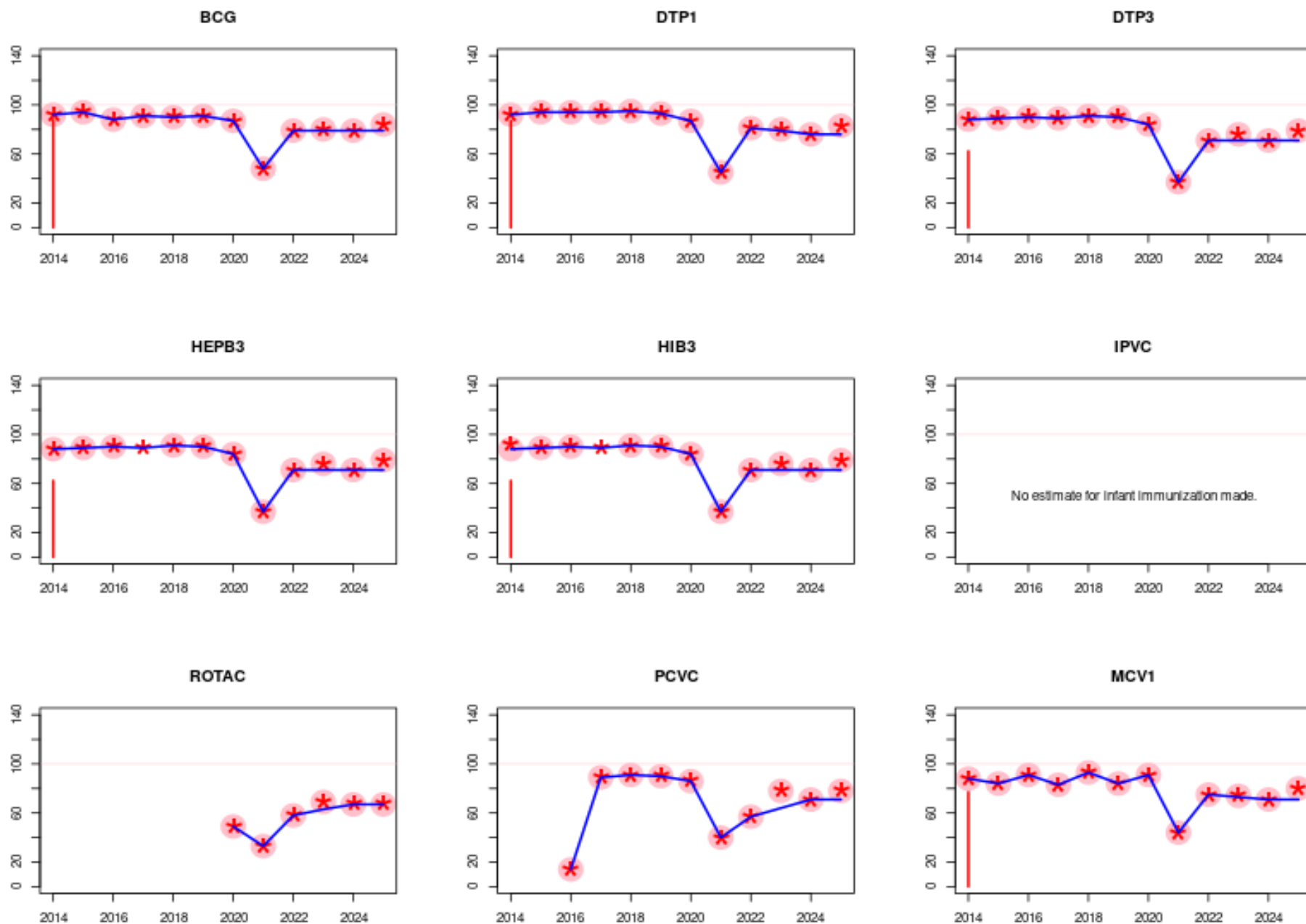




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

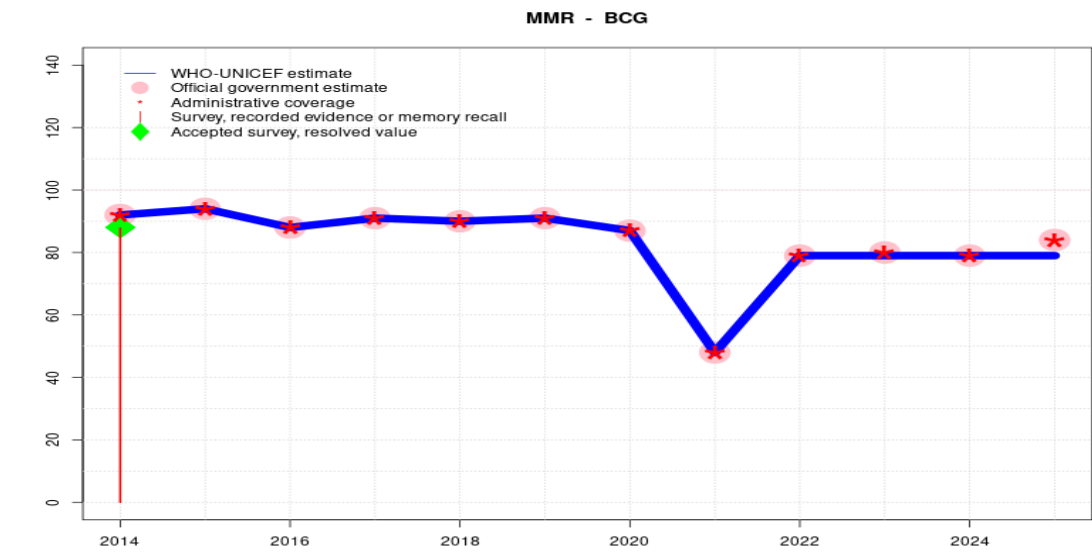
ROTAC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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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	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	94	88	91	90	91	87	48	79	79	79	79
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	92	94	88	91	90	91	87	48	79	80	79	84
Administrative	92	94	88	91	90	91	87	48	79	80	79	84
Survey	88	-	-	-	-	-	-	-	-	-	-	-

