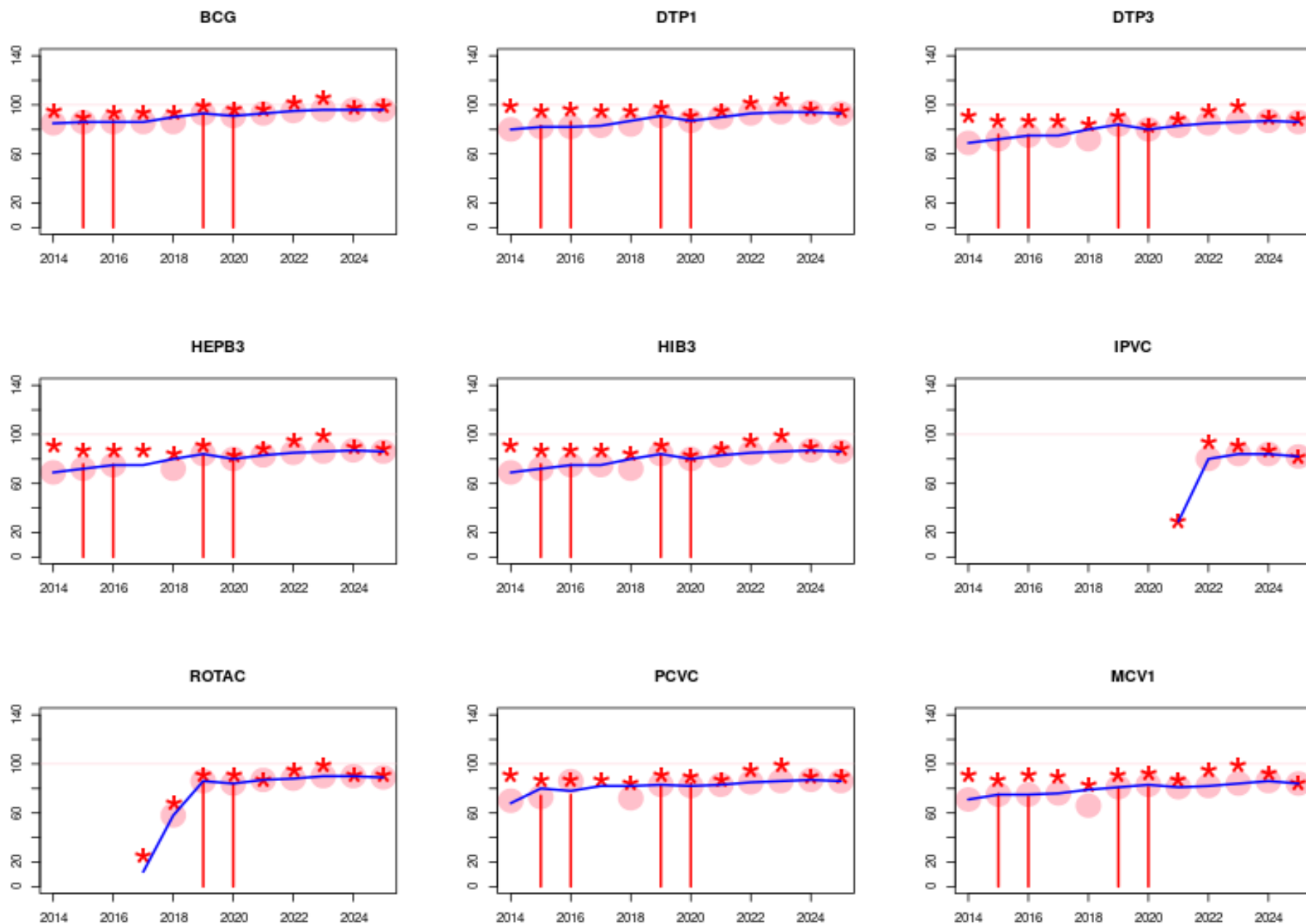




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

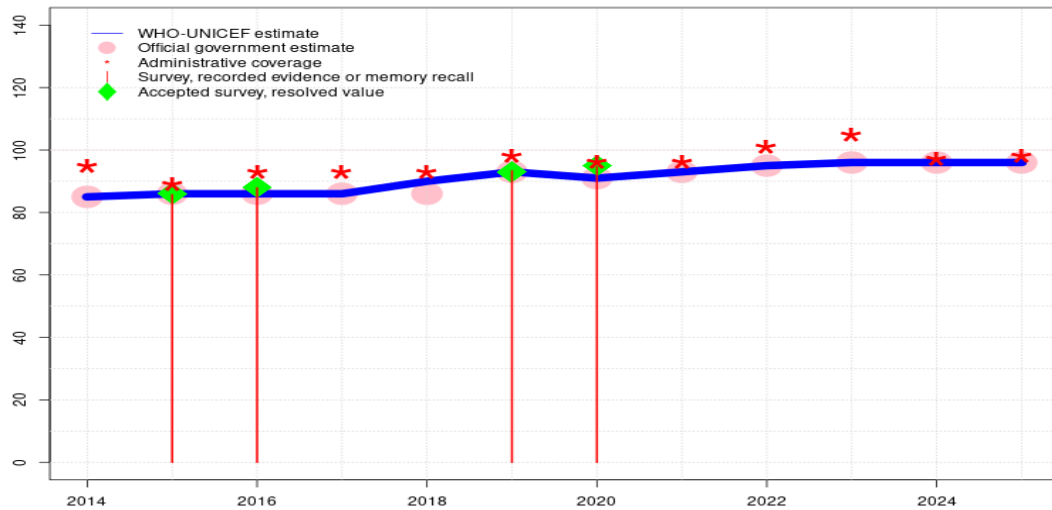
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Pakistan - BCG

PAK - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	86	86	86	90	93	91	93	95	96	96	96
Estimate GoC	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●	●
Official	85	86	86	86	86	93	91	93	95	96	96	96
Administrative	95	89	93	93	93	98	96	96	101	105	97	98
Survey	-	86	88	-	-	93	95	-	-	-	-	-

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.

