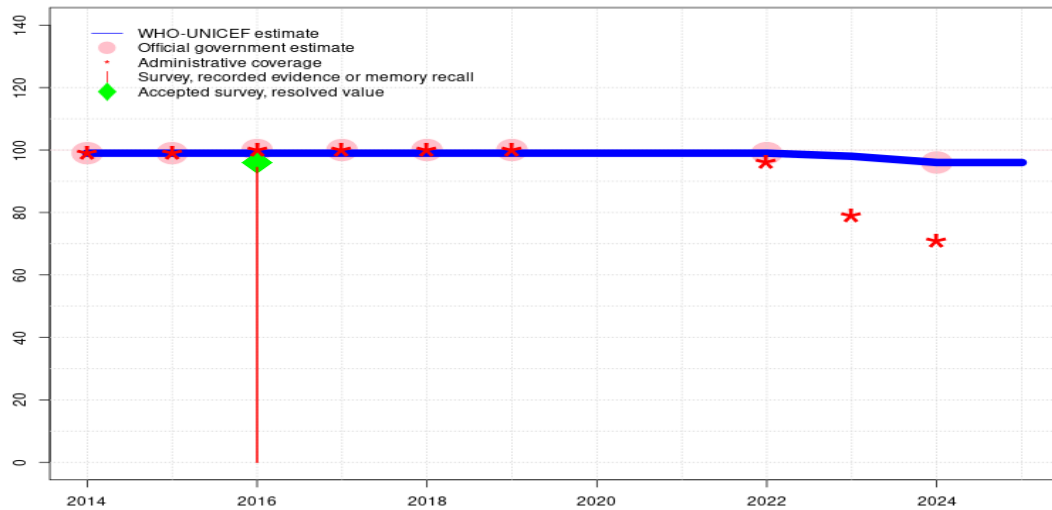
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- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). National Population and Health Survey (ENPSF-2018) record or recall results of 94 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 99 percent and 3rd dose record only coverage of 98 percent. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+

Morocco - HEPB3

MAR - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	98	96	96
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●●	●	●	●
Official	99	99	100	100	100	100	-	-	99	-	96	-
Administrative	99	99	100	100	100	100	-	-	96	79	71	-
Survey	-	-	94	-	-	-	-	-	-	-	-	-

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.

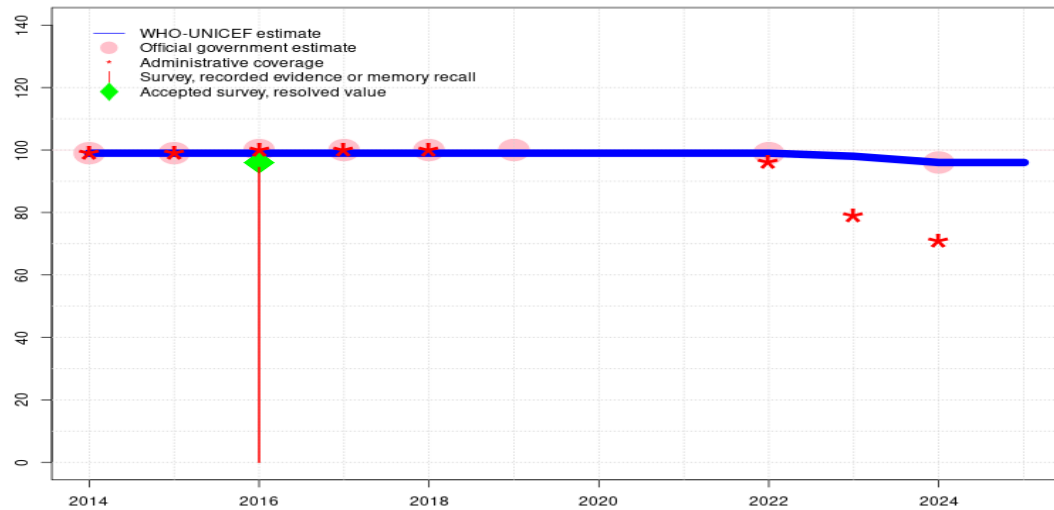
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Official coverage includes vaccines given in the private sector. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Administrative data do not include vaccines given in the private sector. Reported data excluded due to decline in reported coverage from 99 percent to 79 percent with increase to 96 percent. Estimate of 98 percent changed from previous revision value of 97 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). National Population and Health Survey (ENPSF-2018) record or recall results of 94 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 99 percent and 3rd dose record only coverage of 98 percent. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+

