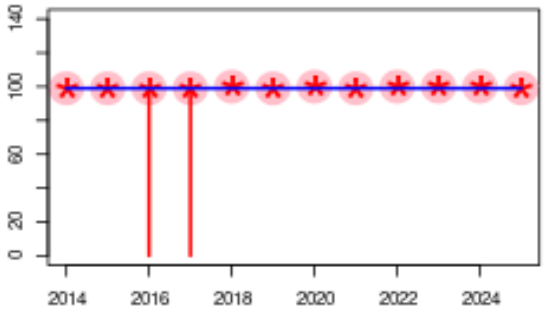
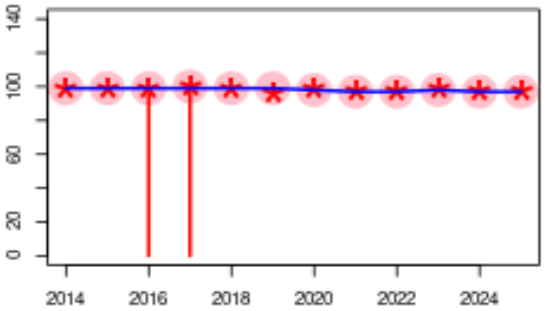
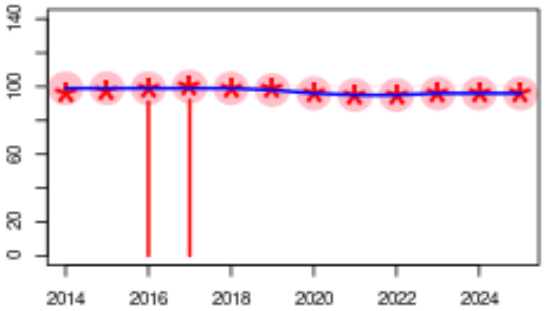
BCG



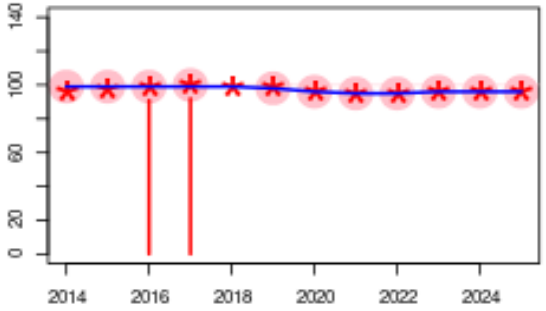
DTP1



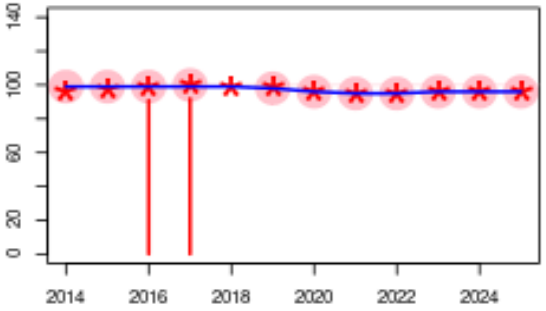
DTP3



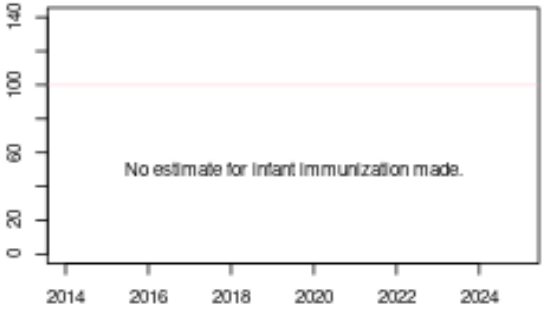
HEPB3



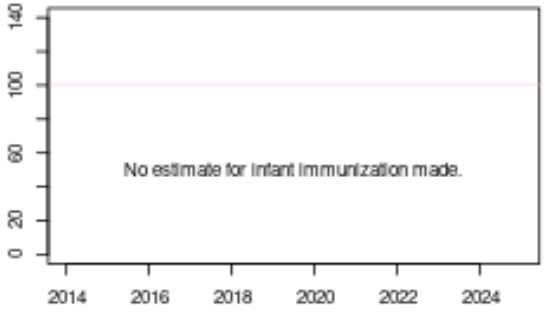
HIB3



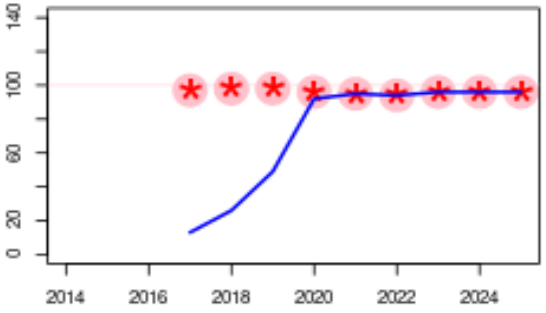
IPVC



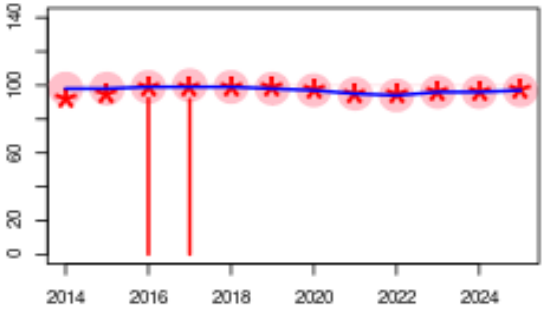
ROTAC



PCVC



MCV1



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.

