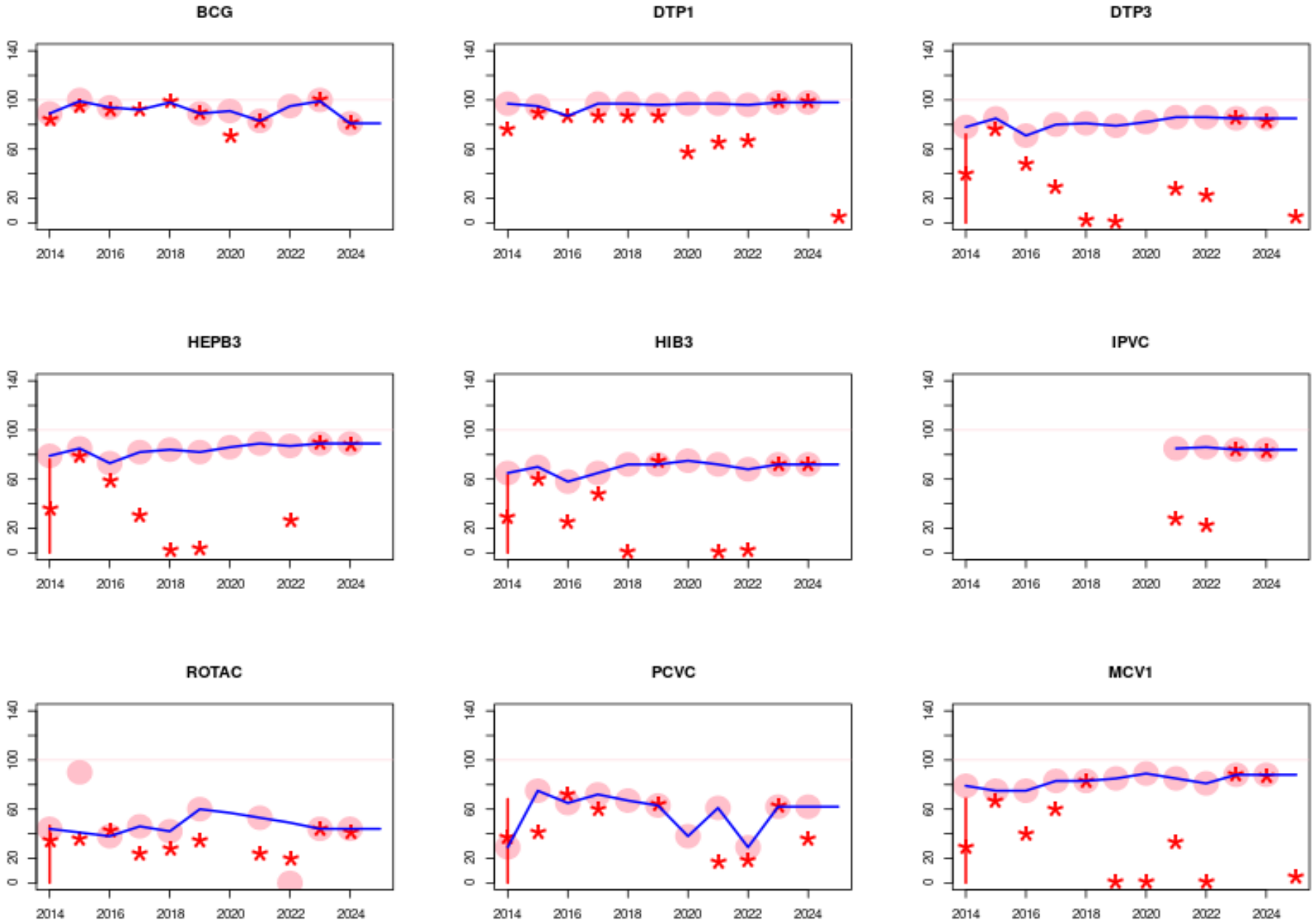

BCG
DTP1
DTP3
HEPB3
HIB3
IPVC
ROTAC
PCVC
MCV1
0
20
60
100
140
2014
2016
2018
2020
2022
2024

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.

