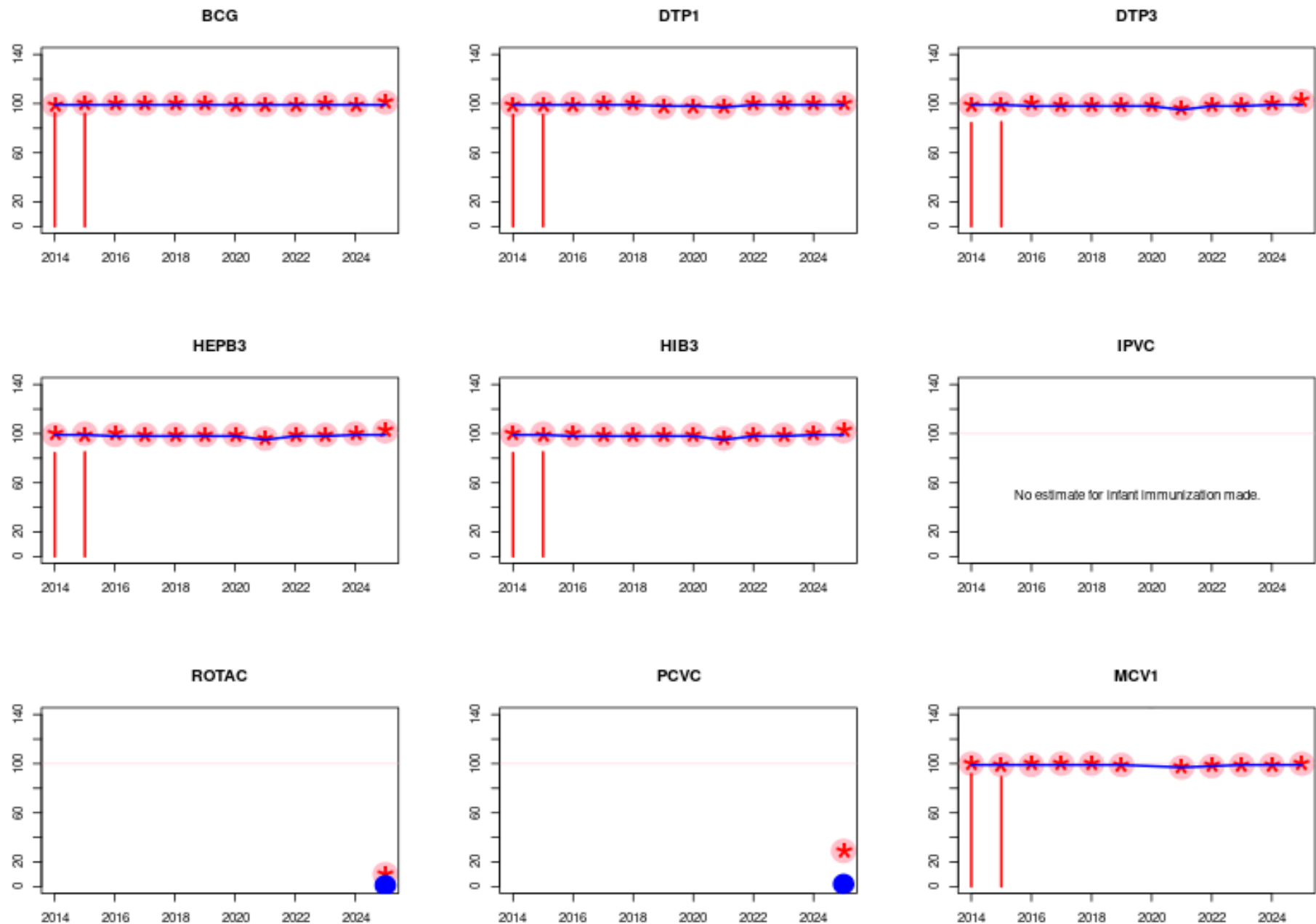




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

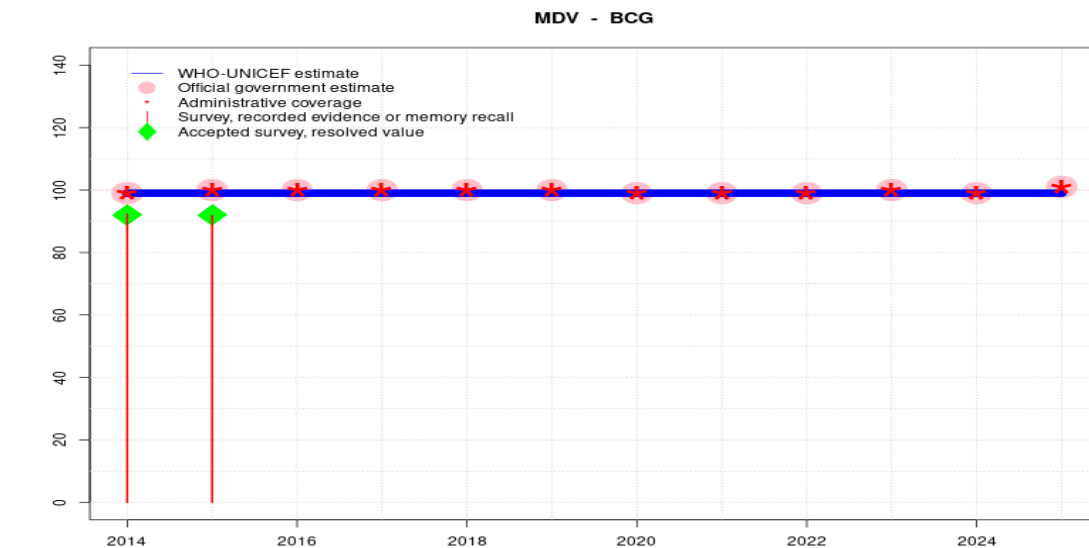
PCVC: percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine according to the national immunization schedule (e.g., second or third dose).