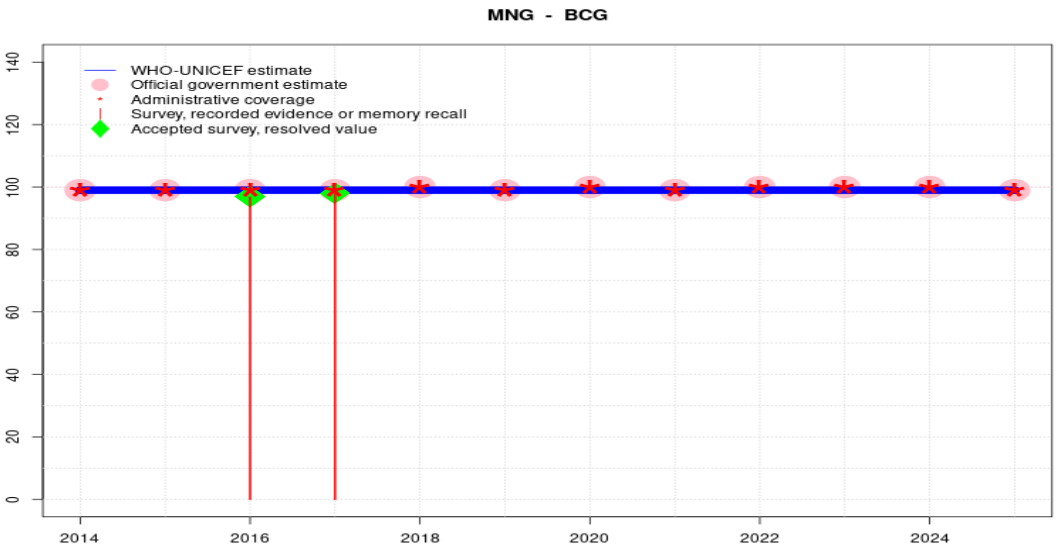
ROTAC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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.

Mongolia - BCG



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

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

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

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

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

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

Description:

2025: Estimate informed by reported data. Preliminary results from the 2023 MICS suggest coverage of 87 percent for the cohort vaccinated in 2022. Estimate challenged by: D-

2024: Estimate informed by reported data. Preliminary results from the 2023 MICS survey suggest coverage of 97 percent for the cohort vaccinated in 2021. Reported target population decline of 10 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. GoC=R+ D+

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

2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

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

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

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

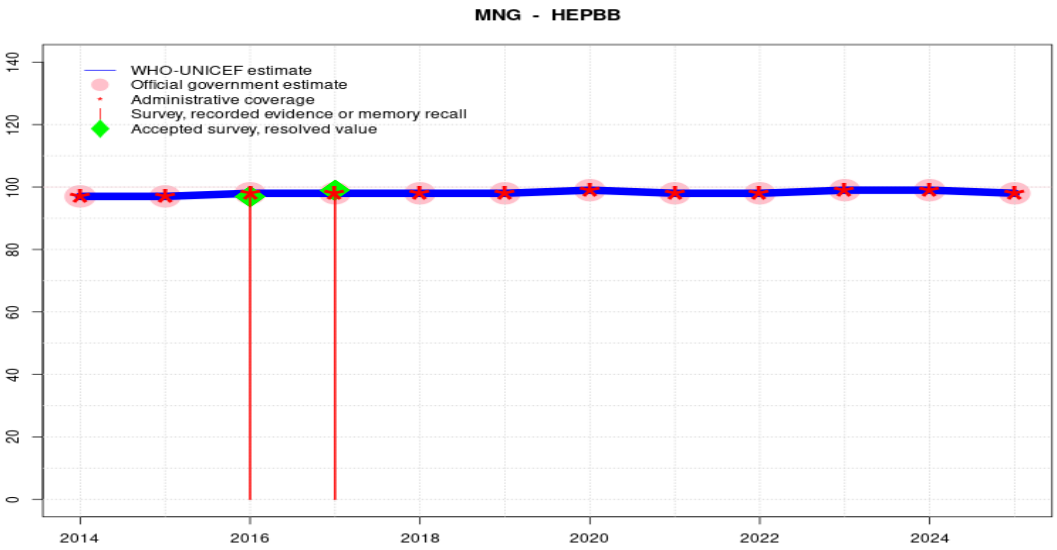
2017: Estimate informed by reported data supported by survey.Survey evidence of 98 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

2015: Estimate informed by reported data. Results from recent measles outbreak investigation, that included a review of routine immunization, suggests that actual coverage levels are likely lower than those suggested by the reported coverage. GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

Mongolia - HEPBB



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

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

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

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

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

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

Description:

2025: Estimate informed by reported data. Estimate challenged by: D-

2024: Estimate informed by reported data. Reported target population decline of 10 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. GoC=R+ D+

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

2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

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

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

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

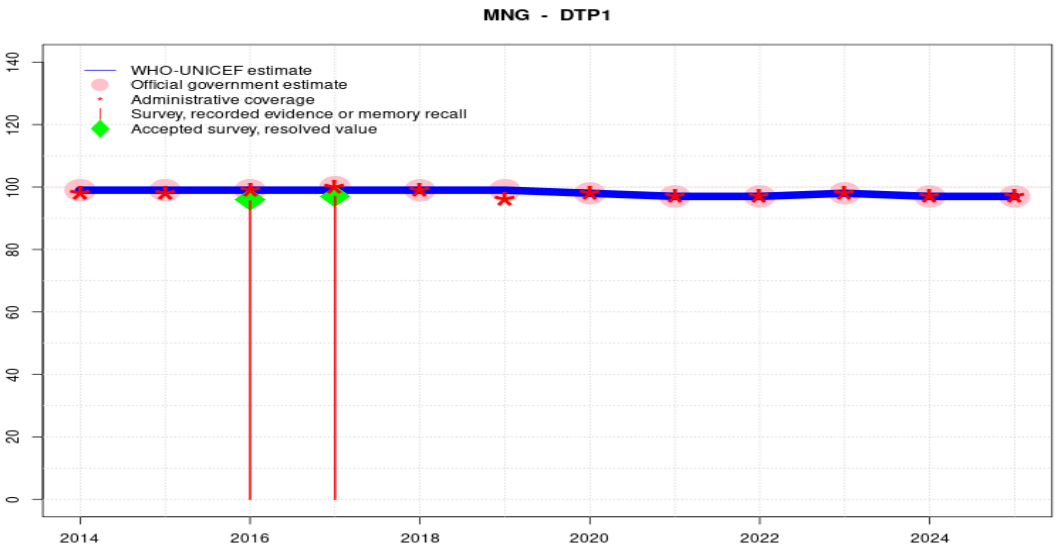
2017: Estimate informed by reported data supported by survey.Survey evidence of 99 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

2015: Estimate informed by reported data. Results from recent measles outbreak investigation, that included a review of routine immunization, suggests that actual coverage levels are likely lower than those suggested by the reported coverage. GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

Mongolia - DTP1



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

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

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

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

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

Description:

2025: Estimate informed by reported data. Estimate challenged by: D-

2024: Estimate informed by reported data. Reported target population decline of 11 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. GoC=R+ D+