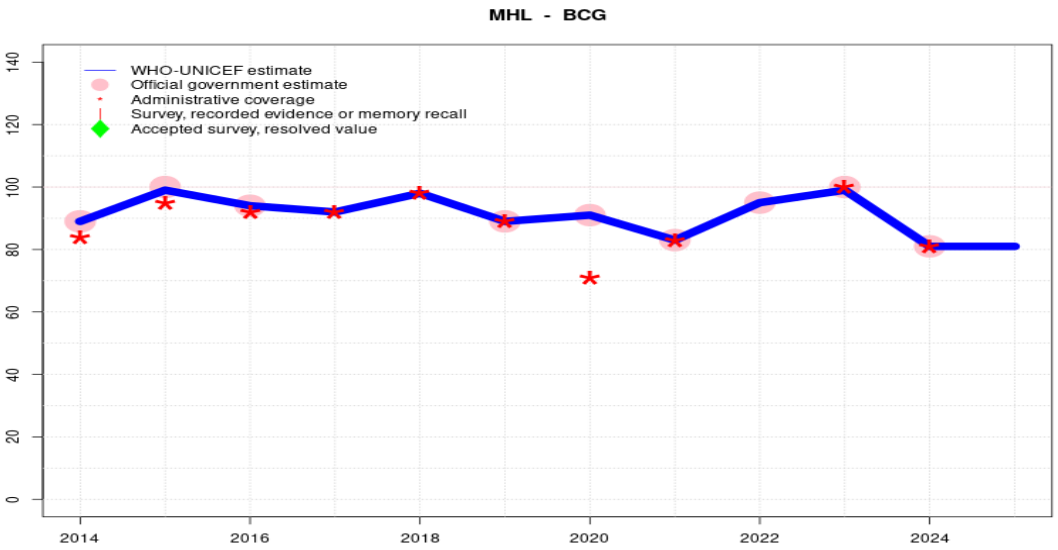
ROTAC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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.

Marshall Islands - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	89	99	94	92	98	89	91	83	95	99	81	81
Estimate GoC	●●	●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	89	100	94	-	-	89	91	83	95	100	81	-
Administrative	84	95	92	92	98	89	71	83	-	100	81	-
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. 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. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data

2024: Estimate informed by reported data. Programme reported a one-month vaccine stock-out at the national level. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2018: Estimate informed by reported administrative data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

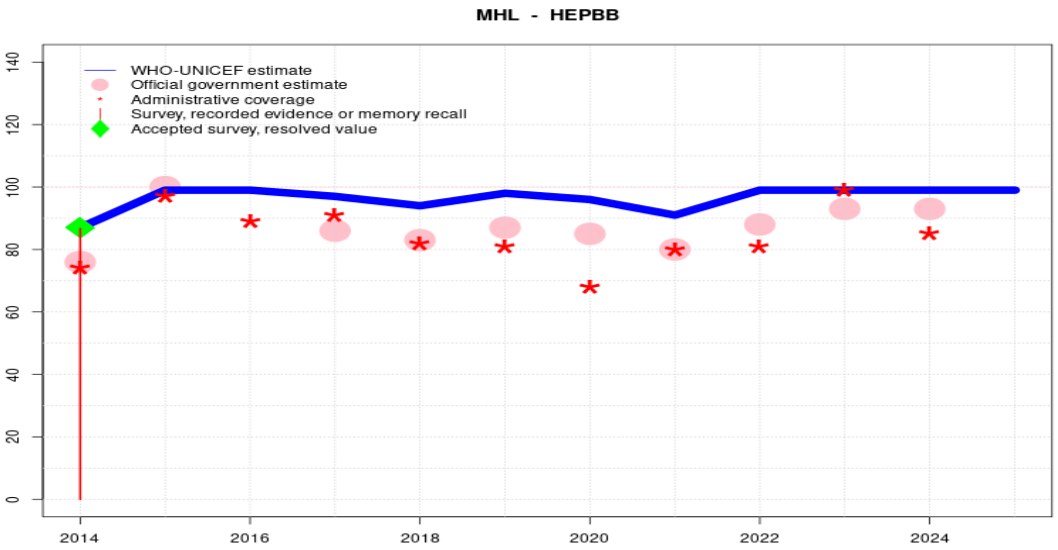
2017: Estimate informed by reported administrative data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

Marshall Islands - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	87	99	99	97	94	98	96	91	99	99	99	99
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	76	100	-	86	83	87	85	80	88	93	93	-
Administrative	74	97	89	91	82	81	68	80	81	99	85	-
Survey	87	-	-	-	-	-	-	-	-	-	-	-

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

2025: Reported data calibrated to 2014 levels. 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. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data

2024: Reported data calibrated to 2014 levels. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-

2023: Reported data calibrated to 2014 levels. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: R-

2022: Reported data calibrated to 2014 levels. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: R-

2021: Reported data calibrated to 2014 levels. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-

2020: Reported data calibrated to 2014 levels. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: R-

2019: Reported data calibrated to 2014 levels. Programme reports national and subnational vaccine supply disruption. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-

2018: Reported data calibrated to 2014 levels. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-