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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Maldives - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	99	100	100	100	100	100	99	99	99	100	99	101
Administrative	99	100	100	100	100	100	99	99	99	100	99	101
Survey	92	92	-	-	-	-	-	-	-	-	-	-

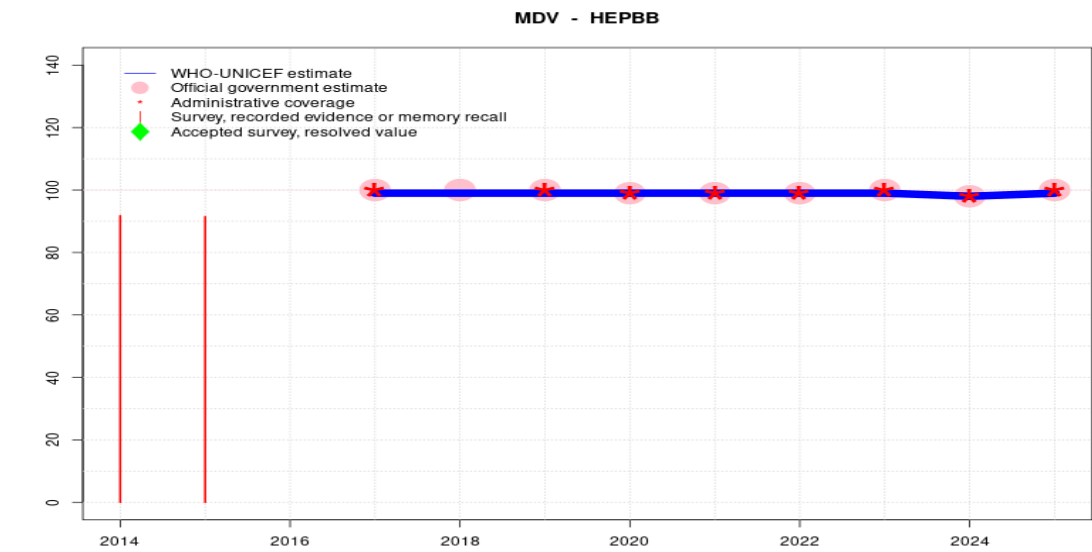
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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. Reported data excluded because 101 percent greater than 100 percent. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reported a one month vaccine stockout at national level. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+



Description:

2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+

2024: Estimate informed by reported data. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+

2017: Estimate informed by reported data. Prior to 2017, delivery within 24 hours was not confirmed. GoC=R+ D+

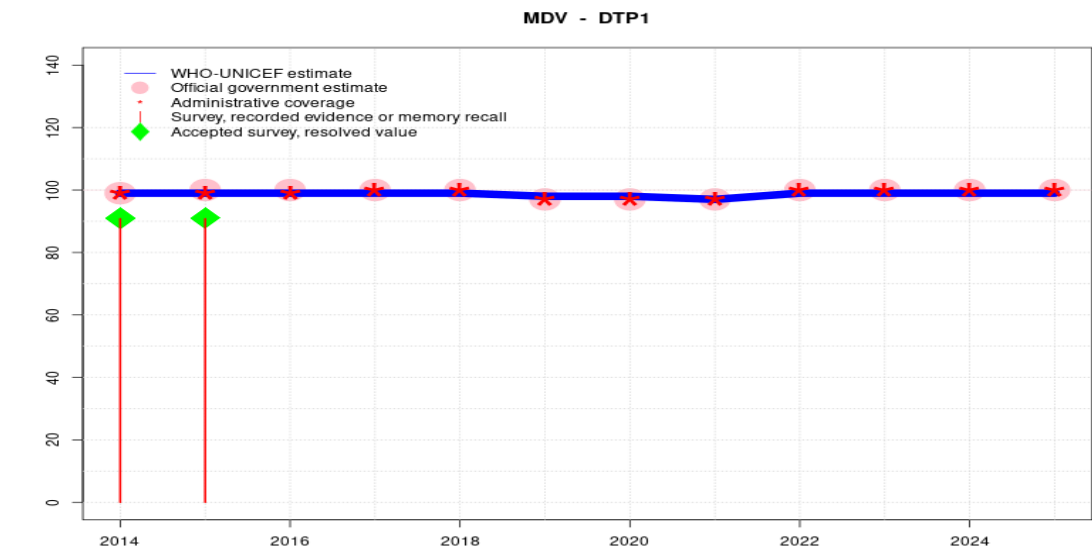
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	99	99	99	99	99	99	99	98	99
Estimate GoC	-	-	-	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	-	-	-	100	100	100	99	99	99	100	98	100
Administrative	-	-	-	100	-	100	99	99	99	100	98	100
Survey	92	92	-	-	-	-	-	-	-	-	-	-

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.