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

2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

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

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

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

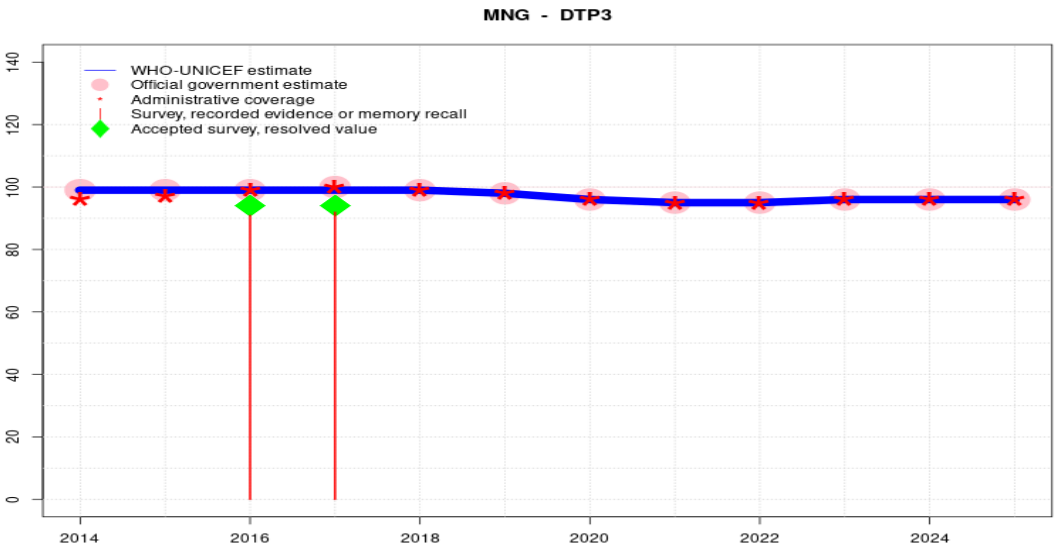
2017: Estimate informed by reported data supported by survey.Survey evidence of 97 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey.Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+

2015: Estimate informed by reported data. Results from recent measles outbreak investigation, that included a review of routine immunization, suggests that actual coverage levels are likely lower than those suggested by the reported coverage. GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

Mongolia - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	98	96	95	95	96	96	96
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●	●
Official	99	99	99	100	99	98	96	95	95	96	96	96
Administrative	96	97	99	100	99	98	96	95	95	96	96	96
Survey	-	-	91	92	-	-	-	-	-	-	-	-

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

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Description:

2025: Estimate informed by reported data. Estimate challenged by: D-

2024: Estimate informed by reported data. Preliminary results from the 2023 MICS survey suggest coverage of 86 percent for the cohort vaccinated in 2021. Reported target population decline of 12 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. Estimate challenged by: D-

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

2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

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

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

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

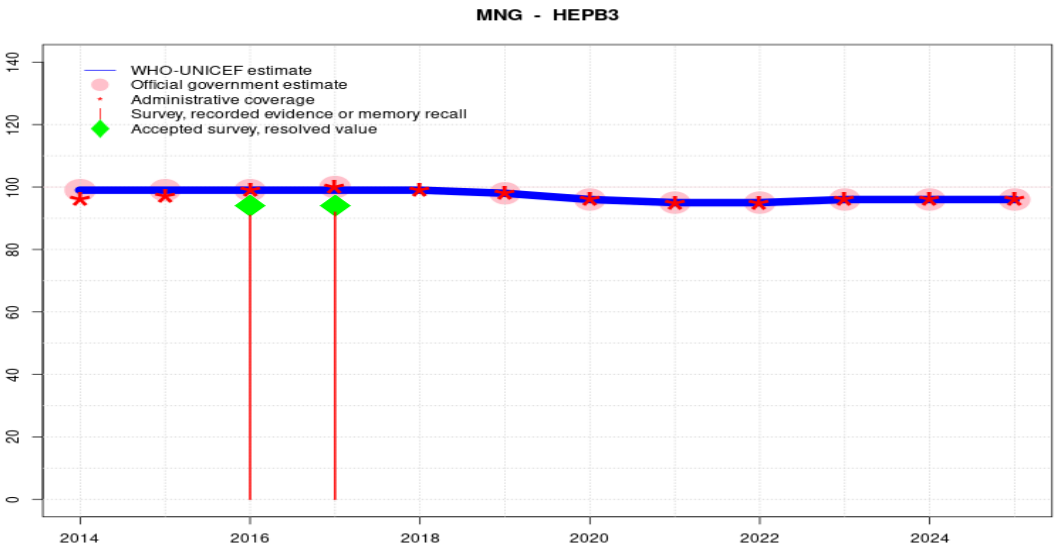
2017: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Mongolia Social Indicator Sample Survey (MICS) 2018 record or recall results of 92 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 89 percent and 3rd dose record only coverage of 86 percent. GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Mongolia Social Indicator Sample Survey (MICS) 2018 record or recall results of 91 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 84 percent. GoC=R+ S+ D+

2015: Estimate informed by reported data. Results from recent measles outbreak investigation, that included a review of routine immunization, suggests that actual coverage levels are likely lower than those suggested by the reported coverage. GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

Mongolia - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	98	96	95	95	96	96	96
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●	●
Official	99	99	99	100	-	98	96	95	95	96	96	96
Administrative	96	97	99	100	99	98	96	95	95	96	96	96
Survey	-	-	91	92	-	-	-	-	-	-	-	-

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

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Description:

2025: Estimate informed by reported data. Estimate challenged by: D-

2024: Estimate informed by reported data. Preliminary results from the 2023 MICS survey suggest coverage of 86 percent for the cohort vaccinated in 2021. Reported target population decline of 12 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. Estimate challenged by: D-