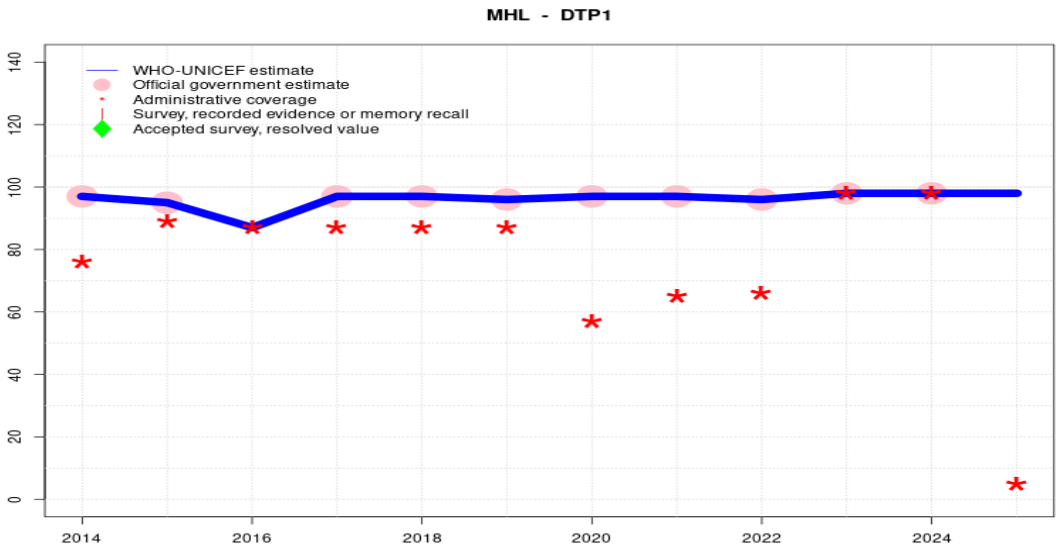
2017: Reported data calibrated to 2014 levels. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-

2016: Reported data calibrated to 2014 levels. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-S-

2015: Reported data calibrated to 2014 levels. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-S-

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 87 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-R-

Marshall Islands - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	95	87	97	97	96	97	97	96	98	98	98
Estimate GoC	•	•	••	•	•	••	•	•	•	•	•	•
Official	97	95	-	97	97	96	97	97	96	98	98	-
Administrative	76	89	87	87	87	87	57	65	66	98	98	5
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. Reported data excluded. Official coverage not reported. 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. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

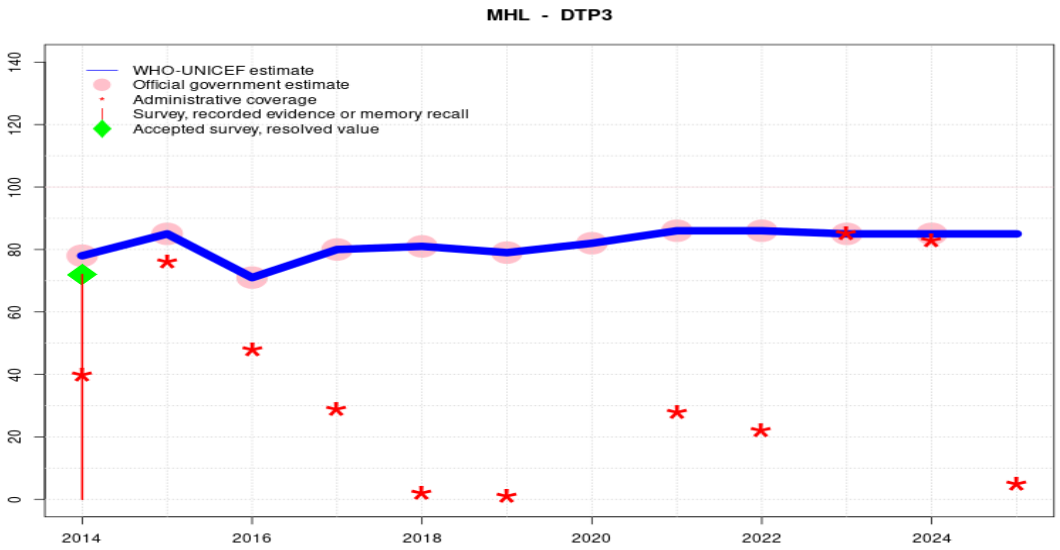
2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2015: Estimate informed by reported data. Programme reports two months national level stockout of DTP-IPV-Hib. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	78	85	71	80	81	79	82	86	86	85	85	85
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	78	85	71	80	81	79	82	86	86	85	85	-
Administrative	40	76	48	29	2	1	-	28	22	85	83	5
Survey	72	-	-	-	-	-	-	-	-	-	-	-

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. Official coverage not reported. 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. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