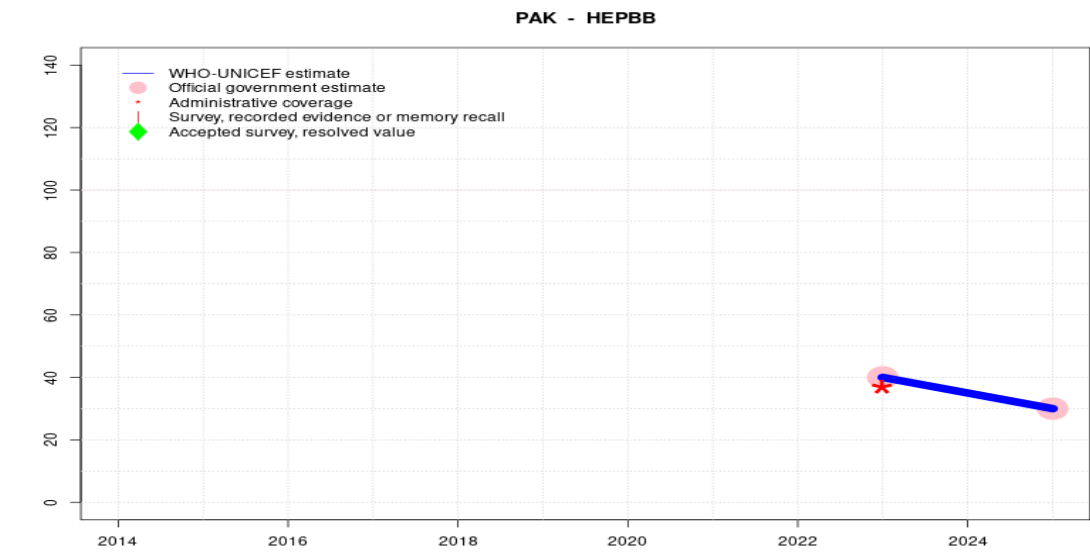
Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Programme reports three months national level stockout of BCG vaccine. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Reported target population increase from 2013 to

Pakistan - BCG

2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. GoC=R+S+ D+

Pakistan - HEPBB



Description:

- 2025: Estimate informed by reported data. Official estimates adjusted for missing reports from private hospitals. Reported coverage is for doses within 24 hours and later doses. GoC=R+
- 2024: Estimate informed by interpolation between reported data. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate of 35 percent changed from previous revision value of 25 percent. GoC=No accepted empirical data
- 2023: Estimate informed by reported data. Hepatitis B birth dose introduced in 2017. Reporting started in 2023. Estimate of 40 percent changed from previous revision value of 37 percent. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	40	35	30
Estimate GoC	-	-	-	-	-	-	-	-	-	●●	●	●●
Official	-	-	-	-	-	-	-	-	-	40	-	30
Administrative	-	-	-	-	-	-	-	-	-	37	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

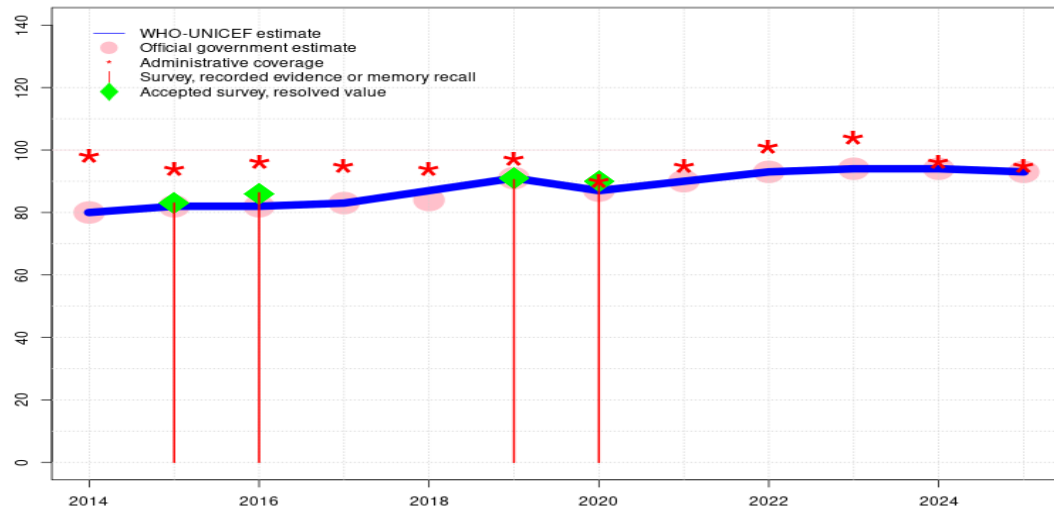
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Pakistan - DTP1

PAK - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	82	82	83	87	91	87	90	93	94	94	93
Estimate GoC	●	●●	●	●	●	●	●●	●	●	●	●	●
Official	80	82	82	83	84	91	87	90	93	94	94	93
Administrative	98	94	96	95	94	97	90	95	101	104	96	95
Survey	-	83	86	-	-	91	90	-	-	-	-	-