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.

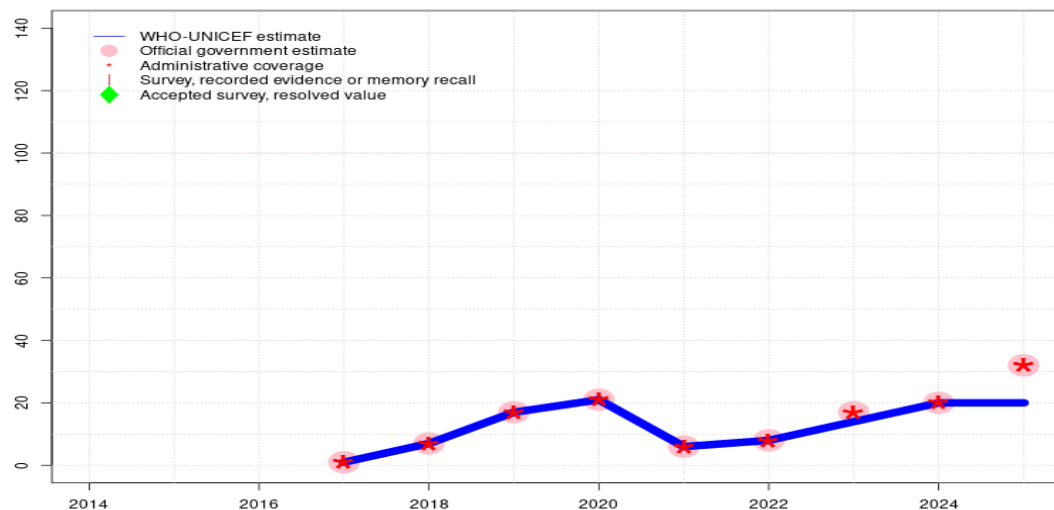
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. 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=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2015: Estimate informed by reported data. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 88 percent based on 1 survey(s). Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.

Myanmar - HEPBB

MMR - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	1	7	17	21	6	8	14	20	20
Estimate GoC	-	-	-	••	••	••	••	••	••	••	••	••
Official	-	-	-	1	7	17	21	6	8	17	20	32
Administrative	-	-	-	1	7	17	21	6	8	17	20	32
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.

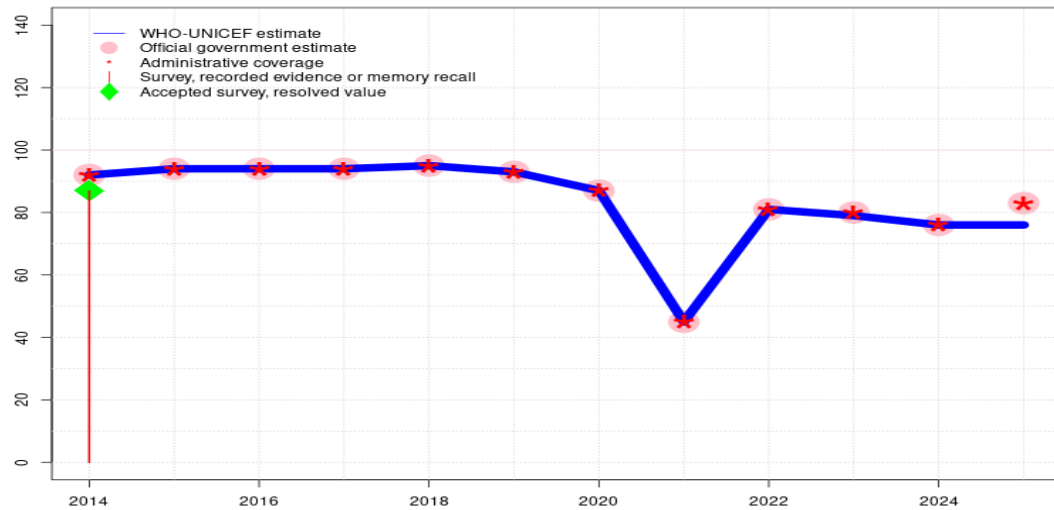
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. Reported data excluded due to sudden change in coverage from 20 to 32 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Estimate informed by reported data during period of introduction. GoC=R+ D+
- 2017: Estimate informed by reported data. HepBB introduced in 2017 and country reports stockout of unspecified period. GoC=R+ D+

Myanmar - DTP1

MMR - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	92	94	94	94	95	93	87	45	81	79	76	76
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	92	94	94	94	95	93	87	45	81	80	76	83
Administrative	92	94	94	94	95	93	87	45	81	80	76	83
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.