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

2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

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

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

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

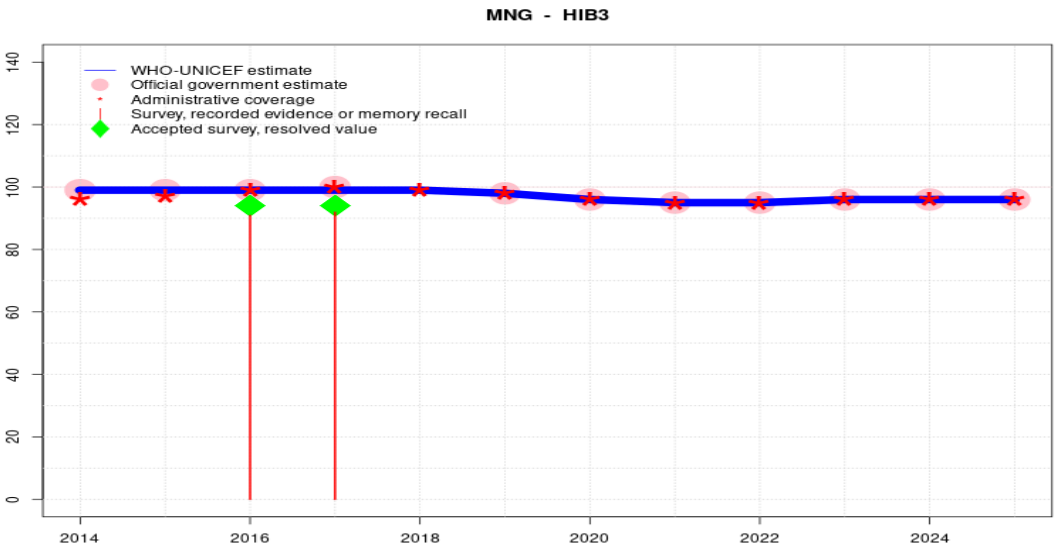
2017: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Mongolia Social Indicator Sample Survey (MICS) 2018 record or recall results of 92 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 89 percent and 3rd dose record only coverage of 86 percent. GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Mongolia Social Indicator Sample Survey (MICS) 2018 record or recall results of 91 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 84 percent. GoC=R+ S+ D+

2015: Estimate informed by reported data. Results from recent measles outbreak investigation, that included a review of routine immunization, suggests that actual coverage levels are likely lower than those suggested by the reported coverage. GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

Mongolia - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	98	96	95	95	96	96	96
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●●	●●	●	●
Official	99	99	99	100	-	98	96	95	95	96	96	96
Administrative	96	97	99	100	99	98	96	95	95	96	96	96
Survey	-	-	91	92	-	-	-	-	-	-	-	-

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

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

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

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

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

Description:

2025: Estimate informed by reported data. Estimate challenged by: D-

2024: Estimate informed by reported data. Preliminary results from the 2023 MICS survey suggest coverage of 86 percent for the cohort vaccinated in 2021. Reported target population decline of 12 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. Estimate challenged by: D-

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

2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

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

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

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

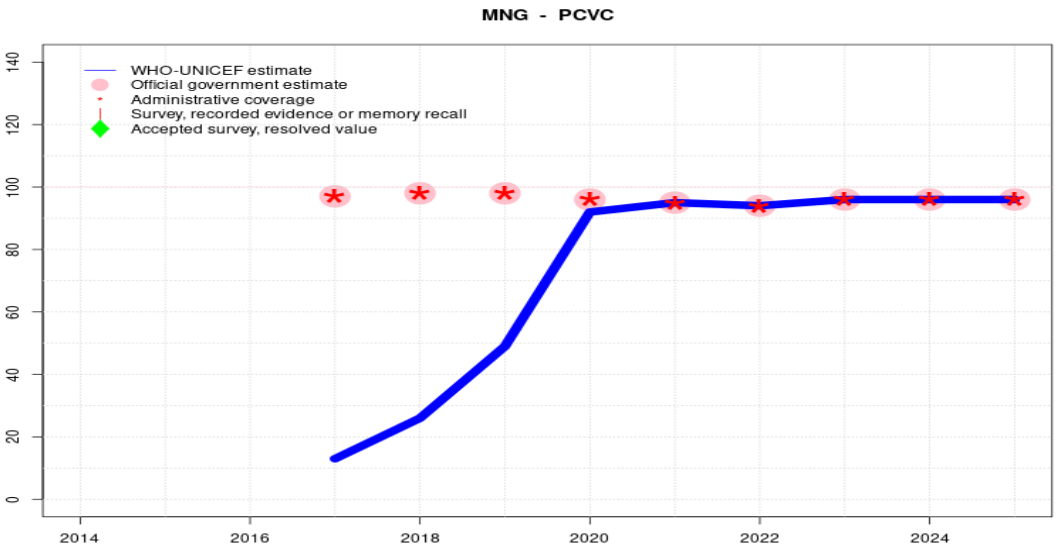
2017: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Mongolia Social Indicator Sample Survey (MICS) 2018 record or recall results of 92 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 89 percent and 3rd dose record only coverage of 86 percent. GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Mongolia Social Indicator Sample Survey (MICS) 2018 record or recall results of 91 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 84 percent. GoC=R+ S+ D+

2015: Estimate informed by reported data. Results from recent measles outbreak investigation, that included a review of routine immunization, suggests that actual coverage levels are likely lower than those suggested by the reported coverage. GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

Mongolia - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	13	26	49	92	95	94	96	96	96
Estimate GoC	-	-	-	•	•	•	•	••	••	••	••	•
Official	-	-	-	97	98	98	96	95	94	96	96	96
Administrative	-	-	-	97	98	98	96	95	94	96	96	96
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 reported data. Preliminary results from the 2023 MICS suggest coverage of 80 percent for the cohort vaccinated in 2022. Estimate challenged by: D-

2024: Estimate informed by reported data. Preliminary results from the 2023 MICS survey suggest coverage of 80 percent for the cohort vaccinated in 2021. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. GoC=R+ D+

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

2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

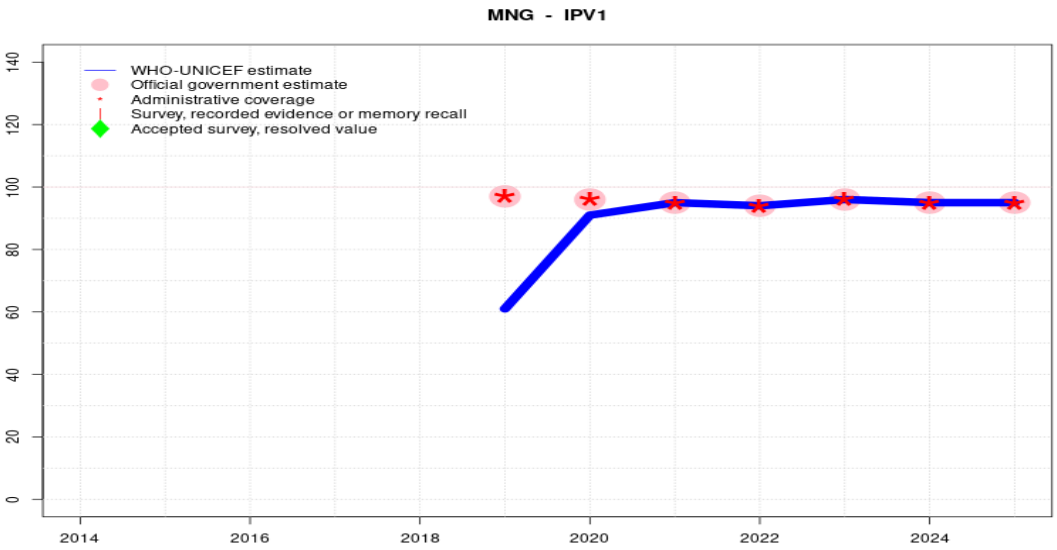
2020: Programme reports 96 percent coverage achieved in 95 percent of national target population. Estimated coverage reflects that achieved in the annual national target population. Estimate challenged by: R-