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:

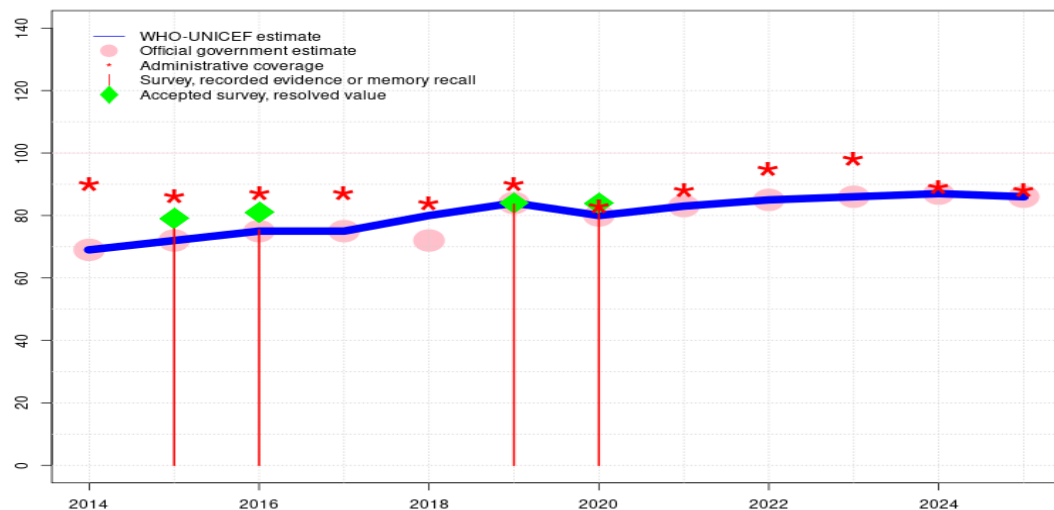
- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the

Pakistan - DTP1

number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate
challenged by: D-

Pakistan - DTP3

PAK - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	69	72	75	75	80	84	80	83	85	86	87	86
Estimate GoC	•	•	•	•	•	•	•••	•	•	•	•	••
Official	69	72	75	75	72	84	80	83	85	86	87	86
Administrative	90	86	87	87	84	90	83	88	95	98	89	88
Survey	-	76	75	-	-	84	84	-	-	-	-	-

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. GoC=R+ D+
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Decline observed in administrative coverage likely an artefact of a four percent increase in the target population from 2017 to 2018. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 81 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 75 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 59 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or

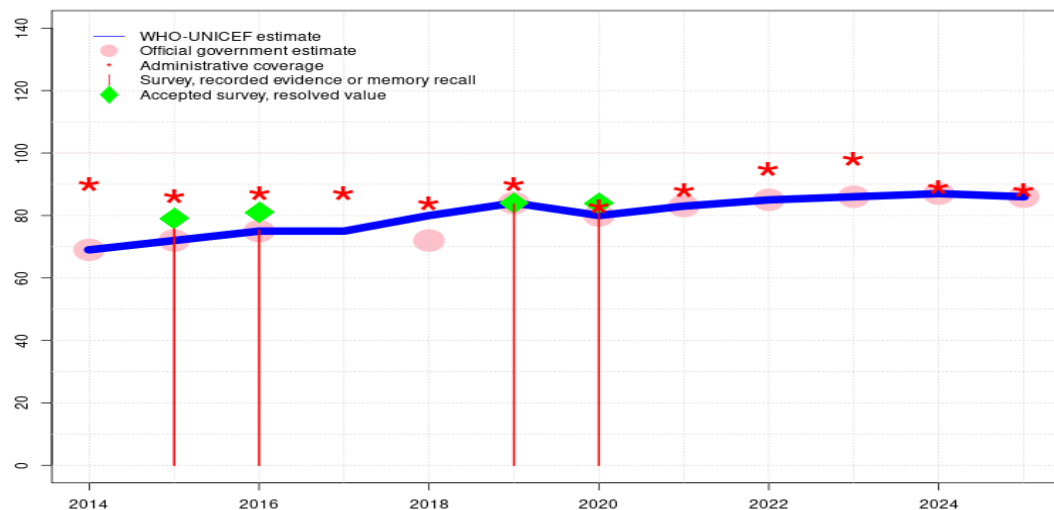
Pakistan - DTP3

recall results of 76 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 45 percent. Estimate challenged by: D-

2014: Estimate informed by reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-S-

Pakistan - HEPB3

PAK - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	69	72	75	75	80	84	80	83	85	86	87	86
Estimate GoC	•	•	•	•	•	•	•••	•	•	•	•	••
Official	69	72	75	-	72	84	80	83	85	86	87	86
Administrative	90	86	87	87	84	90	83	88	95	98	89	88
Survey	-	76	75	-	-	84	84	-	-	-	-	-

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.