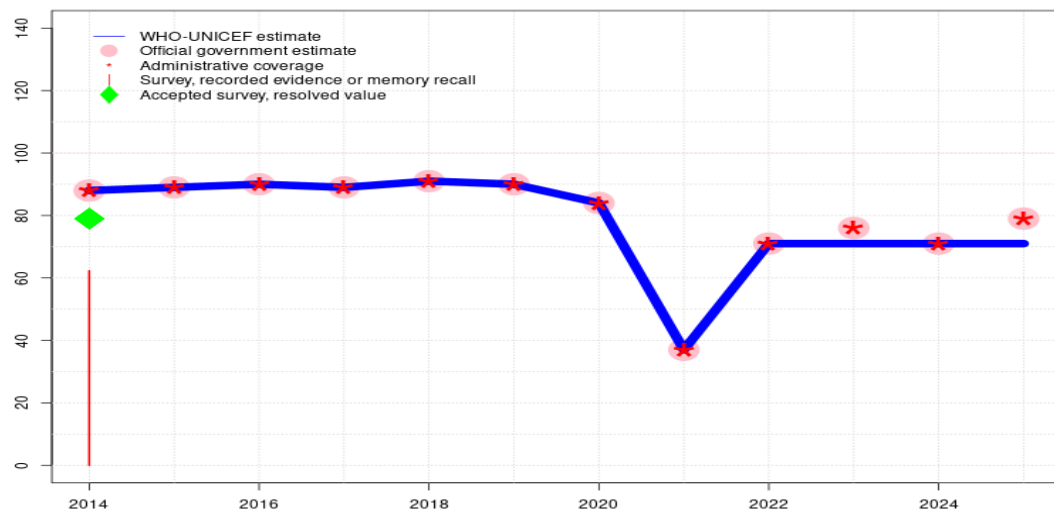
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports one month DTP containing vaccine stockout at national and subnational levels. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports 0.75 month vaccine stockout at national level. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. 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=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2015: Estimate informed by reported data. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.

Myanmar - DTP3

MMR - DTP3



Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports one month DTP containing vaccine stockout at national and subnational levels. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports 0.75 month vaccine stockout at national level. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. 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=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2017: Estimate informed by reported data. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2016: Estimate informed by reported data. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2015: Estimate informed by reported data. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Myanmar Demographic and Health Survey 2015-2016 record or recall results of 62 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 41 percent. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	89	90	89	91	90	84	37	71	71	71	71
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	88	89	90	89	91	90	84	37	71	76	71	79
Administrative	88	89	90	89	91	90	84	37	71	76	71	79
Survey	62	-	-	-	-	-	-	-	-	-	-	-

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.

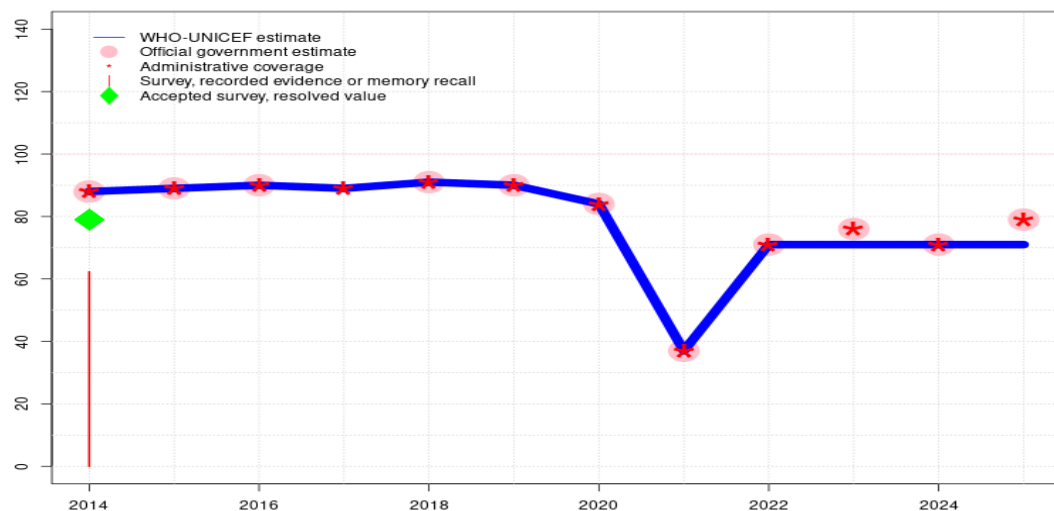
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Myanmar - DTP3

and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.