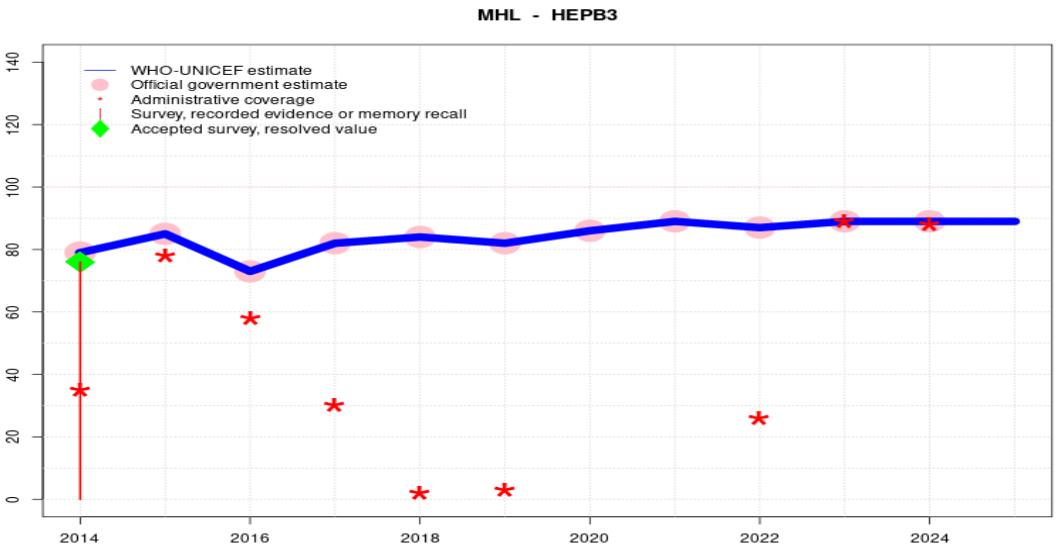
2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2016: Estimate informed by reported data. Reported decline in coverage from prior year is unexplained. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2015: Estimate informed by reported data. Programme reports two months national level stockout of DTP-IPV-Hib. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-S-

2014: Estimate informed by reported data supported by survey.Survey evidence of 72 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	85	73	82	84	82	86	89	87	89	89	89
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	79	85	73	82	84	82	86	89	87	89	89	-
Administrative	35	78	58	30	2	3	-	-	26	89	88	-
Survey	76	-	-	-	-	-	-	-	-	-	-	-

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. 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. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data

2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

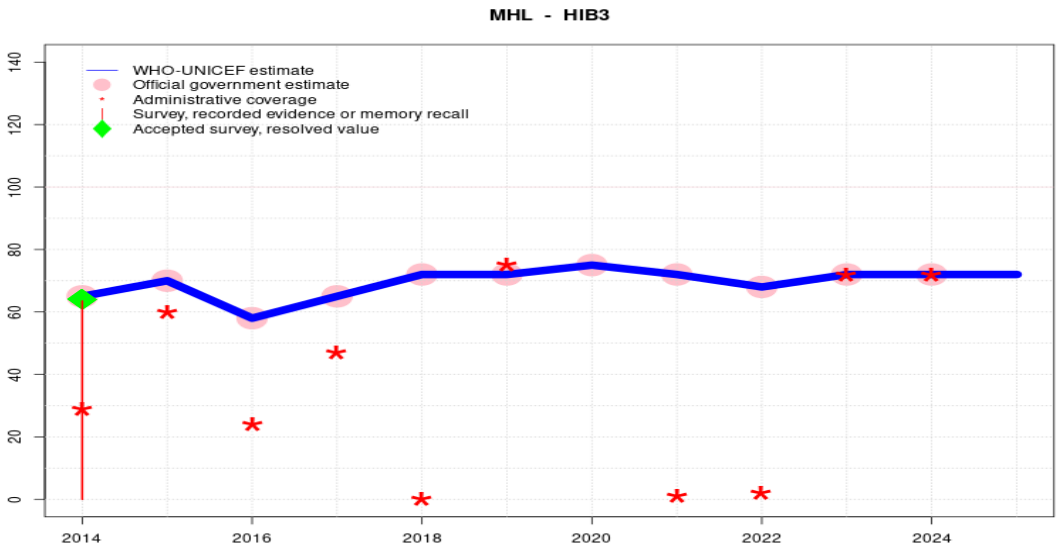
2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate informed by reported data supported by survey.Survey evidence of 76 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	65	70	58	65	72	72	75	72	68	72	72	72
Estimate GoC	•	•	•	••	•	•	•	•	•	•	•	•
Official	65	70	58	65	72	72	75	72	68	72	72	-
Administrative	29	60	24	47	0	75	-	1	2	72	72	-
Survey	64	-	-	-	-	-	-	-	-	-	-	-

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. 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. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data