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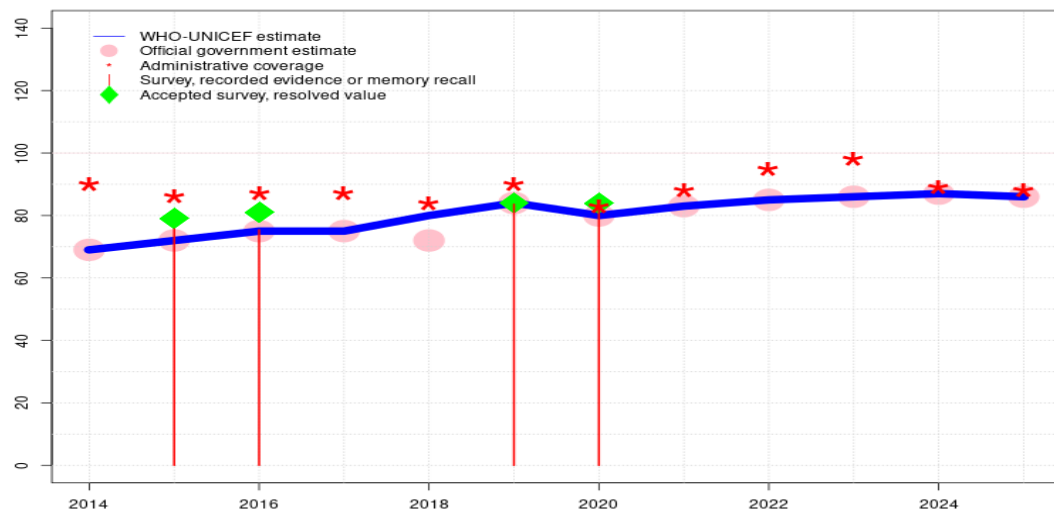
- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. GoC=Assigned by working group. Consistency with DTP3.
- 2018: Estimate informed by estimated DTP3 coverage. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years.Reported data excluded due to decline in reported coverage from 87 percent to 72 percent with increase to 84 percent. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by estimated DTP3 coverage. Reported data excluded due to an increase from 75 percent to 87 percent with decrease to 72 percent. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-R-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 81 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 75 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 63 percent and 3rd dose

Pakistan - HEPB3

record only coverage of 59 percent. Estimate challenged by: D-
2015: Estimate informed by reported data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 76 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 45 percent. Estimate challenged by: D-
2014: Estimate informed by reported data. Estimate challenged by: D-S-

Pakistan - HIB3

PAK - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	69	72	75	75	80	84	80	83	85	86	87	86
Estimate GoC	•	•	•	•	•	•	•••	•	•	•	•	••
Official	69	72	75	75	72	84	80	83	85	86	87	86
Administrative	90	86	87	87	84	90	83	88	95	98	89	88
Survey	-	76	75	-	-	84	84	-	-	-	-	-

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:

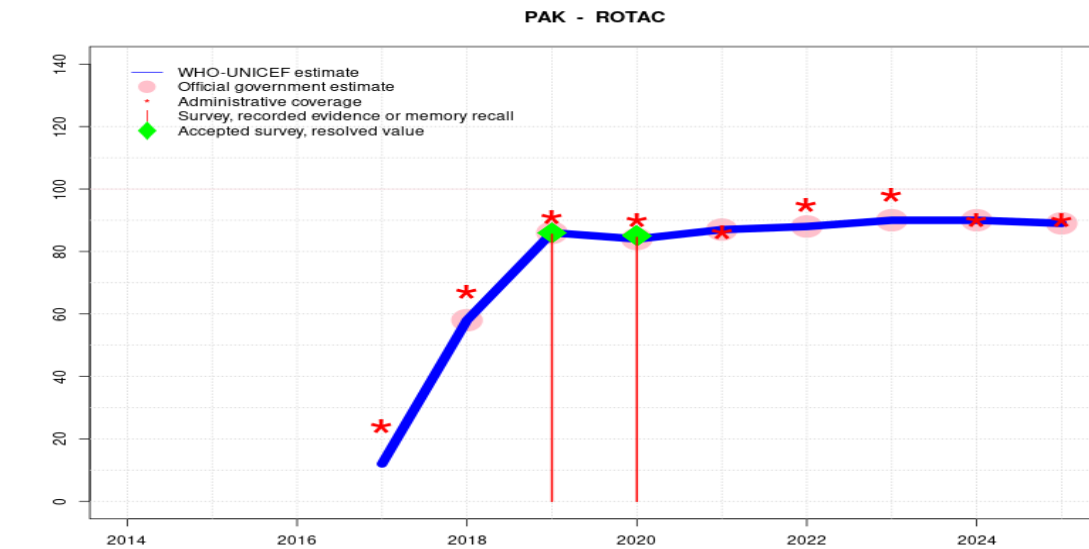
- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Vaccine stockout of unspecified duration. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. GoC=Assigned by working group. Consistency with DTP3.
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 81 percent based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 75 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 59 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey.Survey evidence of 79 percent

Pakistan - Hib3

based on 1 survey(s). Pakistan Demographic and Health Survey 2017-2018 record or recall results of 76 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 45 percent. Estimate challenged by: D-

2014: Estimate informed by reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-S-

Pakistan - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	12	58	86	84	87	88	90	90	89
Estimate GoC	-	-	-	•	•	•	•	•••	•	•	•	••
Official	-	-	-	-	58	86	84	87	88	90	90	89
Administrative	-	-	-	24	67	91	90	86	95	98	90	90
Survey	-	-	-	-	-	86	85	-	-	-	-	-