2019: Programme reports 98 percent coverage achieved in 50 percent of national target population. Estimated coverage reflects that achieved in the annual national target population. Estimate challenged by: R-

2018: Programme reports 98 percent coverage achieved in 26 percent of national target population. Estimated coverage reflects that achieved in the annual national target population. Estimate challenged by: R-

2017: Partial vaccine introduction in 2016. Reporting started in 2017. Reported coverage of 97 percent is for 13 percent of national target population. Estimate challenged by: R-

Mongolia - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	61	91	95	94	96	95	95
Estimate GoC	-	-	-	-	-	•	•	••	••	••	•	•
Official	-	-	-	-	-	97	96	95	94	96	95	95
Administrative	-	-	-	-	-	97	96	95	94	96	95	95
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 reported data. Estimate challenged by: D-

2024: Estimate informed by reported data. Preliminary results from the 2023 MICS survey suggest coverage of 86 percent for the cohort vaccinated in 2021. Reported target population decline of 12 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. Estimate challenged by: D-

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

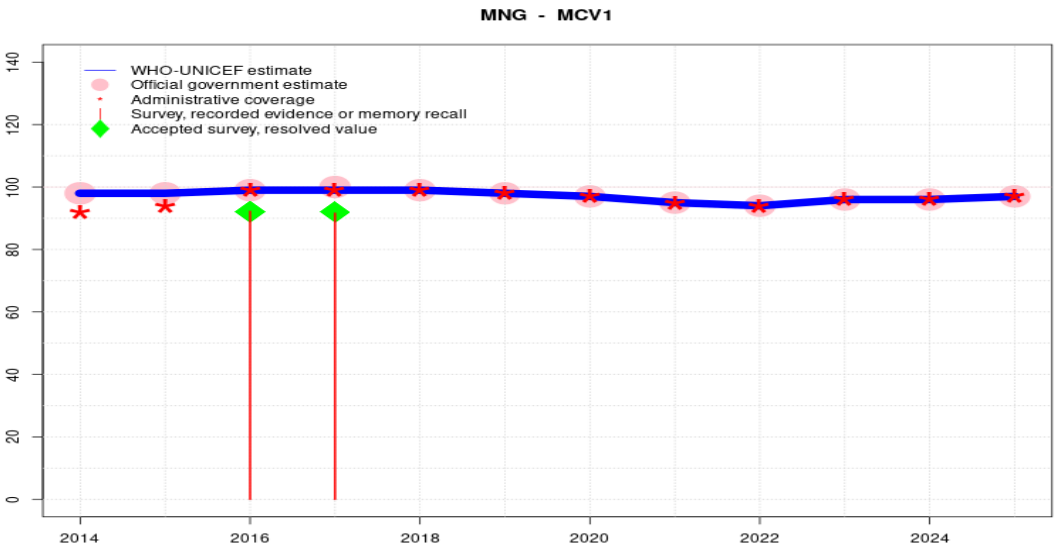
2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

2020: Programme reports 96 percent coverage achieved in 95 percent of the national target population. Estimate informed by annualized coverage for the total national target population. Estimate challenged by: R-

2019: Inactivated polio virus vaccine introduced in April 2019. Programme reports 97 percent coverage achieved in 63 percent of the national target population. Estimate informed by annualized coverage for the total national target population. Estimate challenged by: R-

Mongolia - MCV1



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

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

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

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

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

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

Description:

2025: Estimate informed by reported data. Unexplained increase in target population of 13 percent. Reported data may include vaccination during campaign. Preliminary results from the 2023 MICS suggest coverage of 82 percent for the cohort vaccinated in 2022. Estimate challenged by: D-

2024: Estimate informed by reported data. Preliminary results from the 2023 MICS survey suggest coverage of 82 percent for the cohort vaccinated in 2021. Reported target population increase of 11 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. GoC=R+ D+

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

2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

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

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

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

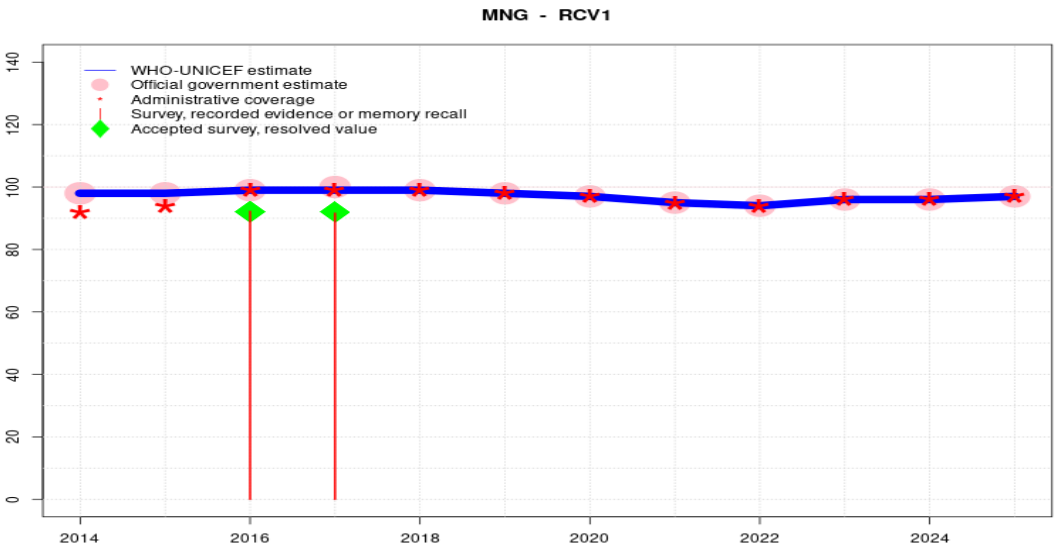
2017: Estimate informed by reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+