2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

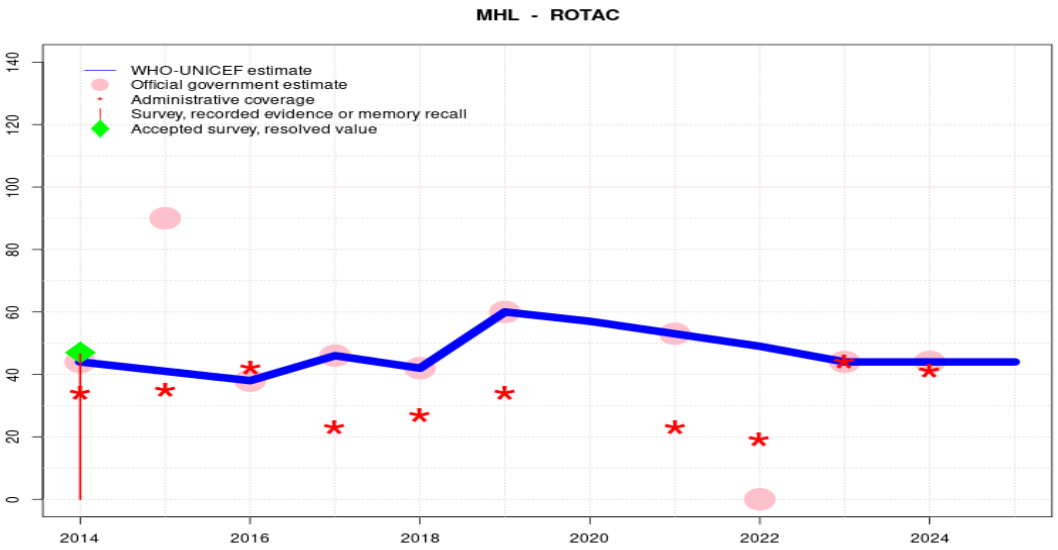
2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2016: Estimate informed by reported data. Reported decline in coverage from prior year is unexplained. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2015: Estimate informed by reported data. Programme reports two months national level stockout of DTP-IPV-Hib. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate informed by reported data supported by survey.Survey evidence of 64 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	44	41	38	46	42	60	57	53	49	44	44	44
Estimate GoC	•	•••	••	•	•	•	•	•	•	•	•	•
Official	44	90	38	46	42	60	-	53	0	44	44	-
Administrative	34	35	42	23	27	34	-	23	19	44	41	-
Survey	47	-	-	-	-	-	-	-	-	-	-	-

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. 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. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data

2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by interpolation between reported data. Reported data excluded. No reported official coverage estimate. Given consistency with other antigens for which country official reflects an adjustment from the administrative coverage, estimate is based on an extrapolation from prior year estimate. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate informed by interpolation between reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

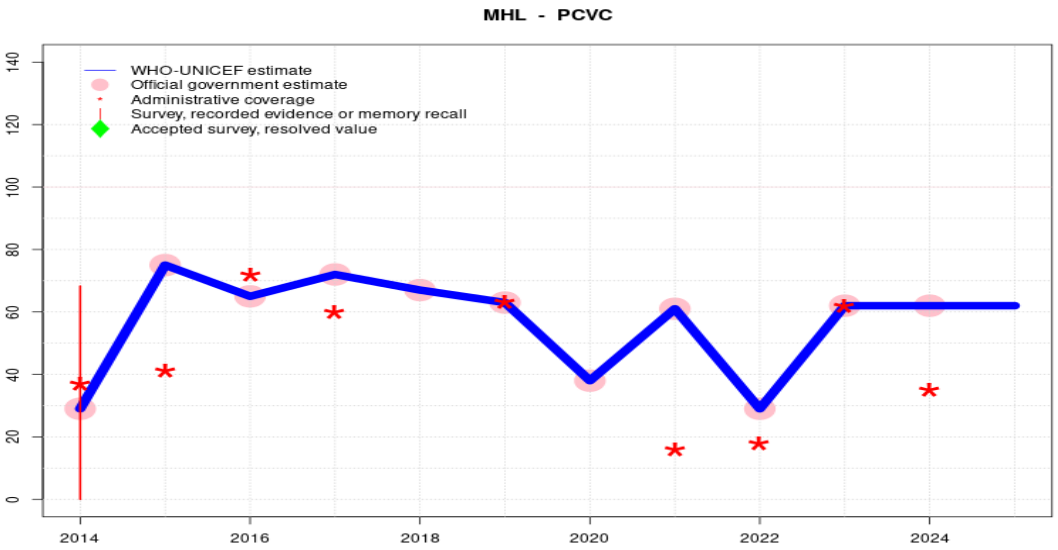
2016: Reported decline in coverage from prior year is unexplained. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistent with other antigens.

2015: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent and unexplained increase in reported coverage. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey.Survey evidence of 47 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. GoC assigned to maintain consistency

across vaccines.

Marshall Islands - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	29	75	65	72	67	63	38	61	29	62	62	62
Estimate GoC	••	•	•	••	••	•	••	•	••	•	••	•
Official	29	75	65	72	67	63	38	61	29	62	62	-
Administrative	37	41	72	60	-	63	-	16	18	62	35	-
Survey	68	-	-	-	-	-	-	-	-	-	-	-

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. 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. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data