Morocco - HIB3

MAR - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	98	96	96
Estimate GoC	●	●	●●	●●	●●	●●	●	●	●●	●	●	●
Official	99	99	100	100	100	100	-	-	99	-	96	-
Administrative	99	99	100	100	100	-	-	-	96	79	71	-
Survey	-	-	94	-	-	-	-	-	-	-	-	-

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.

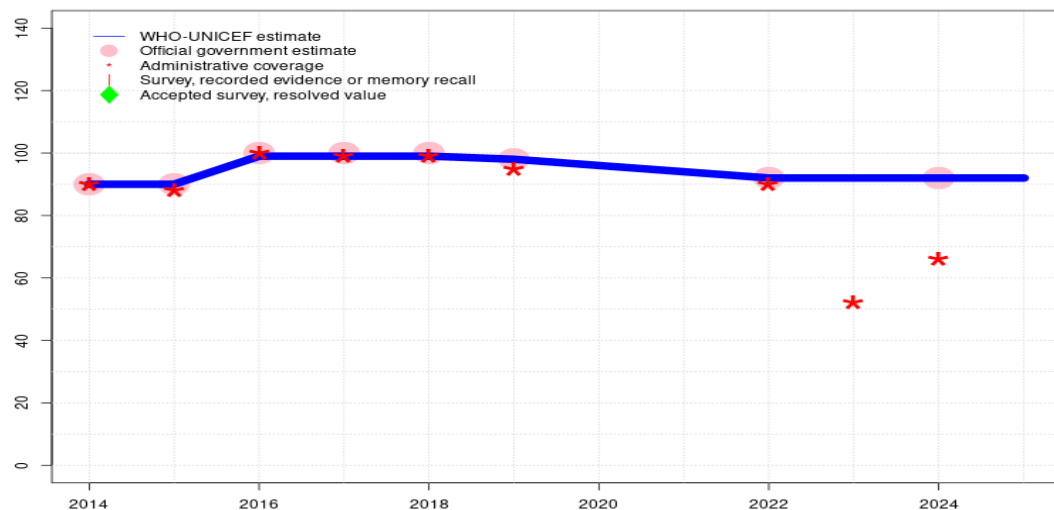
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Official coverage includes vaccines given in the private sector. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Administrative data do not include vaccines given in the private sector. Reported data excluded due to decline in reported coverage from 99 percent to 79 percent with increase to 96 percent. Estimate of 98 percent changed from previous revision value of 97 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). National Population and Health Survey (ENPSF-2018) record or recall results of 94 percent modified for recall bias to 96 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 99 percent and 3rd dose record only coverage of 98 percent. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Reported data calibrated to 2011 and 2016 levels. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2014: Reported data calibrated to 2011 and 2016 levels. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-

Morocco - ROTAC

MAR - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	90	99	99	99	98	96	94	92	92	92	92
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●	●●	●	●	●
Official	90	90	100	100	100	98	-	-	92	-	92	-
Administrative	90	88	100	99	99	95	-	-	90	52	66	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