2016: Estimate informed by reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+

2015: Estimate informed by reported data. Results from recent measles outbreak investigation, that included a review of routine immunization, suggests that actual coverage levels are likely lower than those suggested by the reported coverage. GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

Mongolia - RCV1



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

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

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

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

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

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

Description:

2025: Estimate based on estimated MCV1. Unexplained increase in target population of 13 percent. Reported data may include vaccination during campaign. Preliminary results from the 2023 MICS suggest coverage of 82 percent for the cohort vaccinated in 2022. Estimate challenged by: D-

2024: Estimate based on estimated MCV1. Preliminary results from the 2023 MICS survey suggest coverage of 82 percent for the cohort vaccinated in 2021. Reported target population increase of 11 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. GoC=R+ D+

2023: Estimate based on estimated MCV1. GoC=R+ D+

2022: Estimate based on estimated MCV1. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate based on estimated MCV1. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

2020: Estimate based on estimated MCV1. GoC=R+ D+

2019: Estimate based on estimated MCV1. GoC=R+ S+ D+

2018: Estimate based on estimated MCV1. GoC=R+ S+ D+

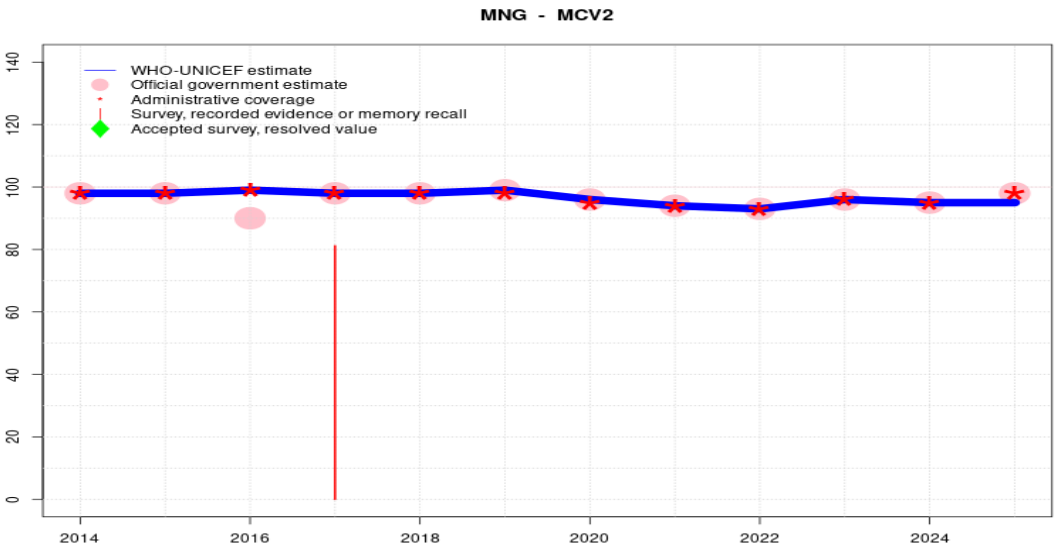
2017: Estimate based on estimated MCV1. GoC=R+ S+ D+

2016: Estimate based on estimated MCV1. GoC=R+ S+ D+

2015: Estimate based on estimated MCV1. Results from recent measles outbreak investigation, that included a review of routine immunization, suggests that actual coverage levels are likely lower than those suggested by the reported coverage. GoC=R+ S+ D+

2014: Estimate based on estimated MCV1. GoC=R+ S+ D+

Mongolia - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	99	98	98	99	96	94	93	96	95	95
Estimate GoC	•	•	••	••	••	•	••	••	••	•	••	•
Official	98	98	90	98	98	99	96	94	93	96	95	98
Administrative	98	98	99	98	98	98	95	94	93	96	95	98
Survey	-	-	-	81	-	-	-	-	-	-	-	-

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. Unexplained increase in target population of 70 percent, and in number of doses administered of 75 percent. Reported data may include vaccination during campaign. Preliminary results from the 2023 MICS suggest coverage of 71 percent for the cohort vaccinated in 2022. Estimate challenged by: D-

2024: Estimate informed by reported data. Preliminary results from the 2023 MICS survey suggest coverage of 71 percent for the cohort vaccinated in 2021. Reported target population increase of 21 percent between 2023 and 2024. Coverage may be over estimated as preliminary results from 2023 MICS survey suggest lower coverage. GoC=R+ D+

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate informed by reported data. A 2022 study of randomly selected provincial and district vaccination centres documents disruptions to the delivery of infant routine immunization (using Penta3 and MMR1 as proxy) during 2021 compared to 2019-2020 due to the COVID-19 pandemic. An unexplained decrease of 10 percent is observed in the reported target population for some antigens. GoC=R+ D+

2021: Estimate informed by reported data. An unexplained decrease of 10 percent in the reported target population is observed between 2020 and 2021 alongside declines in reported number of doses administered. GoC=R+ D+

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

2019: Estimate informed by reported data. Estimate challenged by: D-

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

2017: Estimate informed by reported data. Mongolia Social Indicator Sample Survey (MICS) 2018 results ignored by working group. Survey results for MCV2 are inconsistent with those for other antigens that tend to support reported data. GoC=R+ D+

2016: Estimate informed by reported administrative data. Unexplained decline in official estimate. GoC=R+ D+

2015: Estimate informed by reported data. Results from recent measles outbreak investigation, that included a review of routine immunization, suggests that actual coverage levels are likely lower than those suggested by the reported coverage. Estimate challenged by: D-

2014: Estimate informed by reported data. Estimate challenged by: D-

Mongolia - 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.