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

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

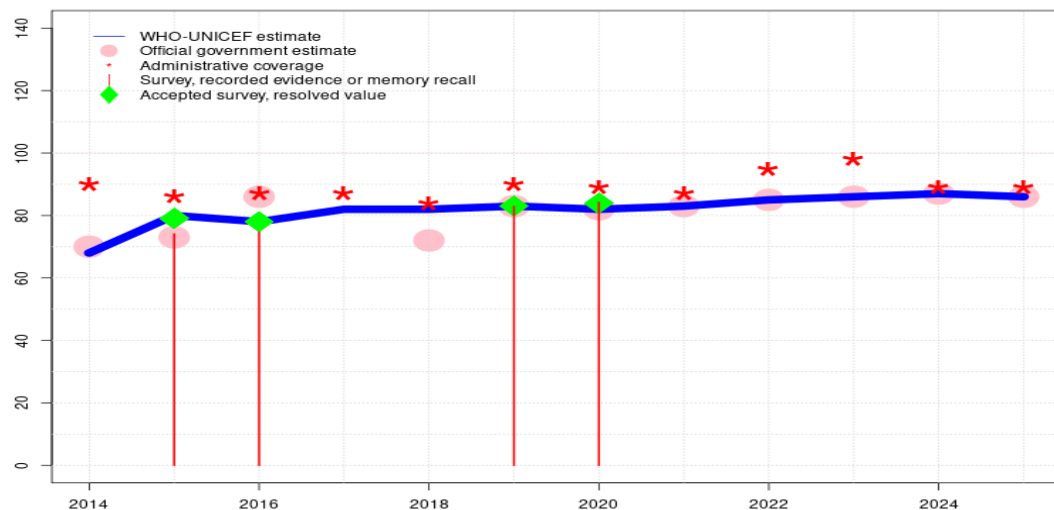
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. GoC=R+ S+ D+
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by reported data during period of introduction. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Rotavirus vaccine introduced in 2017. Programme reports 24 percent coverage achieved in 51 percent of the national target population. Estimate informed by annualized coverage achieved in the national target population. Estimates exceptionally based on administrative coverage as it was an introduction year and no other data was available. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: R-S-

Pakistan - PCVC

PAK - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	68	80	78	82	82	83	82	83	85	86	87	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	70	73	86	-	72	83	82	83	85	86	87	86
Administrative	90	86	87	87	84	90	89	87	95	98	89	89
Survey	-	74	75	-	-	83	84	-	-	-	-	-

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:

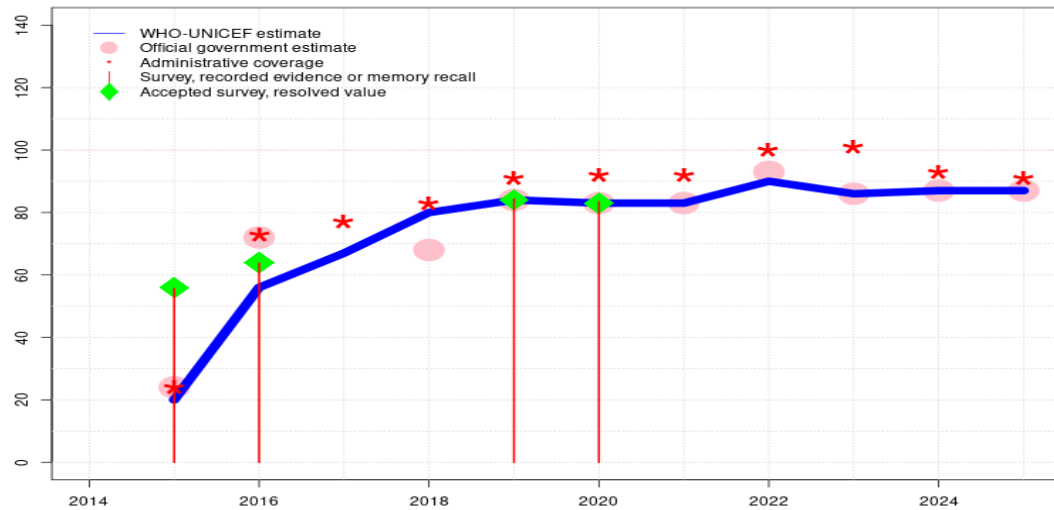
- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate based on official coverage reported. Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Reported data calibrated to 2016 and 2019 levels. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. Reported data excluded due to decline in reported coverage from 87 percent to 72 percent with increase to 83 percent. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Reported data calibrated to 2016 and 2019 levels. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: R-
- 2016: Estimate of 78 percent assigned by working group. Estimate informed by survey result adjusted for recall bias. Pakistan Demographic and Health Survey 2017-2018 record or recall results of 75 percent modified for recall bias to 78 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 58 percent. Estimate challenged by: R-
- 2015: Estimate of 80 percent assigned by working group. Estimate informed by survey result

adjusted for recall bias. Pakistan Demographic and Health Survey 2017-2018 record or recall results of 74 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 47 percent and 3rd dose record only coverage of 45 percent. Estimate challenged by: R-

2014: Estimate informed by estimated DTP3 coverage. Estimate is likely an overestimate. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate challenged by: D-R-S-

Pakistan - IPV1

PAK - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	20	56	67	80	84	83	83	90	86	87	87
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	24	72	-	68	84	83	83	93	86	87	87
Administrative	-	24	73	77	83	91	92	92	100	101	93	91
Survey	-	56	64	-	-	84	83	-	-	-	-	-

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.