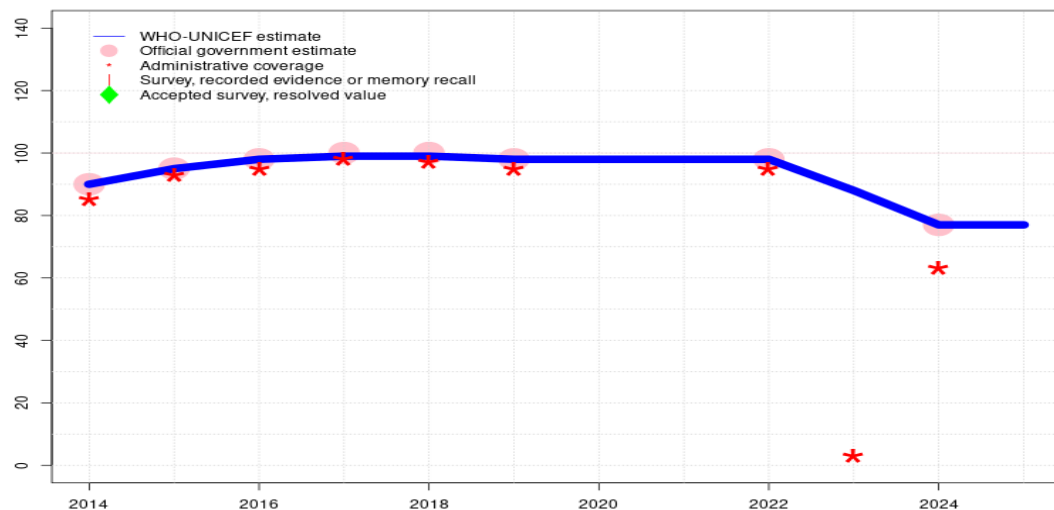
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Official coverage includes vaccines given in the private sector. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Administrative data do not include vaccines given in the private sector. Reported data excluded due to decline in reported coverage from 92 percent to 52 percent with increase to 92 percent. Estimate of 92 percent changed from previous revision value of 93 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate of 92 percent changed from previous revision value of 94 percent. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Estimate of 94 percent changed from previous revision value of 96 percent. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. Estimate of 96 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2016: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

Morocco - PCVC

MAR - PCVC



Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Official coverage includes vaccines given in the private sector. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Administrative data do not include vaccines given in the private sector. Reported data excluded due to decline in reported coverage from 98 percent to 3 percent with increase to 77 percent. In 2023, the schedule changed from three to four doses of PCV. Estimate of 88 percent changed from previous revision value of 81 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate of 98 percent changed from previous revision value of 85 percent. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Estimate of 98 percent changed from previous revision value of 90 percent. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. Estimate of 98 percent changed from previous revision value of 94 percent. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2016: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

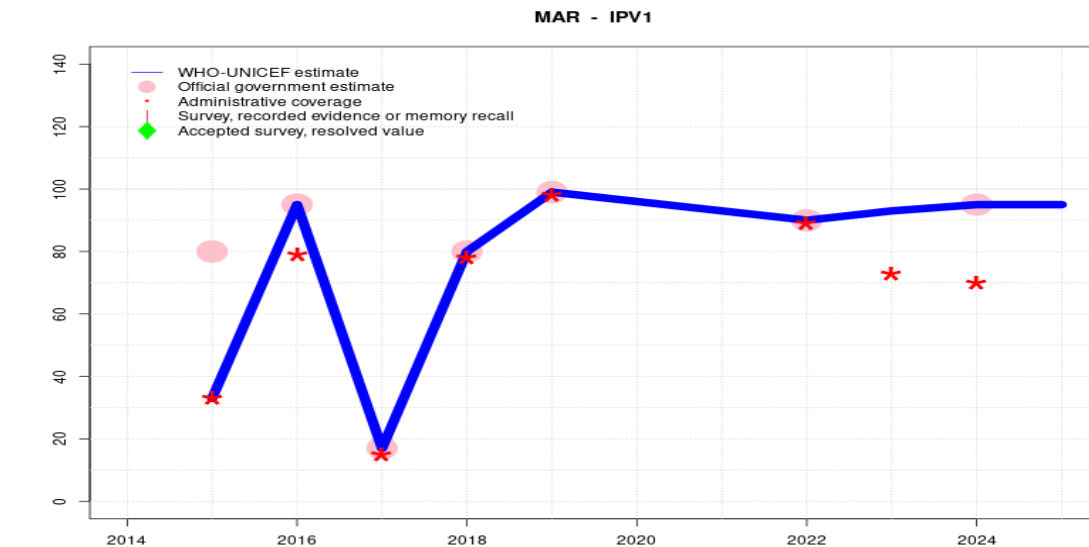
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	95	98	99	99	98	98	98	98	88	77	77
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●	●●	●	●●	●
Official	90	95	98	100	100	98	-	-	98	-	77	-
Administrative	85	93	95	98	97	95	-	-	95	3	63	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Morocco - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	33	95	17	80	99	96	93	90	93	95	95
Estimate GoC	-	••	•	••	••	••	•	•	••	•	•	•
Official	-	80	95	17	80	99	-	-	90	-	95	-
Administrative	-	33	79	15	78	98	-	-	89	73	70	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