Myanmar - HEPB3

MMR - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	89	90	89	91	90	84	37	71	71	71	71
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	88	89	90	-	91	90	84	37	71	76	71	79
Administrative	88	89	90	89	91	90	84	37	71	76	71	79
Survey	62	-	-	-	-	-	-	-	-	-	-	-

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:

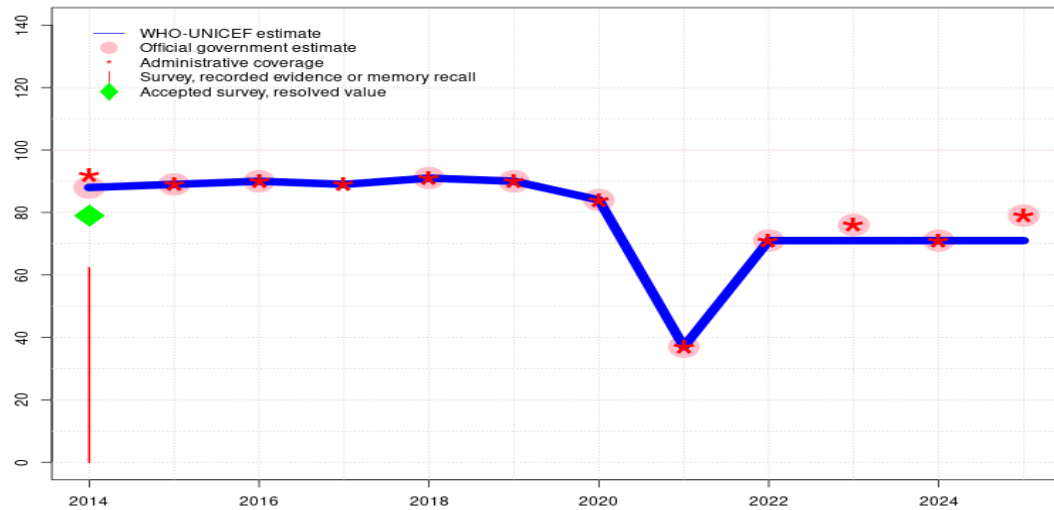
- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports 0.75 month vaccine stockout at national level. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. 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=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2017: Estimate informed by reported administrative data. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2016: Estimate informed by reported data. Programme reports a national level vaccine stockout of unspecified duration. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2015: Estimate informed by reported data. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Myanmar Demographic and Health Survey 2015-2016 record or recall results of 62 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 41 percent. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated

Myanmar - HEPB3

and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.

Myanmar - Hib3

MMR - Hib3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	89	90	89	91	90	84	37	71	71	71	71
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	88	89	90	-	91	90	84	37	71	76	71	79
Administrative	92	89	90	89	91	90	84	37	71	76	71	79
Survey	62	-	-	-	-	-	-	-	-	-	-	-

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.

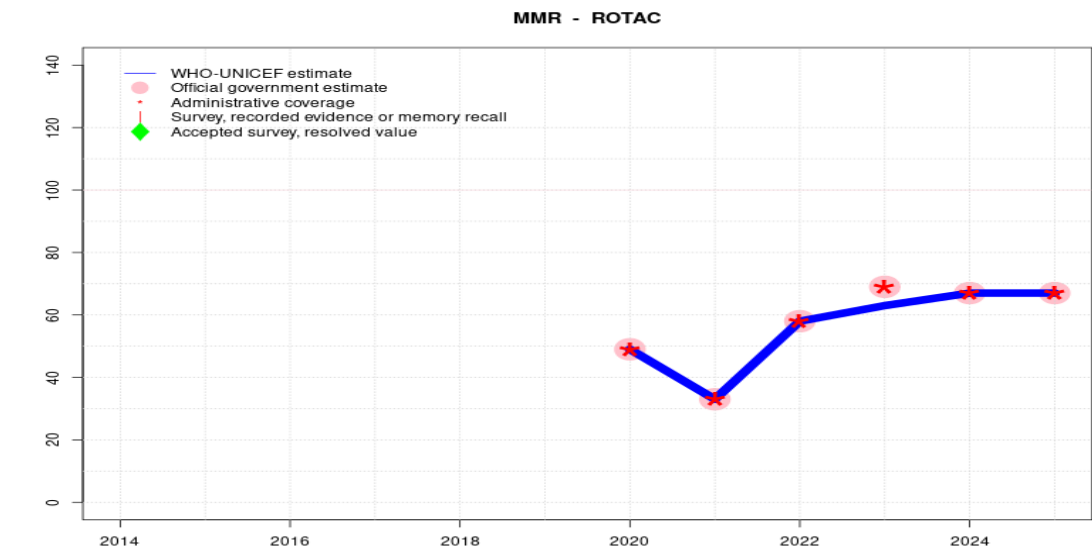
Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports four months monovalent Hib vaccine stockout at national and subnational levels. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports 0.75 month vaccine stockout at national level. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. 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=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2017: Estimate informed by reported administrative data. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2016: Estimate informed by reported data. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2015: Estimate informed by reported data. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Myanmar Demographic and Health Survey 2015-2016 record or recall results of 62 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 41 percent. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated

Myanmar - HIB3

and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.