Maldives - DTP1



Description:

2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+

2024: Estimate informed by reported data. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate based on DTP3 coverage of 98. Estimate challenged by: R-

2019: Estimate based on DTP3 coverage of 98. Estimate challenged by: R-

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. GoC=R+ S+ D+

2016: Estimate informed by reported data. GoC=R+ S+ D+

2015: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). GoC=R+ S+ D+

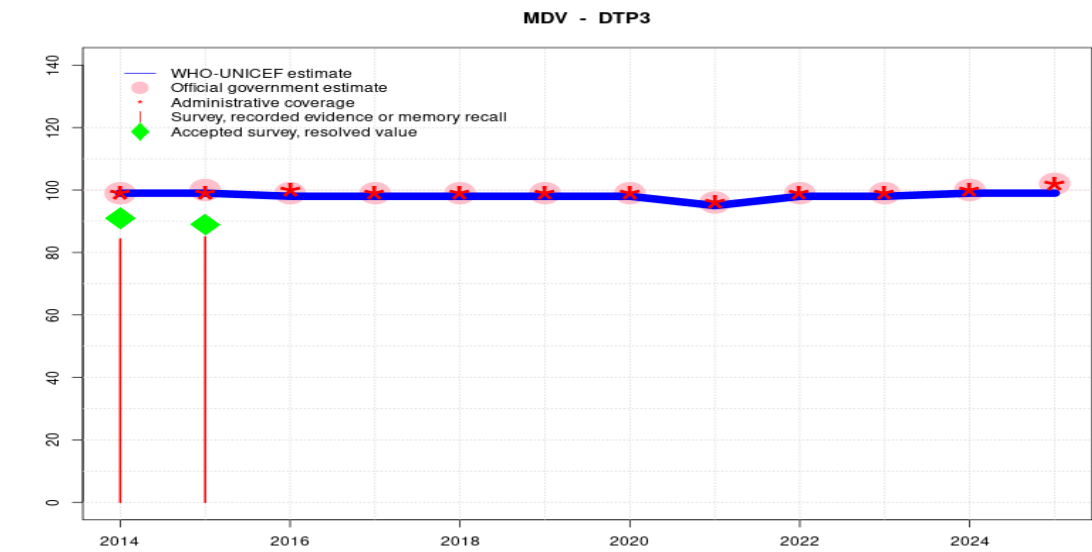
2014: Estimate informed by estimated DTP3 coverage adjusted for dropout. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	98	98	97	99	99	99	99
Estimate GoC	●	●●●	●●●	●●●	●●	●	●	●●	●●	●●	●●	●●
Official	99	100	100	100	100	97	97	97	100	100	100	100
Administrative	99	99	99	100	100	97	97	97	100	100	100	100
Survey	91	91	-	-	-	-	-	-	-	-	-	-

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

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

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



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	98	98	98	98	98	95	98	98	99	99
Estimate GoC	●●●	●	●	●	●	●	●	●	●	●	●	●
Official	99	100	99	99	99	99	99	96	99	99	100	102
Administrative	99	99	100	99	99	99	99	96	99	99	100	102
Survey	84	85	-	-	-	-	-	-	-	-	-	-

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.

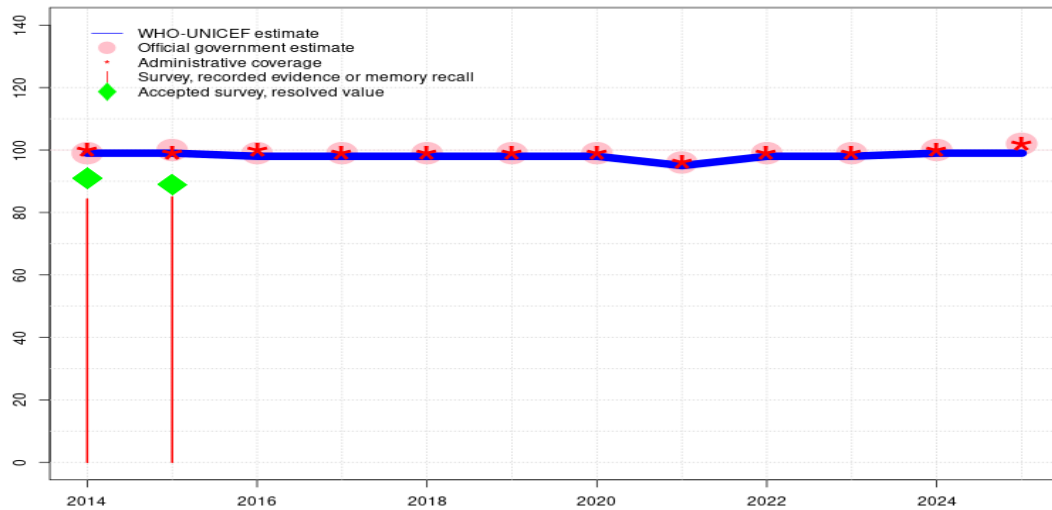
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2015 levels. Reported data excluded because 102 percent greater than 100 percent. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: R-
- 2024: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2015: Estimate of 99 percent assigned by working group.Consistent with other antigens. Maldives Demographic and Health Survey 2016-2017 record or recall results of 85 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 80 percent and 3rd dose record only coverage of 78 percent. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Maldives Demographic and Health Survey 2016-2017 record or recall results of 84 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 75 percent. GoC=R+ S+ D+