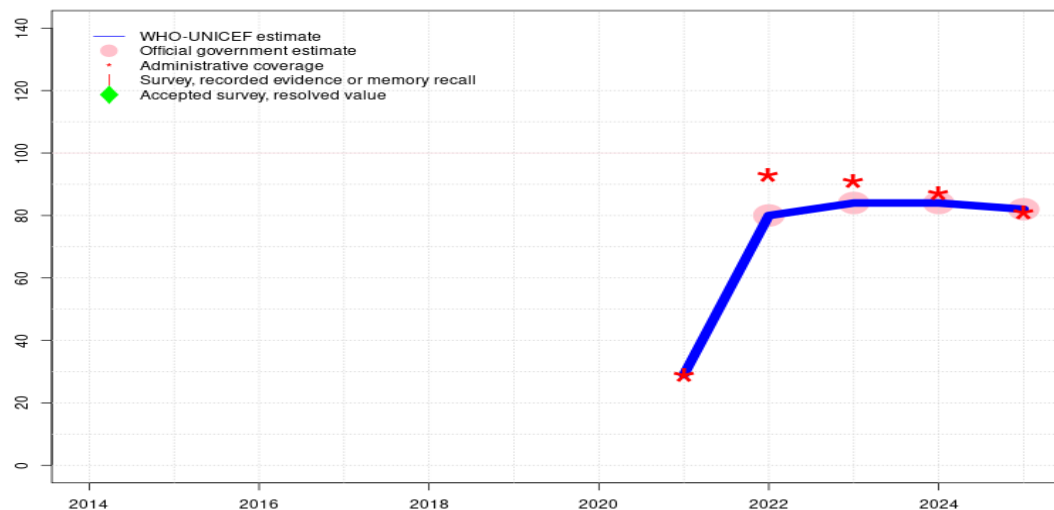
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by the difference between reported administrative DTP3 and IPV1 coverage and the estimated coverage for DTP3. Increases may reflect the contribution of supplementary immunization activities. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by estimated DTP3 coverage. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by DTP3 coverage adjusted by the relative difference in the reported number of children vaccinated with DTP3 and IPV1. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-R-S-
- 2016: Estimate informed by DTP3 coverage adjusted by the relative difference in the reported number of children vaccinated with DTP3 and IPV1. Estimate challenged by: D-R-
- 2015: Inactivated polio vaccine during 2015. Estimate challenged by: R-S-

Pakistan - IPV

PAK - IPV



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	29	80	84	84	82
Estimate GoC	-	-	-	-	-	-	-	●●	●	●	●	●●
Official	-	-	-	-	-	-	-	-	80	84	84	82
Administrative	-	-	-	-	-	-	-	29	93	91	87	81
Survey	-	-	-	-	-	-	-	-	-	-	-	-

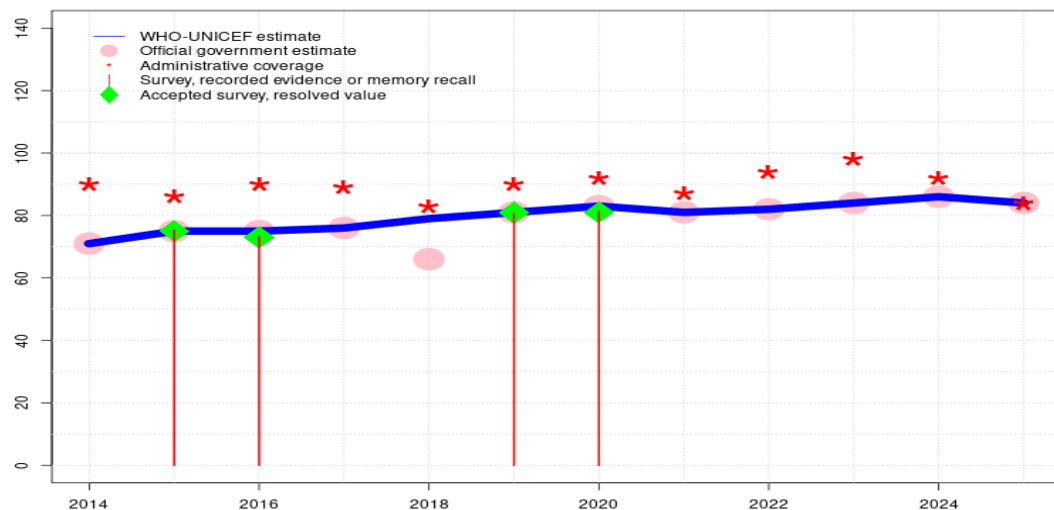
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Pakistan - MCV1

PAK - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	71	75	75	76	79	81	83	81	82	84	86	84
Estimate GoC	•	•••	•	•	•	•	•	•	•	•	•	••
Official	71	75	75	76	66	81	83	81	82	84	86	84
Administrative	90	86	90	89	83	90	92	87	94	98	92	84
Survey	-	75	73	-	-	81	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.

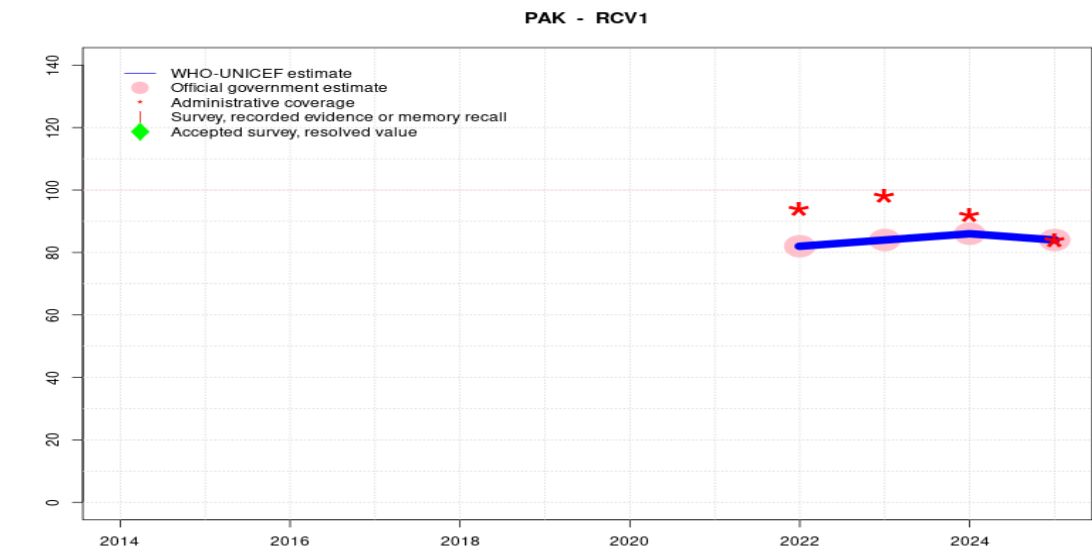
Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 81 percent based on 1 survey(s). Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by reported data. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 73 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Reported target population increase from 2013 to 2014, which was larger than any prior year-to-year change, is also unexplained while the