Myanmar - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	49	33	58	63	67	67
Estimate GoC	-	-	-	-	-	-	●●	●●	●●	●	●●	●●
Official	-	-	-	-	-	-	49	33	58	69	67	67
Administrative	-	-	-	-	-	-	49	33	58	69	67	67
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

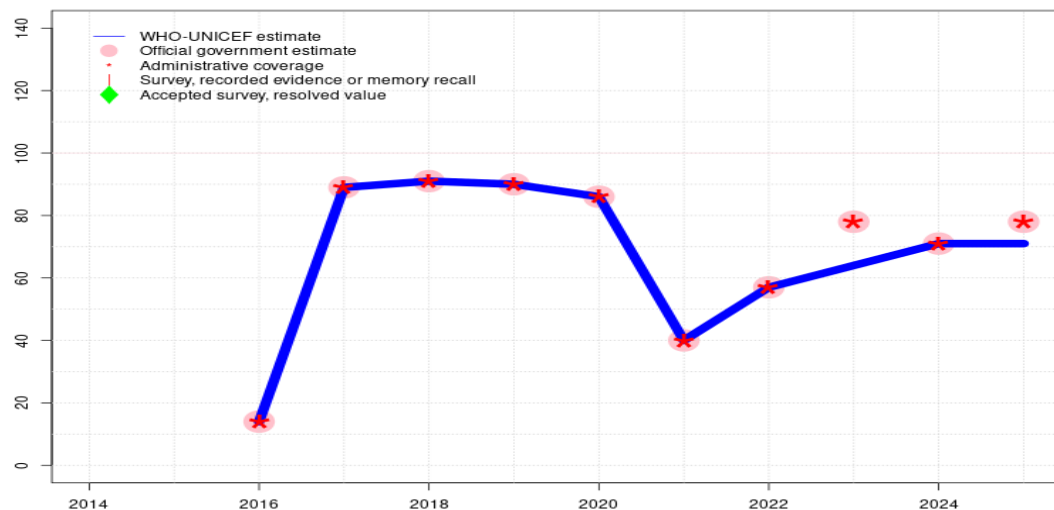
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. GoC=R+ D+
- 2020: Estimate informed by reported data. Rotavirus vaccine introduced in February 2020. GoC=R+ D+

Myanmar - PCVC

MMR - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	14	89	91	90	86	40	57	64	71	71
Estimate GoC	-	-	••	••	••	••	••	••	••	•	••	••
Official	-	-	14	89	91	90	86	40	57	78	71	78
Administrative	-	-	14	89	91	90	86	40	57	78	71	78
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.

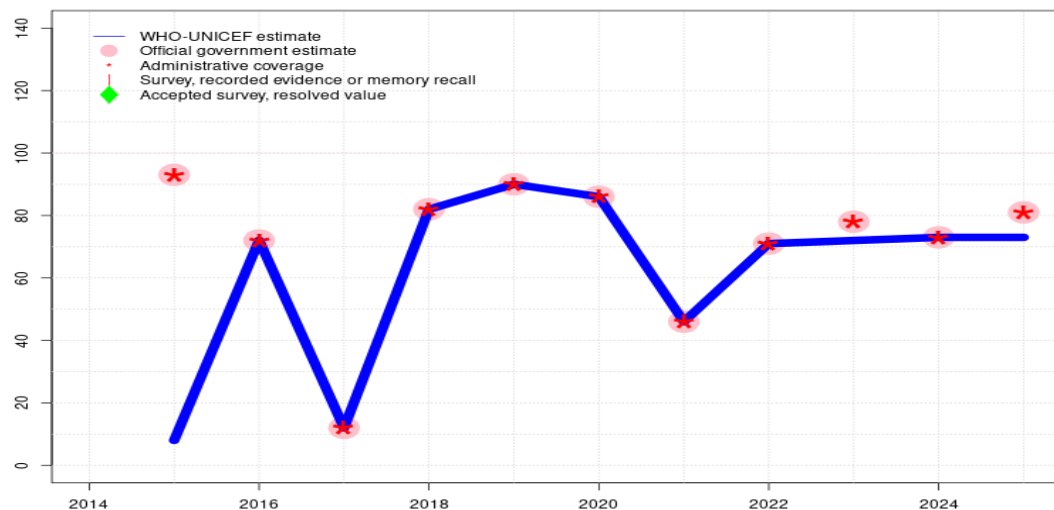
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports four months PcV vaccine stock-out at national and subnational levels. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. 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. Pneumococcal conjugate vaccine introduced in 2016. Reporting started in 2016. GoC=R+ D+

Myanmar - IPV1

MMR - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	8	72	12	82	90	86	46	71	72	73	73
Estimate GoC	-	••	••	••	••	••	••	••	••	•	••	••
Official	-	93	72	12	82	90	86	46	71	78	73	81
Administrative	-	93	72	12	82	90	86	46	71	78	73	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.