Maldives - HEPB3

MDV - HEPB3



Description:

- 2025: Reported data calibrated to 2015 levels. Reported data excluded because 102 percent greater than 100 percent. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: R-
- 2024: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2015: Estimate of 99 percent assigned by working group. Consistent with other antigens. Maldives Demographic and Health Survey 2016-2017 record or recall results of 85 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 80 percent and 3rd dose record only coverage of 78 percent. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Maldives Demographic and Health Survey 2016-2017 record or recall results of 84 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 75 percent. GoC=R+ S+ D+

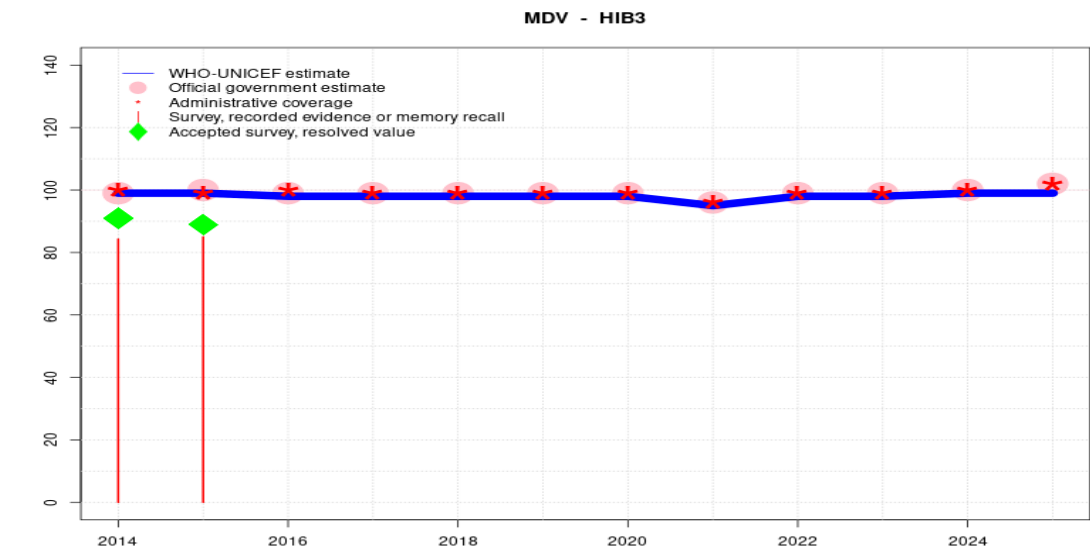
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	98	98	98	98	98	95	98	98	99	99
Estimate GoC	●●●	●	●	●	●	●	●	●	●	●	●	●
Official	99	100	99	99	99	99	99	96	99	99	100	102
Administrative	100	99	100	99	99	99	99	96	99	99	100	102
Survey	84	85	-	-	-	-	-	-	-	-	-	-

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.

Maldives - Hib3



Description:

- 2025: Reported data calibrated to 2015 levels. Reported data excluded because 102 percent greater than 100 percent. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: R-
- 2024: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2022: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 levels. Estimate challenged by: R-
- 2015: Estimate of 99 percent assigned by working group. Consistent with other antigens. Maldives Demographic and Health Survey 2016-2017 record or recall results of 85 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 80 percent and 3rd dose record only coverage of 78 percent. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Maldives Demographic and Health Survey 2016-2017 record or recall results of 84 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 75 percent. GoC=R+ S+ D+

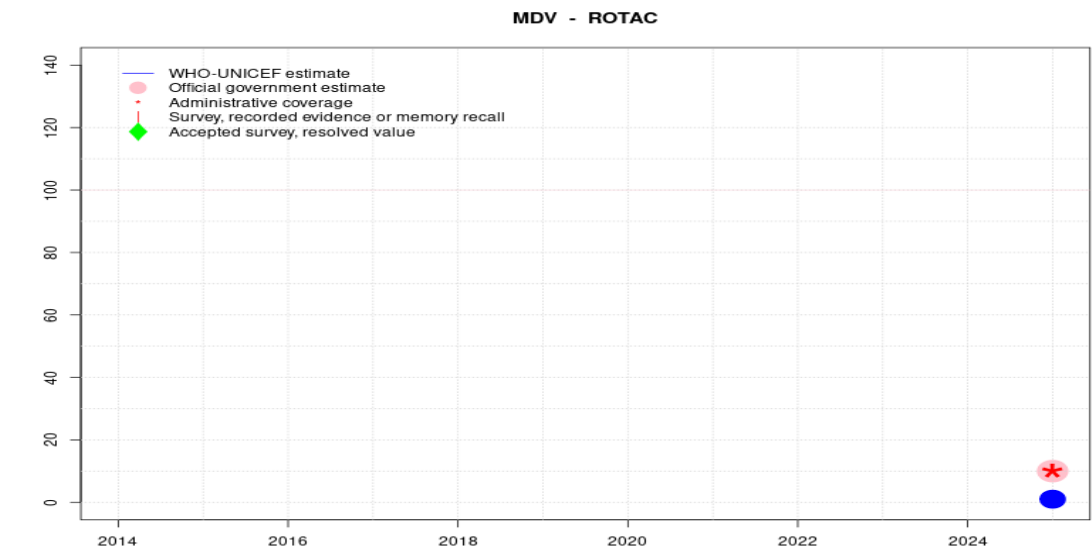
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	98	98	98	98	98	95	98	98	99	99
Estimate GoC	●●●	●	●	●	●	●	●	●	●	●	●	●
Official	99	100	99	99	99	99	99	96	99	99	100	102
Administrative	100	99	100	99	99	99	99	96	99	99	100	102
Survey	84	85	-	-	-	-	-	-	-	-	-	-

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.