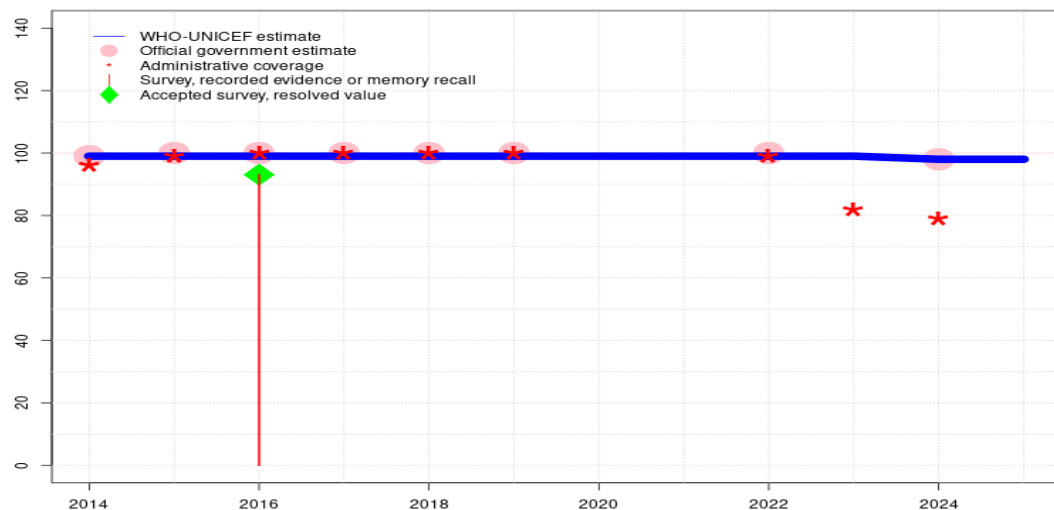
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Official coverage includes vaccines given in the private sector. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Administrative data do not include vaccines given in the private sector. Reported data excluded due to decline in reported coverage from 90 percent to 73 percent with increase to 95 percent. Estimate of 93 percent changed from previous revision value of 96 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate of 90 percent changed from previous revision value of 97 percent. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Estimate of 93 percent changed from previous revision value of 97 percent. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. Estimate of 96 percent changed from previous revision value of 98 percent. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. Programme recovered from 2017 stockout. GoC=R+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. IPV stockouts due to global vaccine shortages. Remaining IPV vaccine from 2016 used in 2017. GoC=R+ D+
- 2016: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. Estimate informed by reported data following introduction. Estimate challenged by: D-
- 2015: Estimate informed by reported administrative data. National reported estimates include estimated number of immunizations provided in the private sector. Inactivated polio vaccine introduced in June 2015. Estimate informed by reported administrative coverage. GoC=R+ D+

Morocco - MCV1

MAR - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	98	98
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●●	●	●	●
Official	99	100	100	100	100	100	-	-	100	-	98	-
Administrative	96	99	100	100	100	100	-	-	99	82	79	-
Survey	-	-	93	-	-	-	-	-	-	-	-	-