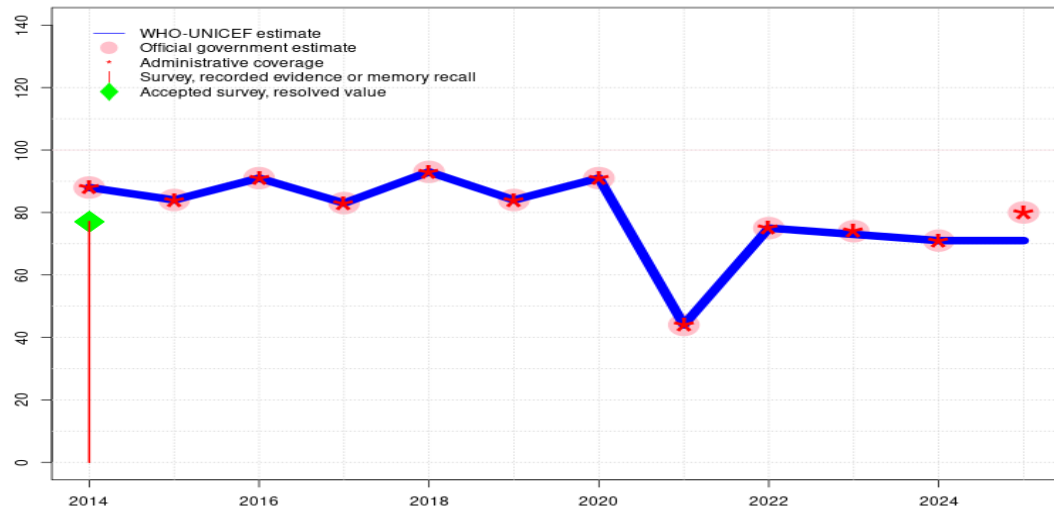
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports five months IPV vaccine stock-out at national and subnational levels. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme appears to have recovered from prior year vaccine stockout. GoC=R+ D+
- 2017: Estimate informed by reported data. Country reported stockout of unspecified period. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a national level vaccine stock-out of unspecified duration. Estimate informed by reported data following introduction. GoC=R+ D+
- 2015: Programme reports 93 percent coverage in 8 percent of the national target population. Estimate based on coverage achieved in total national annual birth cohort. Inactivated polio vaccine during December 2015. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.

Myanmar - MCV1

MMR - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	84	91	83	93	84	91	44	75	73	71	71
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	88	84	91	83	93	84	91	44	75	74	71	80
Administrative	88	84	91	83	93	84	91	44	75	74	71	80
Survey	77	-	-	-	-	-	-	-	-	-	-	-

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:

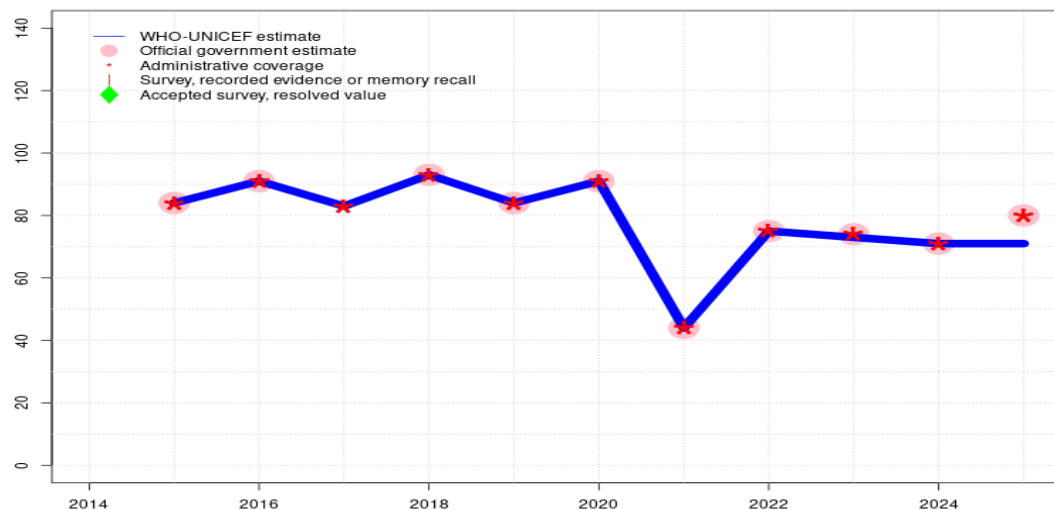
- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported vaccine stock-out at subnational level. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. 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. Country reports a reduction measles-rubella vaccination in late 2017 during a Japanese Encephalitis (JE) vaccination campaign and conducting catch-up activities in early 2018. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2017: Estimate informed by reported data. Country reports a reduction measles-rubella vaccination in late 2017 during a Japanese Encephalitis (JE) vaccination campaign and conducting catch-up activities in early 2018. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2016: Estimate informed by reported data. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2015: Estimate informed by reported data. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.
- 2014: Estimate informed by the reported data consistent with other vaccines. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the

Myanmar - MCV1

2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.

Myanmar - RCV1

MMR - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	84	91	83	93	84	91	44	75	73	71	71
Estimate GoC	-	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	-	84	91	-	93	84	91	44	75	74	71	80
Administrative	-	84	91	83	93	84	91	44	75	74	71	80
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.