Pakistan - MCV1

number of children vaccinated remained largely unchanged from 2013 to 2014. Estimate
challenged by: D-

Pakistan - RCV1



Description:

- 2025: Estimate based on estimated MCV1. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. MR vaccine introduced in January 2022. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	82	84	86	84
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●●
Official	-	-	-	-	-	-	-	-	82	84	86	84
Administrative	-	-	-	-	-	-	-	-	94	98	92	84
Survey	-	-	-	-	-	-	-	-	-	-	-	-

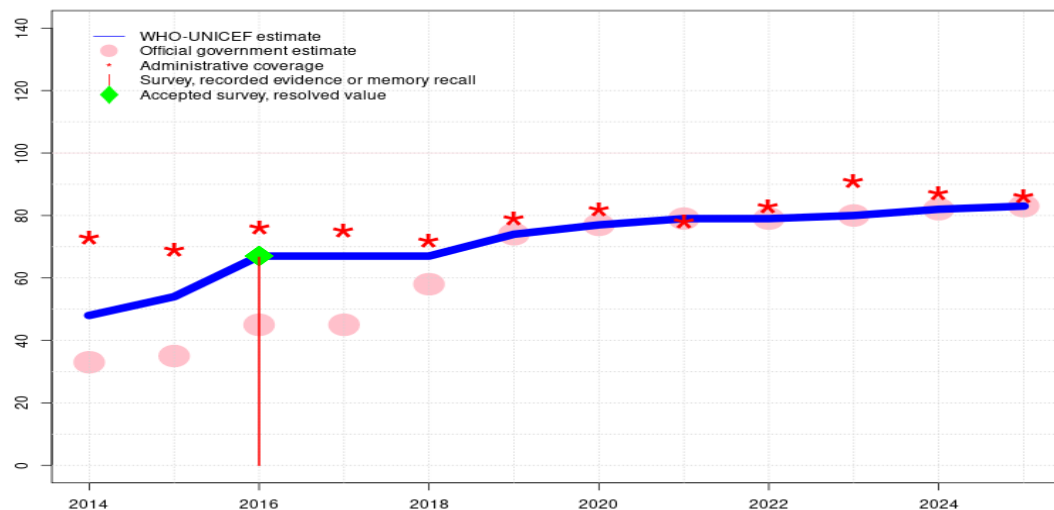
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Pakistan - MCV2

PAK - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	48	54	67	67	67	74	77	79	79	80	82	83
Estimate GoC	•	•	•	•	•	•	••	••	•	•	•	•
Official	33	35	45	45	58	74	77	79	79	80	82	83
Administrative	73	69	76	75	72	79	82	78	83	91	87	86
Survey	-	-	67	-	-	-	-	-	-	-	-	-

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. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Reported target population increase of 8 percent between 2023 and 2024 partially explains observed decline in administrative coverage. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Official estimates based on adjusted data using the 2022 Third Party Verification of Immunization Coverage Survey. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Official estimates based on adjusted data using the 2021 Third Party Verification of Immunization Coverage Survey. GoC=R+ D+
- 2020: Estimate informed by reported data. Official estimates for 2019 and 2020 based on the results of Third Party Verification of Immunization Coverage Survey (TPVICS), a large vaccination coverage survey conducted in early 2021. Monthly coverage data showed a significant decline in coverage from March to May 2020 followed by increases as a result of intensive catch-up vaccination activities. GoC=R+ D+
- 2019: Estimate informed by the official coverage reported. Programme reports a nine percent increase in the target population from 2018 to 2019 which may be related to a transition towards data from the 2017 census results. Census derived age-specific results were not available at the time of reporting. Estimate challenged by: D-
- 2018: Estimate informed by prior year estimate. Reported data excluded. As the reported number of doses administered increased from 2017 to 2018, observed declines in reported coverage may be artificial and the result of a larger year-to-year increase in the target population that observed in prior years. GoC=Assigned by working group. Consistency across vaccines in presence of no accepted empirical data.
- 2017: Estimate informed by survey result from prior year. The official estimates for Pakistan were determined through an exercise conducted with technical assistance from WHO and UNICEF in consultation with all provinces and areas using locally available survey data, data quality assessment results, administrative reports and data from the polio programme. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Estimate challenged by: R-
- 2015: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: D-R-S-
- 2014: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: D-R-S-

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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.