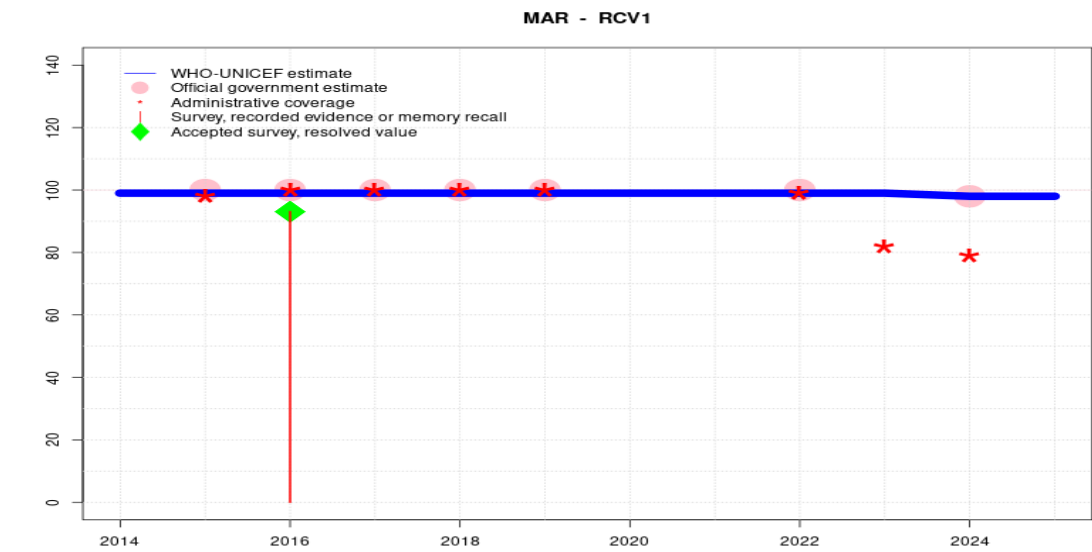
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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 extrapolation from reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Official coverage includes vaccines given in the private sector. Estimate challenged by: D-
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Administrative data do not include vaccines given in the private sector. Reported data excluded due to decline in reported coverage from 100 percent to 82 percent with increase to 98 percent. Estimate of 99 percent changed from previous revision value of 98 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	98	98
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●	●	●	●●	●	●	●
Official	-	100	100	100	100	100	-	-	100	-	98	-
Administrative	-	98	100	100	100	100	-	-	99	82	79	-
Survey	-	-	93	-	-	-	-	-	-	-	-	-

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.

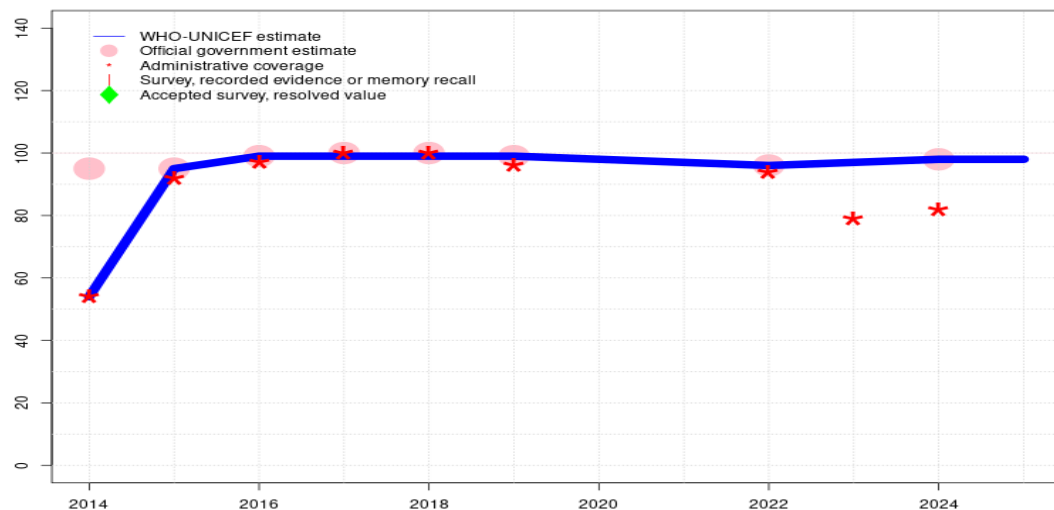
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Estimate based on estimated MCV1. Official coverage includes vaccines given in the private sector. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Reported data excluded. Administrative data do not include vaccines given in the private sector. Reported data excluded due to decline in reported coverage from 100 percent to 82 percent with increase to 98 percent. Estimate of 99 percent changed from previous revision value of 98 percent. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=No accepted empirical data
- 2020: Estimate based on estimated MCV1. GoC=No accepted empirical data
- 2019: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate based on estimated MCV1. Rubella containing vaccine re-introduced in combination with the first dose of MCV during 2014. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+