2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+

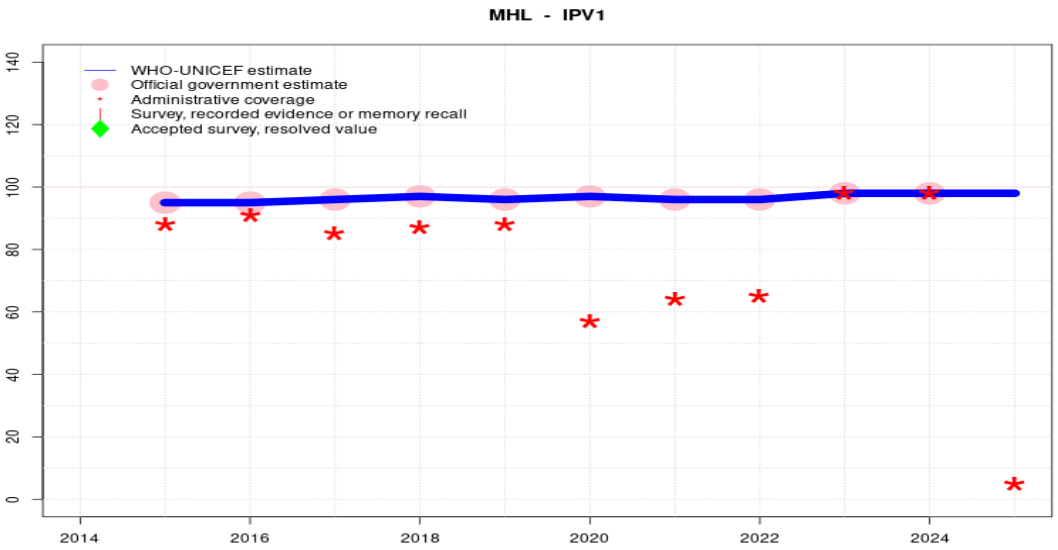
2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Reported coverage reflects that achieved among 71 percent of the national target population. Reported change in target population for PCVC is unexplained. Estimate challenged by: D-

2015: Estimate informed by reported data. Programme reports district level stockout. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate informed by reported data. Vaccination among children aged 2 years results ignored by working group. Results inconsistent with data reported on use of PCV. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

Marshall Islands - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	95	95	96	97	96	97	96	96	98	98	98
Estimate GoC	-	●	●●	●	●	●●	●	●	●	●	●	●
Official	-	95	95	96	97	96	97	96	96	98	98	-
Administrative	-	88	91	85	87	88	57	64	65	98	98	5
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. Reported data excluded. Official coverage not reported. 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. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

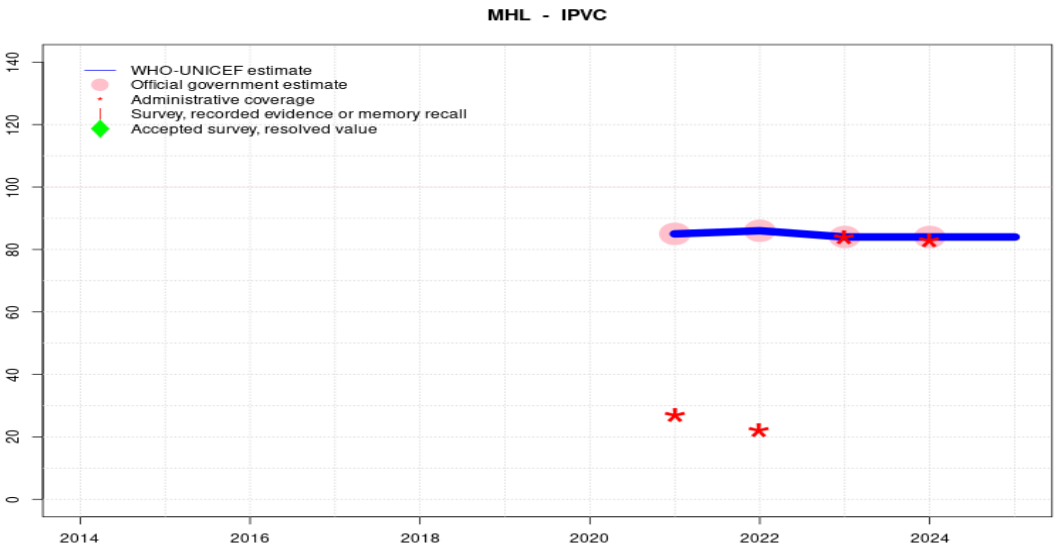
2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - IPVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	85	86	84	84	84
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●
Official	-	-	-	-	-	-	-	85	86	84	84	-
Administrative	-	-	-	-	-	-	-	27	22	84	83	-
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. 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. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data