Maldives - ROTAC



Description:

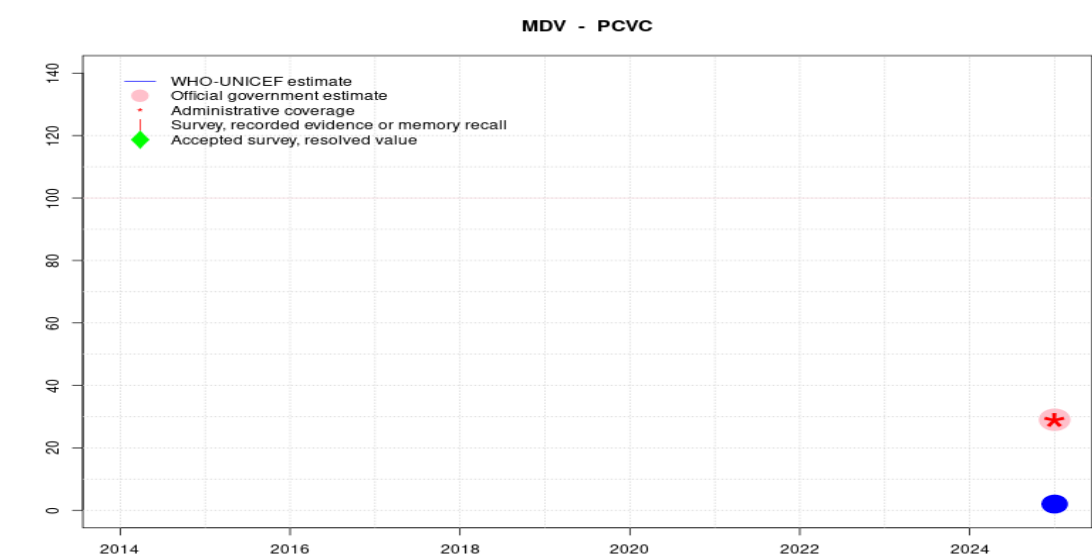
2025: Rotavirus vaccine introduced in 2025. Programme reports 10 percent coverage achieved in 6 percent of target population. Estimate informed by coverage achieved in total annual national target population. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	1
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	10
Administrative	-	-	-	-	-	-	-	-	-	-	-	10
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: PCV introduced in 2025. Programme reports 29 percent coverage achieved in 7 percent of target population. Estimate informed by coverage achieved in total annual national target population. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	2
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	29
Administrative	-	-	-	-	-	-	-	-	-	-	-	29
Survey	-	-	-	-	-	-	-	-	-	-	-	-

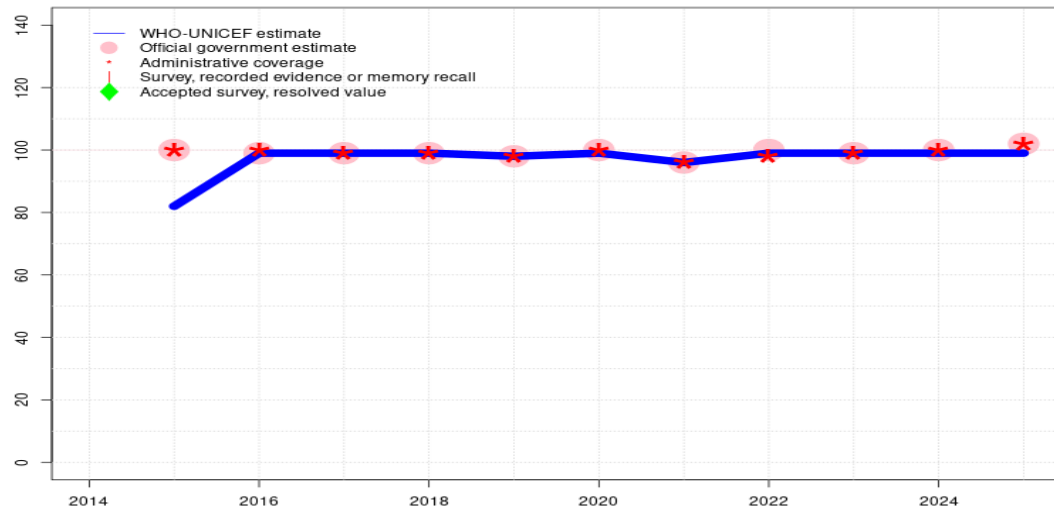
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Maldives - IPV1

MDV - IPV1



Description:

2025: Estimate informed by extrapolation from reported data. Reported data excluded because 102 percent greater than 100 percent. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+