Morocco - MCV2

MAR - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	54	95	99	99	99	99	98	97	96	97	98	98
Estimate GoC	••	••	••	••	••	••	•	•	••	•	••	•
Official	95	95	99	100	100	99	-	-	96	-	98	-
Administrative	54	92	97	100	100	96	-	-	94	79	82	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF are aware of the ongoing 2025-2026 MICS survey and await final results. GoC=No accepted empirical data
- 2024: Estimate informed by reported data. Official coverage includes vaccines given in the private sector. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Administrative data do not include vaccines given in the private sector. Reported data excluded due to decline in reported coverage from 96 percent to 79 percent with increase to 98 percent. Estimate of 97 percent changed from previous revision value of 98 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate of 96 percent changed from previous revision value of 98 percent. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Estimate of 97 percent changed from previous revision value of 99 percent. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. Estimate of 98 percent changed from previous revision value of 99 percent. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2016: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. Reported coverage reflects children reached following re-introduction of MCV2 during 2014. GoC=R+ D+
- 2014: Estimate informed by reported administrative data. National reported estimates include estimated number of immunizations provided in the private sector. No explanation for adjustment from administrative coverage. Measles second dose re-introduced in April 2014. GoC=R+ D+

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

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

2016 Enquête Nationale sur la Population et la Santé Familiale (ENPSF) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	99.8	12-23 m	1004	87
BCG	Record or Recall	98.8	12-23 m	1158	87
DTP1	Record	99.3	12-23 m	1004	87
DTP1	Record or Recall	97.3	12-23 m	1158	87
DTP3	Record	97.6	12-23 m	1004	87
DTP3	Record or Recall	94.4	12-23 m	1158	87
HEPB1	Record	99.3	12-23 m	1004	87
HEPB1	Record or Recall	97.3	12-23 m	1158	87
HEPB3	Record	97.6	12-23 m	1004	87
HEPB3	Record or Recall	94.4	12-23 m	1158	87
HIB1	Record	99.3	12-23 m	1004	87
HIB1	Record or Recall	97.3	12-23 m	1158	87
HIB3	Record	97.6	12-23 m	1004	87
HIB3	Record or Recall	94.4	12-23 m	1158	87
MCV1	Record	95.6	12-23 m	1004	87
MCV1	Record or Recall	93.1	12-23 m	1158	87

RCV1	Record	95.6	12-23 m	1004	87
RCV1	Record or Recall	93.1	12-23 m	1158	87

2010 Enquête Nationale sur la Population et la Santé Familiale (ENPSF) 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	98.5	12-23 m	-	86
DTP1	Record or Recall	97.6	12-23 m	-	86
DTP3	Record or Recall	95.2	12-23 m	-	86
MCV1	Record or Recall	89.3	12-23 m	-	86

2002 L’Enquête Nationale sur la Population et la Santé Familiale du Maroc 2003-2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	20.1	12-23 m	1130	78
BCG	Record	78.3	12-23 m	1130	78
BCG	Record or Recall	98.4	12-23 m	1130	78
BCG	Record or Recall<12m	97.8	12-23 m	1130	78
DTP1	Recall	20.1	12-23 m	1130	78
DTP1	Record	77.5	12-23 m	1130	78
DTP1	Record or Recall	97.5	12-23 m	1130	78
DTP1	Record or Recall<12m	97	12-23 m	1130	78
DTP3	Recall	19.3	12-23 m	1130	78
DTP3	Record	75.4	12-23 m	1130	78
DTP3	Record or Recall	94.8	12-23 m	1130	78
DTP3	Record or Recall<12m	93.1	12-23 m	1130	78
MCV1	Recall	18.8	12-23 m	1130	78
MCV1	Record	71.6	12-23 m	1130	78
MCV1	Record or Recall	90.4	12-23 m	1130	78
MCV1	Record or Recall<12m	84.7	12-23 m	1130	78

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