2017 Mongolia Social Indicator Sample Survey (MICS) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	6.8	12-23 m	1092	93
BCG	Record	91.2	12-23 m	1092	93
BCG	Record or Recall	98	12-23 m	1092	93
BCG	Record or Recall<12m	96.8	12-23 m	1092	93
DTP1	Recall	7.9	12-23 m	1092	93
DTP1	Record	89.1	12-23 m	1092	93
DTP1	Record or Recall	97	12-23 m	1092	93
DTP1	Record or Recall<12m	95.1	12-23 m	1092	93
DTP3	Recall	6.2	12-23 m	1092	93
DTP3	Record	85.6	12-23 m	1092	93
DTP3	Record or Recall	91.9	12-23 m	1092	93
DTP3	Record or Recall<12m	89.7	12-23 m	1092	93
HEPB1	Recall	7.9	12-23 m	1092	93
HEPB1	Record	89.1	12-23 m	1092	93
HEPB1	Record or Recall	97	12-23 m	1092	93
HEPB1	Record or Recall<12m	95.1	12-23 m	1092	93
HEPB3	Recall	6.2	12-23 m	1092	93
HEPB3	Record	85.6	12-23 m	1092	93
HEPB3	Record or Recall	91.9	12-23 m	1092	93
HEPB3	Record or Recall<12m	89.7	12-23 m	1092	93
HEPBB	Recall	7.3	12-23 m	1092	93
HEPBB	Record	91.2	12-23 m	1092	93
HEPBB	Record or Recall	98.5	12-23 m	1092	93
HEPBB	Record or Recall<12m	96.9	12-23 m	1092	93
HIB1	Recall	7.9	12-23 m	1092	93
HIB1	Record	89.1	12-23 m	1092	93
HIB1	Record or Recall	97	12-23 m	1092	93
HIB1	Record or Recall<12m	95.1	12-23 m	1092	93
HIB3	Recall	6.2	12-23 m	1092	93
HIB3	Record	85.6	12-23 m	1092	93
HIB3	Record or Recall	91.9	12-23 m	1092	93
HIB3	Record or Recall<12m	89.7	12-23 m	1092	93
MCV1	Recall	8	12-23 m	1092	93
MCV1	Record	83.6	12-23 m	1092	93
MCV1	Record or Recall	91.6	12-23 m	1092	93
MCV1	Record or Recall<12m	87.1	12-23 m	1092	93
MCV2	Recall	12.2	24-35 m	1238	-
MCV2	Record	69.1	24-35 m	1238	-
MCV2	Record or Recall	81.2	24-35 m	1238	-
MCV2	Record or Recall<12m	65.7	24-35 m	1238	-
RCV1	Recall	8	12-23 m	1092	93
RCV1	Record	83.6	12-23 m	1092	93
RCV1	Record or Recall	91.6	12-23 m	1092	93
RCV1	Record or Recall<12m	87.1	12-23 m	1092	93

2016 Mongolia Social Indicator Sample Survey (MICS) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	10.3	24-35 m	1238	-
BCG	Record	86.5	24-35 m	1238	-
BCG	Record or Recall	96.7	24-35 m	1238	-
BCG	Record or Recall<12m	94	24-35 m	1238	-
DTP1	Recall	10	24-35 m	1238	-
DTP1	Record	85.5	24-35 m	1238	-
DTP1	Record or Recall	95.5	24-35 m	1238	-
DTP1	Record or Recall<12m	91.9	24-35 m	1238	-
DTP3	Recall	7.4	24-35 m	1238	-
DTP3	Record	83.5	24-35 m	1238	-

DTP3	Record or Recall	90.9	24-35 m	1238	-
DTP3	Record or Recall<12m	87.2	24-35 m	1238	-
HEPB1	Recall	10	24-35 m	1238	-
HEPB1	Record	85.5	24-35 m	1238	-
HEPB1	Record or Recall	95.5	24-35 m	1238	-
HEPB1	Record or Recall<12m	91.9	24-35 m	1238	-
HEPB3	Recall	7.4	24-35 m	1238	-
HEPB3	Record	83.5	24-35 m	1238	-
HEPB3	Record or Recall	90.9	24-35 m	1238	-
HEPB3	Record or Recall<12m	87.2	24-35 m	1238	-
HEPBB	Recall	10.6	24-35 m	1238	-
HEPBB	Record	86.5	24-35 m	1238	-
HEPBB	Record or Recall	97.1	24-35 m	1238	-
HEPBB	Record or Recall<12m	94.4	24-35 m	1238	-
HIB1	Recall	10	24-35 m	1238	-
HIB1	Record	85.5	24-35 m	1238	-
HIB1	Record or Recall	95.5	24-35 m	1238	-
HIB1	Record or Recall<12m	91.9	24-35 m	1238	-
HIB3	Recall	7.4	24-35 m	1238	-
HIB3	Record	83.5	24-35 m	1238	-
HIB3	Record or Recall	90.9	24-35 m	1238	-
HIB3	Record or Recall<12m	87.2	24-35 m	1238	-
MCV1	Recall	10.5	24-35 m	1238	-
MCV1	Record	81.7	24-35 m	1238	-
MCV1	Record or Recall	92.2	24-35 m	1238	-
MCV1	Record or Recall<12m	84.9	24-35 m	1238	-
RCV1	Recall	10.5	24-35 m	1238	-
RCV1	Record	81.7	24-35 m	1238	-
RCV1	Record or Recall	92.2	24-35 m	1238	-
RCV1	Record or Recall<12m	84.9	24-35 m	1238	-

2012 Mongolia Social Indicator Sample Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	1.5	12-23 m	1180	99
BCG	Record	97.7	12-23 m	1180	99
BCG	Record or Recall	99.3	12-23 m	1180	99
BCG	Record or Recall<12m	93.3	12-23 m	1180	99
DTP1	Recall	0.9	12-23 m	1180	99
DTP1	Record	98.2	12-23 m	1180	99
DTP1	Record or Recall	99.1	12-23 m	1180	99
DTP1	Record or Recall<12m	94.5	12-23 m	1180	99
DTP3	Recall	1.2	12-23 m	1180	99
DTP3	Record	96.7	12-23 m	1180	99
DTP3	Record or Recall	98	12-23 m	1180	99
DTP3	Record or Recall<12m	92.5	12-23 m	1180	99
HEPB1	Recall	0.9	12-23 m	1180	99
HEPB1	Record	98.2	12-23 m	1180	99
HEPB1	Record or Recall	99.1	12-23 m	1180	99
HEPB1	Record or Recall<12m	94.5	12-23 m	1180	99
HEPB3	Recall	1.2	12-23 m	1180	99
HEPB3	Record	96.7	12-23 m	1180	99
HEPB3	Record or Recall	98	12-23 m	1180	99
HEPB3	Record or Recall<12m	92.5	12-23 m	1180	99
HEPBB	Recall	1.5	12-23 m	1180	99
HEPBB	Record	97.6	12-23 m	1180	99
HEPBB	Record or Recall	99.1	12-23 m	1180	99
HEPBB	Record or Recall<12m	93.1	12-23 m	1180	99
HIB1	Recall	0.9	12-23 m	1180	99
HIB1	Record	98.2	12-23 m	1180	99
HIB1	Record or Recall	99.1	12-23 m	1180	99
HIB1	Record or Recall<12m	94.5	12-23 m	1180	99
HIB3	Recall	1.2	12-23 m	1180	99
HIB3	Record	96.7	12-23 m	1180	99
HIB3	Record or Recall	98	12-23 m	1180	99
HIB3	Record or Recall<12m	92.5	12-23 m	1180	99
MCV1	Recall	3.8	12-23 m	1180	99
MCV1	Record	90.4	12-23 m	1180	99
MCV1	Record or Recall	94.2	12-23 m	1180	99
MCV1	Record or Recall<12m	86.1	12-23 m	1180	99