2024: Estimate informed by reported data. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. GoC=R+ D+

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. GoC=R+ D+

2015: Inactivated polio vaccine introduced in March 2015. Programme reports 99 percent coverage in 82 percent of national birth cohort. Estimate reflects coverage achieved in the annual national target population. Estimate challenged by: R-

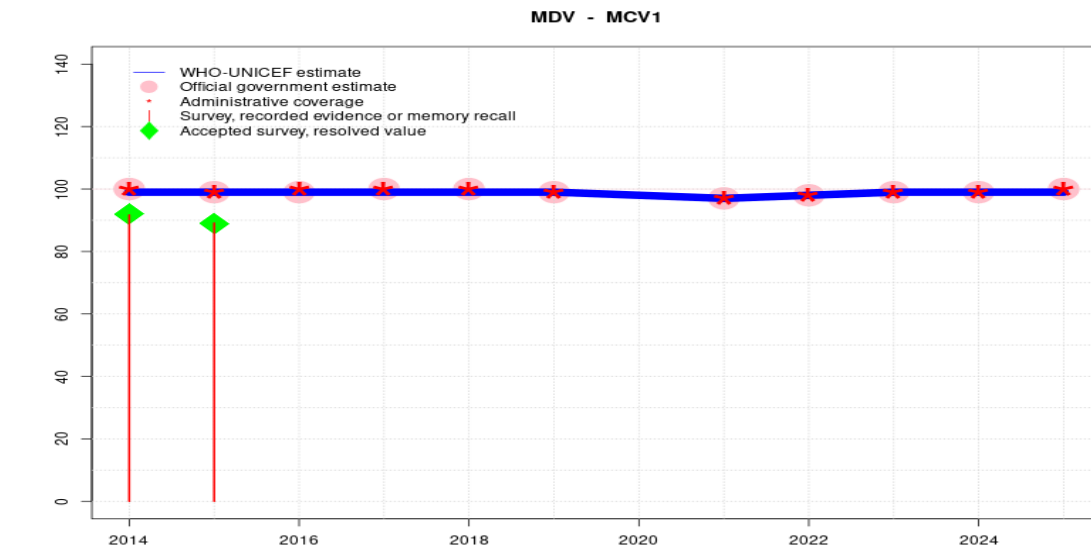
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	82	99	99	99	98	99	96	99	99	99	99
Estimate GoC	-	●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	-	100	99	99	99	98	100	96	100	99	100	102
Administrative	-	100	100	99	99	98	100	96	98	99	100	102
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Maldives - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	98	97	98	99	99	99
Estimate GoC	•	•••	•••	•	••	••	•	••	••	••	••	••
Official	100	99	99	100	100	99	155	97	98	99	99	100
Administrative	100	99	100	100	100	99	155	97	98	99	99	100
Survey	92	89	-	-	-	-	-	-	-	-	-	-

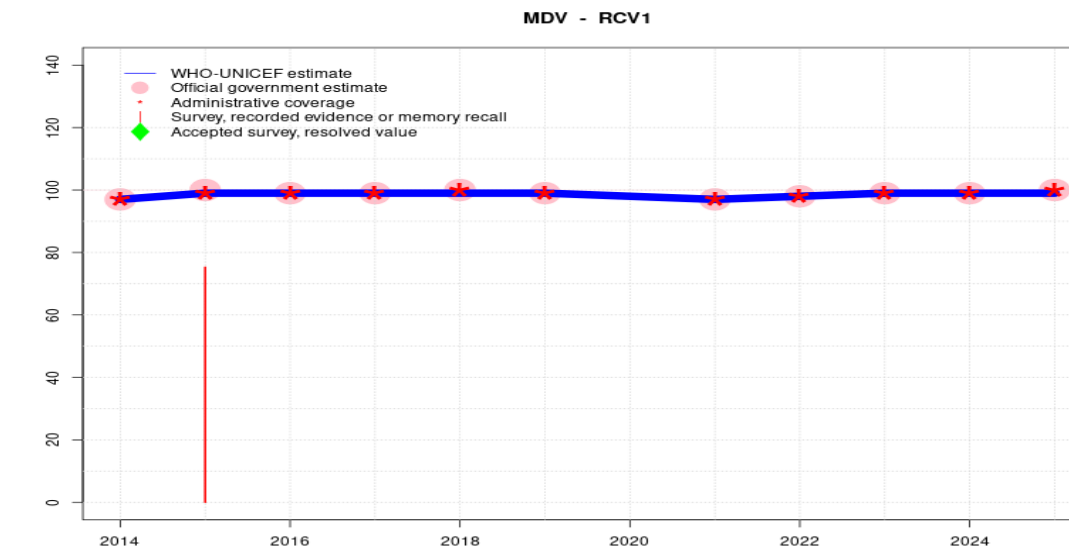
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by interpolation between reported data. Reported data excluded because 155 percent greater than 100 percent. Reported data excluded due to an increase from 99 percent to 155 percent with decrease to 97 percent. Reported doses likely include MR vaccination to children over the target age group as part of outbreak response activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: S-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 89 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). Estimate challenged by: S-