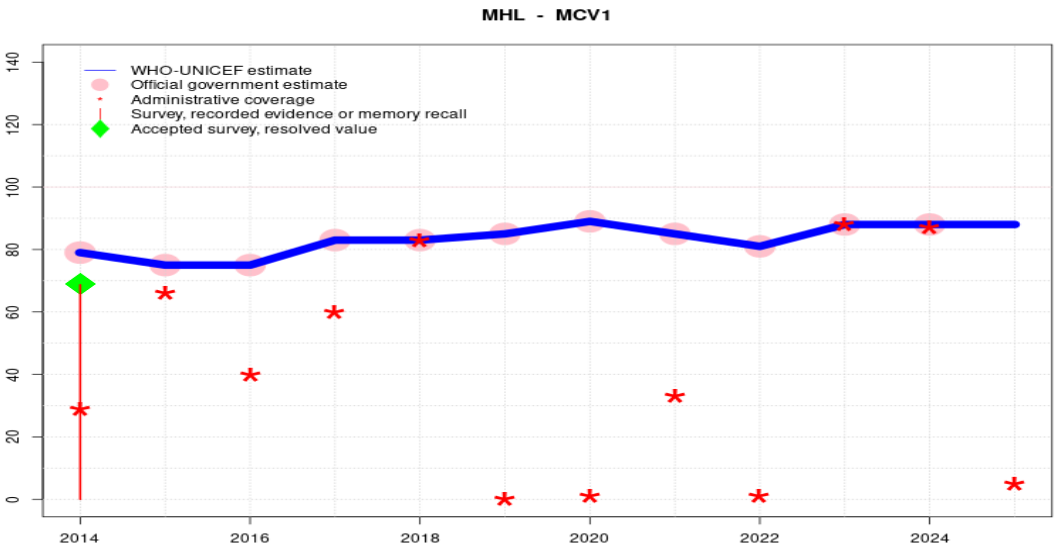
2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	75	75	83	83	85	89	85	81	88	88	88
Estimate GoC	•	•	•	••	•	•	•	•	•	•	•	•
Official	79	75	75	83	83	85	89	85	81	88	88	-
Administrative	29	66	40	60	83	0	1	33	1	88	87	5
Survey	69	-	-	-	-	-	-	-	-	-	-	-

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

••• Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

•• Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

• There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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. Official coverage not reported. 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. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

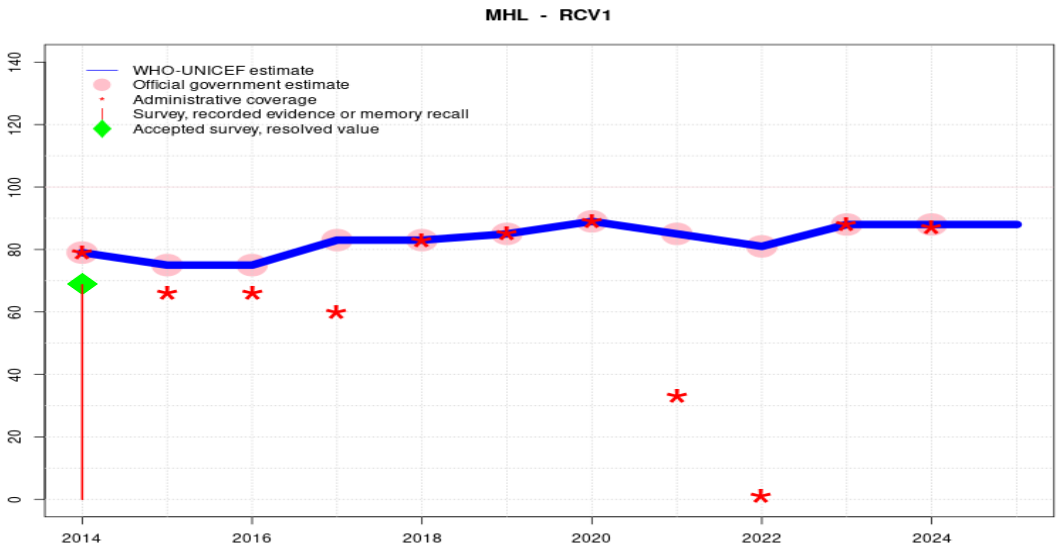
2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2016: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate informed by reported data supported by survey.Survey evidence of 69 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	75	75	83	83	85	89	85	81	88	88	88
Estimate GoC	•	•	•	••	•	•	•	•	•	•	•	•
Official	79	75	75	83	83	85	89	85	81	88	88	-
Administrative	79	66	66	60	83	85	89	33	1	88	87	-
Survey	69	-	-	-	-	-	-	-	-	-	-	-

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2024: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2019: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=Assigned by working group. Consistency across antigens with reported administrative data.

2018: Estimate based on estimated MCV1. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

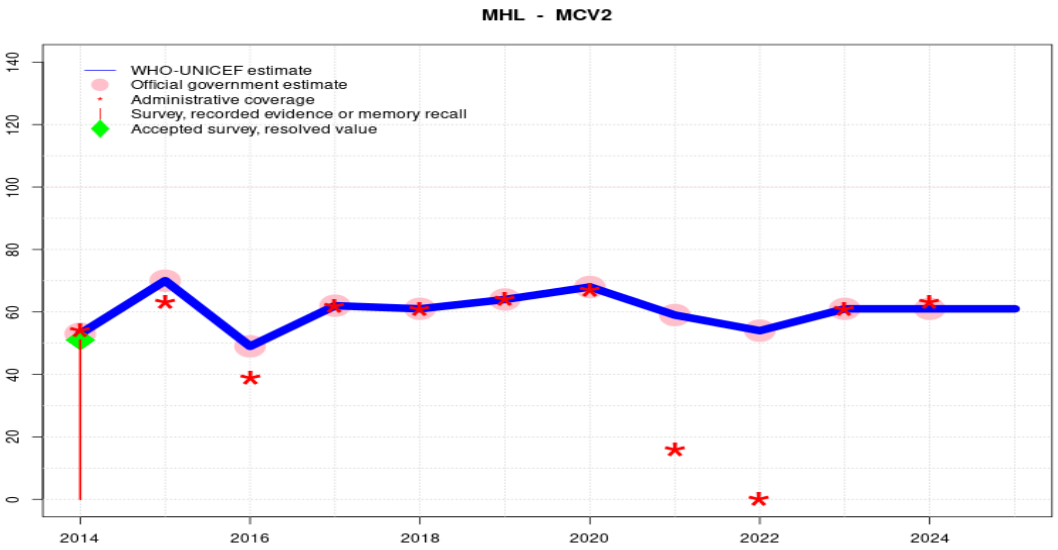
2017: Estimate based on estimated MCV1. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=R+ D+