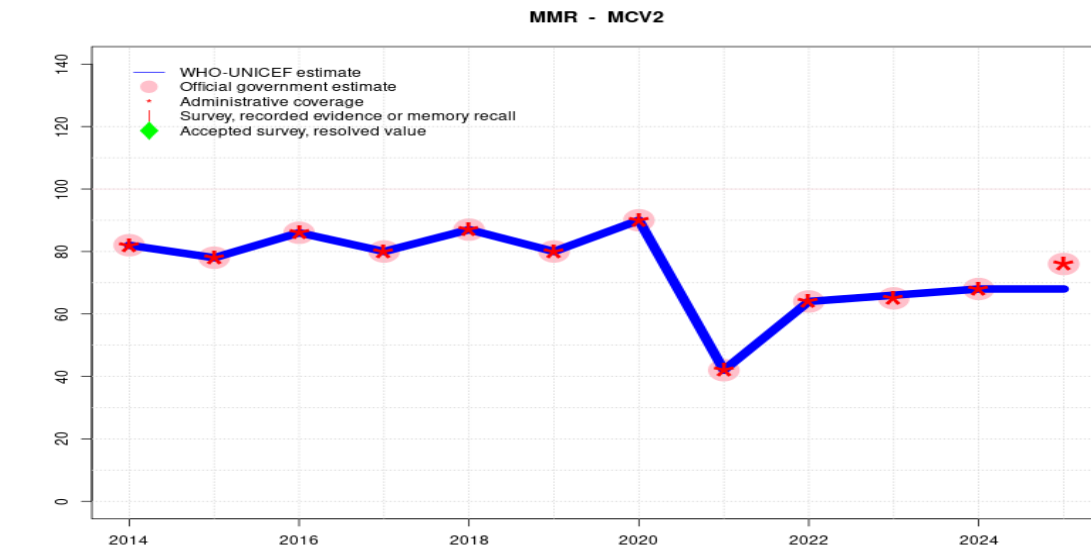
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 based on estimated MCV1. Reported data excluded. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. Programme reported vaccine stock-out at subnational level. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2017: Estimate based on estimated MCV1. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2016: Estimate based on estimated MCV1. GoC=Assigned by working group. GoC revised for consistency with other vaccine doses.
- 2015: Estimate based on estimated MCV1. Rubella vaccine introduced in 2015. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.

Myanmar - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	82	78	86	80	87	80	90	42	64	66	68	68
Estimate GoC	••	••	••	••	••	••	••	••	••	••	••	••
Official	82	78	86	80	87	80	90	42	64	65	68	76
Administrative	82	78	86	80	87	80	90	42	64	65	68	76
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. Decline in reported target population of 10 to 13 percent, resulting from triangulation from growth rate, 2024 census, head count and microplanning. Reporting completeness of 83 percent. Programme reported vaccine stock-out at subnational level. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Decline in reported target population, 13 percent live births and 10 percent in surviving infants, between 2023 and 2024, resulting from triangulation of growth rate, interim 2024 census, head count and microplanning. Reporting completeness of 88 percent. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded. Inconsistent denominators data compared to previous and posterior years. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported data suggest partial recovery from prior year disruption to services. GoC=R+ D+
- 2021: Estimate informed by reported data. WHO and UNICEF are aware of a EPI coverage evaluation survey that started in 2020 but was interrupted due to Covid-19. Routine immunization performance was low for all antigens due to disruptions caused by Covid-19 and instability. 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. Country reports a reduction measles-rubella vaccination in late 2017 during a Japanese Encephalitis (JE) vaccination campaign and conducting catch-up activities in early 2018. GoC=R+ D+
- 2017: Estimate informed by reported data. Country reports a reduction measles-rubella vaccination in late 2017 during a Japanese Encephalitis (JE) vaccination campaign and conducting catch-up activities in early 2018. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.
- 2014: Estimate informed by reported data. Reported coverage levels for 2014 computed using target population data from preliminary 2014 census results. GoC=Assigned by working group. In spite of what appear to be inconsistent reported number of children vaccinated and target population suggesting problems with the recording and monitoring system and/or incomplete reporting, the results of the 2015-16 Demographic and Health Survey support reported coverage levels. However, there is concern that less than half of the survey results are derived from documented evidence.

Myanmar - 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 Myanmar Demographic and Health Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	44.8	12-23 m	383	45
BCG	Record or Recall	87.8	12-23 m	852	45
BCG	Record<12m	86.6	12-23 m	852	45
DTP1	Record	44.8	12-23 m	383	45
DTP1	Record or Recall	86.9	12-23 m	852	45
DTP1	Record<12m	85.5	12-23 m	852	45
DTP3	Record	40.6	12-23 m	383	45
DTP3	Record or Recall	62.3	12-23 m	852	45
DTP3	Record<12m	60.2	12-23 m	852	45
HEPB1	Record	44.8	12-23 m	383	45
HEPB1	Record or Recall	86.9	12-23 m	852	45
HEPB1	Record<12m	85.5	12-23 m	852	45
HEPB3	Record	40.6	12-23 m	383	45
HEPB3	Record or Recall	62.3	12-23 m	852	45
HEPB3	Record<12m	60.2	12-23 m	852	45
HIB1	Record	44.8	12-23 m	383	45
HIB1	Record or Recall	86.9	12-23 m	852	45
HIB1	Record<12m	85.5	12-23 m	852	45
HIB3	Record	40.6	12-23 m	383	45

HIB3	Record or Recall	62.3	12-23 m	852	45
HIB3	Record<12m	60.2	12-23 m	852	45
MCV1	Record	38.7	12-23 m	383	45
MCV1	Record or Recall	77.1	12-23 m	852	45
MCV1	Record<12m	61.2	12-23 m	852	45