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	99	99	99	99	99	98	97	98	99	99	99
Estimate GoC	●●	●●	●●	●	●●	●●	●	●●	●●	●●	●●	●●
Official	97	100	99	99	100	99	155	97	98	99	99	100
Administrative	97	99	99	99	100	99	155	97	98	99	99	100
Survey	-	75	-	-	-	-	-	-	-	-	-	-

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

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

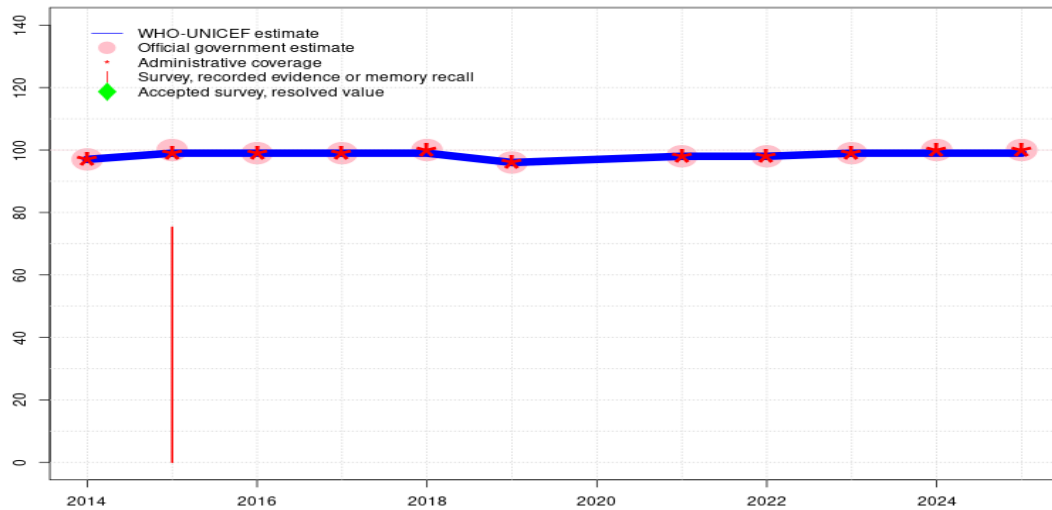
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. Reported data excluded because 155 percent greater than 100 percent. Reported data excluded due to an increase from 99 percent to 155 percent with decrease to 97 percent. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. First dose of rubella containing vaccine administered with first dose of measles containing vaccine since April 2017. Estimate challenged by: S-
- 2016: Estimate based on estimated MCV2. GoC=R+ D+
- 2015: Estimate based on estimated MCV2. Maldives Demographic and Health Survey 2016-2017 results ignored by working group. Rubella containing vaccine is delivered with MCV2. Survey results not consistent with other evidence suggesting that number of administered MCV2 doses are similar to levels for MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV2. GoC=R+ D+

Maldives - MCV2

MDV - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	99	99	99	99	96	97	98	98	99	99	99
Estimate GoC	●●	●●	●●	●●	●●	●	●	●●	●●	●●	●●	●●
Official	97	100	99	99	100	96	156	98	98	99	100	100
Administrative	97	99	99	99	100	96	156	98	98	99	100	100
Survey	-	75	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate informed by reported data. No nationally representative independent assessment for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality independent assessment to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by interpolation between reported data. Reported data excluded because 156 percent greater than 100 percent. Reported data excluded due to an increase from 96 percent to 156 percent with decrease to 98 percent. Reported doses likely include MR vaccination to children over the target age group as part of outbreak response activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. Maldives Demographic and Health Survey 2016-2017 results ignored by working group. Survey results are not consistent with other evidence suggesting that number of administered MCV2 doses are similar to that for MCV1. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Maldives - Survey Details

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

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

2015 Maldives Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	11.2	12-23 m	100	81
BCG	Record	80.5	12-23 m	418	81
BCG	Record or Recall	91.8	12-23 m	518	81
BCG	Record or Recall<12m	91.6	12-23 m	518	81
DTP1	Recall	10.8	12-23 m	100	81
DTP1	Record	79.9	12-23 m	418	81
DTP1	Record or Recall	90.8	12-23 m	518	81
DTP1	Record or Recall<12m	90.8	12-23 m	518	81
DTP3	Recall	6.6	12-23 m	100	81
DTP3	Record	78.4	12-23 m	418	81
DTP3	Record or Recall	85	12-23 m	518	81
DTP3	Record or Recall<12m	85	12-23 m	518	81
HEPB1	Recall	10.8	12-23 m	100	81
HEPB1	Record	79.9	12-23 m	418	81
HEPB1	Record or Recall	90.8	12-23 m	518	81
HEPB1	Record or Recall<12m	90.8	12-23 m	518	81
HEPB3	Recall	6.6	12-23 m	100	81
HEPB3	Record	78.4	12-23 m	418	81
HEPB3	Record or Recall	85	12-23 m	518	81