2011 Mongolia Social Indicator Sample Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	3.2	24-35 m	1236	-
BCG	Record	94.4	24-35 m	1236	-
BCG	Record or Recall	97.6	24-35 m	1236	-
BCG	Record or Recall<12m	86.5	24-35 m	1236	-

DTP1	Recall	2.8	24-35 m	1236	-
DTP1	Record	95.2	24-35 m	1236	-
DTP1	Record or Recall	97.9	24-35 m	1236	-
DTP1	Record or Recall<12m	86.1	24-35 m	1236	-
DTP3	Recall	2.8	24-35 m	1236	-
DTP3	Record	93.4	24-35 m	1236	-
DTP3	Record or Recall	96.2	24-35 m	1236	-
DTP3	Record or Recall<12m	84.2	24-35 m	1236	-
HEPB1	Recall	2.8	24-35 m	1236	-
HEPB1	Record	95.2	24-35 m	1236	-
HEPB1	Record or Recall	97.9	24-35 m	1236	-
HEPB1	Record or Recall<12m	86.1	24-35 m	1236	-
HEPB3	Recall	2.8	24-35 m	1236	-
HEPB3	Record	93.4	24-35 m	1236	-
HEPB3	Record or Recall	96.2	24-35 m	1236	-
HEPB3	Record or Recall<12m	84.2	24-35 m	1236	-
HEPBB	Recall	3.1	24-35 m	1236	-
HEPBB	Record	94.4	24-35 m	1236	-
HEPBB	Record or Recall	97.4	24-35 m	1236	-
HEPBB	Record or Recall<12m	86	24-35 m	1236	-
HIB1	Recall	2.8	24-35 m	1236	-
HIB1	Record	95.2	24-35 m	1236	-
HIB1	Record or Recall	97.9	24-35 m	1236	-
HIB1	Record or Recall<12m	86.1	24-35 m	1236	-
HIB3	Recall	2.8	24-35 m	1236	-
HIB3	Record	93.4	24-35 m	1236	-
HIB3	Record or Recall	96.2	24-35 m	1236	-
HIB3	Record or Recall<12m	84.2	24-35 m	1236	-
MCV1	Recall	5.3	24-35 m	1236	-
MCV1	Record	89.2	24-35 m	1236	-
MCV1	Record or Recall	94.5	24-35 m	1236	-
MCV1	Record or Recall<12m	79.1	24-35 m	1236	-

2009 Mongolia Multiple Indicator Cluster Survey 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14.9	12-23 m	-	85
BCG	Record	83.1	12-23 m	-	85
BCG	Record or Recall	98	12-23 m	944	85
BCG	Record or Recall<12m	97.9	12-23 m	-	85
DTP1	Recall	14.2	12-23 m	-	85
DTP1	Record	81.4	12-23 m	-	85
DTP1	Record or Recall	96	12-23 m	944	85
DTP1	Record or Recall<12m	95.5	12-23 m	-	85
DTP3	Recall	13.3	12-23 m	-	85
DTP3	Record	79.1	12-23 m	-	85
DTP3	Record or Recall	92	12-23 m	944	85
DTP3	Record or Recall<12m	92.1	12-23 m	-	85
HEPBB	Recall	13.7	12-23 m	-	85
HEPBB	Record	82.9	12-23 m	-	85
HEPBB	Record or Recall	96.7	12-23 m	-	85
HEPBB	Record or Recall<12m	96.7	12-23 m	-	85
MCV1	Recall	13.2	12-23 m	-	85
MCV1	Record	74.6	12-23 m	-	85
MCV1	Record or Recall	88	12-23 m	944	85
MCV1	Record or Recall<12m	86.6	12-23 m	-	85

2004 Mongolia Child and Development 2005 Survey (MICS-3)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	17.9	12-23 m	724	81
BCG	Record	79.7	12-23 m	724	81
BCG	Record or Recall	97.6	12-23 m	724	81
BCG	Record or Recall<12m	97.6	12-23 m	724	81
DTP1	Recall	16.9	12-23 m	724	81
DTP1	Record	76.7	12-23 m	724	81
DTP1	Record or Recall	93.6	12-23 m	724	81
DTP1	Record or Recall<12m	92.6	12-23 m	724	81
DTP3	Recall	16.9	12-23 m	724	81
DTP3	Record	76.3	12-23 m	724	81
DTP3	Record or Recall	93.2	12-23 m	724	81
DTP3	Record or Recall<12m	92	12-23 m	724	81
MCV1	Recall	14.5	12-23 m	724	81
MCV1	Record	73.7	12-23 m	724	81
MCV1	Record or Recall	88.2	12-23 m	724	81
MCV1	Record or Recall<12m	76.1	12-23 m	724	81

1999 Mongolia, Child and Development survey-2000 (MICS-2), 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	5.8	12-23 m	1255	90
BCG	Record	89.8	12-23 m	1255	90
BCG	Record or Recall	95.6	12-23 m	1255	90
DTP1	Recall	5	12-23 m	1255	90
DTP1	Record	86.9	12-23 m	1255	90
DTP1	Record or Recall	91.9	12-23 m	1255	90
DTP3	Recall	2.4	12-23 m	1255	90
DTP3	Record	86.8	12-23 m	1255	90
DTP3	Record or Recall	89.2	12-23 m	1255	90
MCV1	Recall	3.3	12-23 m	1255	90
MCV1	Record	82.3	12-23 m	1255	90
MCV1	Record or Recall	85.7	12-23 m	1255	90

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