2013 Myanmar Demographic and Health Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record<12m	87.6	24-35 m	782	-
DTP1	Record<12m	86.2	24-35 m	782	-
DTP3	Record<12m	64.5	24-35 m	782	-
HEPB1	Record<12m	86.2	24-35 m	782	-
HEPB3	Record<12m	64.5	24-35 m	782	-
HIB1	Record<12m	86.2	24-35 m	782	-
HIB3	Record<12m	64.5	24-35 m	782	-
MCV1	Record<12m	74.3	24-35 m	782	-

2008 Myanmar Multiple Indicator Cluster Survey 2009 - 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	2.4	12-23 m	3207	96
BCG	Record	95.9	12-23 m	3207	96
BCG	Record or Recall	98.3	12-23 m	3207	96
BCG	Record or Recall<12m	97.2	12-23 m	3207	96
DTP1	Recall	2.3	12-23 m	3207	96
DTP1	Record	96	12-23 m	3207	96
DTP1	Record or Recall	98.3	12-23 m	3207	96
DTP1	Record or Recall<12m	96.9	12-23 m	3207	96
DTP3	Recall	2.4	12-23 m	3207	96
DTP3	Record	95.5	12-23 m	3207	96
DTP3	Record or Recall	97.8	12-23 m	3207	96
DTP3	Record or Recall<12m	95.9	12-23 m	3207	96
HEPB1	Recall	2.3	12-23 m	3207	96
HEPB1	Record	96	12-23 m	3207	96
HEPB1	Record or Recall	98.3	12-23 m	3207	96
HEPB1	Record or Recall<12m	96.9	12-23 m	3207	96

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HEPB3	Recall	2.2	12-23 m	3207	96
HEPB3	Record	95.5	12-23 m	3207	96
HEPB3	Record or Recall	97.7	12-23 m	3207	96
HEPB3	Record or Recall<12m	95.9	12-23 m	3207	96
MCV1	Recall	4.7	12-23 m	3207	96
MCV1	Record	93.2	12-23 m	3207	96
MCV1	Record or Recall	98	12-23 m	3207	96
MCV1	Record or Recall<12m	90.7	12-23 m	3207	96

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	83.1	48-59 m	984	-
DTP3	Record or Recall	80.6	48-59 m	984	-
HEPB3	Record or Recall	71.1	48-59 m	984	-
MCV1	Record or Recall	82.9	48-59 m	984	-

2002 Myanmar Multiple Indicator Cluster Survey (2003)

2006 Myanmar 2007 Fertility and Reproductive Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	83.6	12-23 m	767	26
DTP3	Record or Recall	81.9	12-23 m	767	26
HEPB3	Record or Recall	73	12-23 m	767	26
MCV1	Record or Recall	83.6	12-23 m	767	26

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	52.6	12-23 m	2480	52
BCG	Record	40.1	12-23 m	2480	52
BCG	Record or Recall	92.7	12-23 m	2480	52
BCG	Record<12m	98.1	12-23 m	2480	52
DTP1	Recall	51.3	12-23 m	2480	52
DTP1	Record	40.1	12-23 m	2480	52
DTP1	Record or Recall	91.4	12-23 m	2480	52
DTP1	Record<12m	98.5	12-23 m	2480	52
DTP3	Recall	44.7	12-23 m	2480	52
DTP3	Record	38.3	12-23 m	2480	52
DTP3	Record or Recall	83	12-23 m	2480	52
DTP3	Record<12m	97.1	12-23 m	2480	52
MCV1	Recall	46.1	12-23 m	2480	52
MCV1	Record	37	12-23 m	2480	52
MCV1	Record or Recall	83.1	12-23 m	2480	52
MCV1	Record<12m	94.2	12-23 m	2480	52

2005 Myanmar 2007 Fertility and Reproductive Health Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	84.2	24-35 m	905	-
DTP3	Record or Recall	81.2	24-35 m	905	-
HEPB3	Record or Recall	72.4	24-35 m	905	-
MCV1	Record or Recall	84.4	24-35 m	905	-

1999 Myanmar Multiple Indicator Cluster Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	82.9	36-47 m	940	-
DTP3	Record or Recall	79.6	36-47 m	940	-
HEPB3	Record or Recall	68.7	36-47 m	940	-
MCV1	Record or Recall	82.6	36-47 m	940	-

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	42	12-23 m	2831	52
BCG	Record	51.4	12-23 m	2831	52
BCG	Record or Recall	93.4	12-23 m	2831	52
DTP1	Recall	41.1	12-23 m	2831	52
DTP1	Record	51.3	12-23 m	2831	52
DTP1	Record or Recall	92.4	12-23 m	2831	52
DTP3	Recall	35.6	12-23 m	2831	52
DTP3	Record	47.3	12-23 m	2831	52

2003 Myanmar 2007 Fertility and Reproductive Health Survey

DTP3	Record or Recall	82.9	12-23 m	2831	52		MCV1	Record or Recall	87.2	12-23 m	2831	52
MCV1	Recall	40.2	12-23 m	2831	52							
MCV1	Record	47	12-23 m	2831	52							

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