HEPB3	Record or Recall<12m	85	12-23 m	518	81
HEPBB	Recall	11.2	12-23 m	100	81
HEPBB	Record	80.2	12-23 m	418	81
HEPBB	Record or Recall	91.5	12-23 m	518	81
HEPBB	Record or Recall<12m	91.3	12-23 m	518	81
HIB1	Recall	10.8	12-23 m	100	81
HIB1	Record	79.9	12-23 m	418	81
HIB1	Record or Recall	90.8	12-23 m	518	81
HIB1	Record or Recall<12m	90.8	12-23 m	518	81
HIB3	Recall	6.6	12-23 m	100	81
HIB3	Record	78.4	12-23 m	418	81
HIB3	Record or Recall	85	12-23 m	518	81
HIB3	Record or Recall<12m	85	12-23 m	518	81
MCV1	Recall	9.8	12-23 m	100	81
MCV1	Record	79.3	12-23 m	418	81
MCV1	Record or Recall	89.1	12-23 m	518	81
MCV1	Record or Recall<12m	88.8	12-23 m	518	81
MCV2	Recall	3.9	24-35 m	118	-
MCV2	Record	71.5	24-35 m	393	-
MCV2	Record or Recall	75.3	24-35 m	512	-
MCV2	Record or Recall<24m	74.4	24-35 m	512	-
RCV1	Recall	3.9	24-35 m	118	-
RCV1	Record	71.5	24-35 m	393	-
RCV1	Record or Recall	75.3	24-35 m	512	-
RCV1	Record or Recall<24m	74.4	24-35 m	512	-

2014 Maldives Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	16	24-35 m	118	-
BCG	Record	76.3	24-35 m	393	-
BCG	Record or Recall	92.3	24-35 m	512	-
BCG	Record or Recall<12m	92.1	24-35 m	512	-
DTP1	Recall	15.3	24-35 m	118	-
DTP1	Record	75.4	24-35 m	393	-
DTP1	Record or Recall	90.8	24-35 m	512	-
DTP1	Record or Recall<12m	90.2	24-35 m	512	-
DTP3	Recall	9.8	24-35 m	118	-
DTP3	Record	74.5	24-35 m	393	-

DTP3	Record or Recall	84.3	24-35 m	512	-
DTP3	Record or Recall<12m	83.3	24-35 m	512	-
HEPB1	Recall	15.3	24-35 m	118	-
HEPB1	Record	75.4	24-35 m	393	-
HEPB1	Record or Recall	90.8	24-35 m	512	-
HEPB1	Record or Recall<12m	90.2	24-35 m	512	-
HEPB3	Recall	9.8	24-35 m	118	-
HEPB3	Record	74.5	24-35 m	393	-
HEPB3	Record or Recall	84.3	24-35 m	512	-
HEPB3	Record or Recall<12m	83.3	24-35 m	512	-
HEPBB	Recall	15.9	24-35 m	118	-
HEPBB	Record	75.9	24-35 m	393	-
HEPBB	Record or Recall	91.8	24-35 m	512	-
HEPBB	Record or Recall<12m	91.5	24-35 m	512	-
HIB1	Recall	15.3	24-35 m	118	-
HIB1	Record	75.4	24-35 m	393	-
HIB1	Record or Recall	90.8	24-35 m	512	-
HIB1	Record or Recall<12m	90.2	24-35 m	512	-
HIB3	Recall	9.8	24-35 m	118	-
HIB3	Record	74.5	24-35 m	393	-
HIB3	Record or Recall	84.3	24-35 m	512	-
HIB3	Record or Recall<12m	83.3	24-35 m	512	-
MCV1	Recall	14.8	24-35 m	118	-
MCV1	Record	76.9	24-35 m	393	-
MCV1	Record or Recall	91.7	24-35 m	512	-
MCV1	Record or Recall<12m	88.3	24-35 m	512	-

2008 Maldives Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	10.3	12-23 m	822	89
BCG	Record	89	12-23 m	822	89
BCG	Record or Recall	99.4	12-23 m	822	89

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

BCG	Record or Recall<12m	99.2	12-23 m	822	89
DTP1	Recall	9.8	12-23 m	822	89
DTP1	Record	89	12-23 m	822	89
DTP1	Record or Recall	98.8	12-23 m	822	89
DTP1	Record or Recall<12m	98.7	12-23 m	822	89
DTP3	Recall	9.2	12-23 m	822	89
DTP3	Record	88.6	12-23 m	822	89
DTP3	Record or Recall	97.9	12-23 m	822	89
DTP3	Record or Recall<12m	96.2	12-23 m	822	89
HEPB1	Recall	10	12-23 m	822	89
HEPB1	Record	89	12-23 m	822	89
HEPB1	Record or Recall	99	12-23 m	822	89
HEPB1	Record or Recall<12m	98.7	12-23 m	822	89
HEPB3	Recall	8.9	12-23 m	822	89
HEPB3	Record	88.1	12-23 m	822	89
HEPB3	Record or Recall	96.9	12-23 m	822	89
HEPB3	Record or Recall<12m	91.9	12-23 m	822	89
MCV1	Recall	8.7	12-23 m	822	89
MCV1	Record	85.9	12-23 m	822	89
MCV1	Record or Recall	94.5	12-23 m	822	89
MCV1	Record or Recall<12m	91.3	12-23 m	822	89

2000 Maldives Multiple Indicator Cluster Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	95.6	12-23 m	158	-
DTP1	Record or Recall	95.6	12-23 m	158	-
DTP3	Record or Recall	90.5	12-23 m	158	-
HEPB1	Record or Recall	94.9	12-23 m	158	-
HEPB3	Record or Recall	93	12-23 m	158	-
MCV1	Record or Recall	92.4	12-23 m	158	-