2016: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2015: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2014: Estimate based on estimated MCV1. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	53	70	49	62	61	64	68	59	54	61	61	61
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	53	70	49	62	61	64	68	59	54	61	61	-
Administrative	54	63	39	62	61	64	67	16	0	61	63	-
Survey	51	-	-	-	-	-	-	-	-	-	-	-

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. 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. Fluctuation in reported administrative data is attributed to small birth cohort. GoC=No accepted empirical data

2024: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2023: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2021: Estimate informed by reported data. Reported coverage reflects that achieved among children aged 19 to 35 months of age. Estimated coverage levels may overestimate coverage levels achieved for children aged less than 12 months. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2020: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2019: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2018: Estimate informed by reported data. Official estimate based on immunization coverage for children aged 19 to 35 months by 31 December 2018 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimate based on immunization coverage rate for children 19 to 35 months by 31 December 2017 in Majuro, Ebeye, and Outer Islands. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2016: Estimate informed by reported data. Reported decline in coverage from prior year is unexplained. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

2015: Estimate informed by reported data. Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-S-

2014: Estimate informed by reported data supported by survey.Survey evidence of 51 percent based on 1 survey(s). Fluctuation in reported administrative data is attributed to small birth cohort. Estimate challenged by: D-

Marshall Islands - 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.

2014 Vaccination among children aged 2 years

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP3	Record or Recall	72	24-35 m	1312	-
HEPB3	Record or Recall	76	24-35 m	1312	-
HEPBB	Record or Recall	86.7	24-35 m	1312	-
HIB3	Record or Recall	63.5	24-35 m	1312	-
MCV1	Record or Recall	68.7	24-35 m	1312	-
MCV2	Record or Recall	51	24-35 m	1312	-
PCVC	Record or Recall	68.3	24-35 m	1312	-
RCV1	Record or Recall	68.7	24-35 m	1312	-
ROTAC	Record or Recall	46.5	24-35 m	1312	-

2006 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	0	12-23 m	62	75
BCG	Record	69.5	12-23 m	187	75
BCG	Record or Recall	69.5	12-23 m	249	75
BCG	Record or Recall<12m	66.7	12-23 m	249	75
DTP1	Recall	0	12-23 m	62	75
DTP1	Record	71.2	12-23 m	187	75
DTP1	Record or Recall	71.2	12-23 m	249	75
DTP1	Record or Recall<12m	65.1	12-23 m	249	75
DTP3	Recall	0	12-23 m	62	75
DTP3	Record	47.8	12-23 m	187	75
DTP3	Record or Recall	47.8	12-23 m	249	75
DTP3	Record or Recall<12m	37.9	12-23 m	249	75
MCV1	Recall	0	12-23 m	62	75
MCV1	Record	54.1	12-23 m	187	75
MCV1	Record or Recall	54.1	12-23 m	249	75
MCV1	Record or Recall<12m	6.2	12-23 m	249	75

2005 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	61	24-35 m	207	-
DTP1	Record or Recall<12m	62.4	24-35 m	207	-
DTP3	Record or Recall<12m	32.4	24-35 m	207	-
MCV1	Record or Recall<12m	3.2	24-35 m	207	-

2004 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	61.1	36-47 m	214	-
DTP1	Record or Recall<12m	53.9	36-47 m	214	-
DTP3	Record or Recall<12m	32	36-47 m	214	-
MCV1	Record or Recall<12m	2.9	36-47 m	214	-

2004 RMI Community Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	81.7	0-24 m	115	49
DTP3	Record	65.2	0-24 m	115	49
HEPB3	Record	86.1	0-24 m	115	49
HIB3	Record	83.5	0-24 m	115	49
MCV1	Record	80.9	0-24 m	115	49

2003 Marshall Islands Demographic and Health Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	47.4	48-59 m	214	-
DTP1	Record or Recall<12m	42.5	48-59 m	214	-
DTP3	Record or Recall<12m	16.6	48-59 m	214	-
MCV1	Record or Recall<12m	12.6	48-59 m	214	-

1999 Marshall Islands Immunization Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	77	12-23 m	-	-
DTP3	Record	82	12-23 m	-	-
HEPB3	Record	67	12-23 m	-	-
MCV1	Record	80	12-23 m	-	-

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