2020 Third-Party Verification Immunization Coverage Survey Round Two (TPVICS R-II) 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	94.7	12-23 m	95217	66
DTP1	Record or Recall	90.2	12-23 m	95217	66
DTP3	Record or Recall	84.4	12-23 m	95217	66
HEPB1	Record or Recall	90.2	12-23 m	95217	66
HEPB3	Record or Recall	84.4	12-23 m	95217	66
HIB1	Record or Recall	90.2	12-23 m	95217	66
HIB3	Record or Recall	84.4	12-23 m	95217	66
IPV1	Record or Recall	83.4	12-23 m	95217	66
MCV1	Record or Recall	81.3	12-23 m	95217	66
PCV1	Record or Recall	89.7	12-23 m	95217	66
PCVC	Record or Recall	84.2	12-23 m	95217	66
ROTAC	Record or Recall	84.5	12-23 m	95217	66

2019 Third-party Verification Immunization Coverage Survey (TPVICS) 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	93.3	12-23 m	110905	66
DTP1	Record or Recall	90.5	12-23 m	110905	66
DTP3	Record or Recall	83.6	12-23 m	110905	66
HEPB1	Record or Recall	90.5	12-23 m	110905	66
HEPB3	Record or Recall	83.6	12-23 m	110905	66
HIB1	Record or Recall	90.5	12-23 m	110905	66
HIB3	Record or Recall	83.6	12-23 m	110905	66
IPV1	Record or Recall	84.4	12-23 m	110905	66
MCV1	Record or Recall	80.6	12-23 m	110905	66
PCV1	Record or Recall	90.2	12-23 m	110905	66
PCVC	Record or Recall	82.9	12-23 m	110905	66
ROTAC	Record or Recall	85.5	12-23 m	110905	66

2016 Pakistan Demographic and Health Survey 2017-2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	24.9	12-23 m	723	63
BCG	Record	63	12-23 m	1252	63
BCG	Record or Recall	87.9	12-23 m	1975	63
BCG	Record or Recall<12m	87	12-23 m	1975	63
DTP1	Recall	23.5	12-23 m	723	63
DTP1	Record	62.9	12-23 m	1252	63
DTP1	Record or Recall	86.3	12-23 m	1975	63
DTP1	Record or Recall<12m	85	12-23 m	1975	63
DTP3	Recall	16.8	12-23 m	723	63
DTP3	Record	58.5	12-23 m	1252	63
DTP3	Record or Recall	75.4	12-23 m	1975	63
DTP3	Record or Recall<12m	73.8	12-23 m	1975	63
HEPB1	Recall	23.5	12-23 m	723	63
HEPB1	Record	62.9	12-23 m	1252	63
HEPB1	Record or Recall	86.3	12-23 m	1975	63
HEPB1	Record or Recall<12m	85	12-23 m	1975	63
HEPB3	Recall	16.8	12-23 m	723	63
HEPB3	Record	58.5	12-23 m	1252	63
HEPB3	Record or Recall	75.4	12-23 m	1975	63
HEPB3	Record or Recall<12m	73.8	12-23 m	1975	63
HIB1	Recall	23.5	12-23 m	723	63
HIB1	Record	62.9	12-23 m	1252	63

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HIB1	Record or Recall	86.3	12-23 m	1975	63
HIB1	Record or Recall<12m	85	12-23 m	1975	63
HIB3	Recall	16.8	12-23 m	723	63
HIB3	Record	58.5	12-23 m	1252	63
HIB3	Record or Recall	75.4	12-23 m	1975	63
HIB3	Record or Recall<12m	73.8	12-23 m	1975	63
IPV1	Recall	16.1	12-23 m	723	63
IPV1	Record	47.7	12-23 m	1252	63
IPV1	Record or Recall	63.8	12-23 m	1975	63
IPV1	Record or Recall<12m	62.6	12-23 m	1975	63
MCV1	Recall	17.9	12-23 m	723	63
MCV1	Record	55.3	12-23 m	1252	63
MCV1	Record or Recall	73.2	12-23 m	1975	63
MCV1	Record or Recall<12m	66.9	12-23 m	1975	63
MCV2	Recall	27.8	24-35 m	999	-
MCV2	Record	38.8	24-35 m	920	-
MCV2	Record or Recall	66.6	24-35 m	1919	-
MCV2	Record or Recall<24m	64.6	24-35 m	1919	-
PCV1	Recall	22.6	12-23 m	723	63
PCV1	Record	62.6	12-23 m	1252	63
PCV1	Record or Recall	85.2	12-23 m	1975	63
PCV1	Record or Recall<12m	83.8	12-23 m	1975	63
PCVC	Recall	16.5	12-23 m	723	63
PCVC	Record	58.2	12-23 m	1252	63
PCVC	Record or Recall	74.7	12-23 m	1975	63
PCVC	Record or Recall<12m	73.1	12-23 m	1975	63

2015 Pakistan Demographic and Health Survey 2017-2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	38.5	24-35 m	999	-
BCG	Record	47.2	24-35 m	920	-
BCG	Record or Recall	85.7	24-35 m	1919	-
BCG	Record or Recall<12m	84.4	24-35 m	1919	-
DTP1	Recall	36	24-35 m	999	-
DTP1	Record	47	24-35 m	920	-
DTP1	Record or Recall	83	24-35 m	1919	-
DTP1	Record or Recall<12m	81.7	24-35 m	1919	-
DTP3	Recall	30.4	24-35 m	999	-

DTP3	Record	45.2	24-35 m	920	-
DTP3	Record or Recall	75.7	24-35 m	1919	-
DTP3	Record or Recall<12m	72.4	24-35 m	1919	-
HEPB1	Recall	36	24-35 m	999	-
HEPB1	Record	47	24-35 m	920	-
HEPB1	Record or Recall	83	24-35 m	1919	-
HEPB1	Record or Recall<12m	81.7	24-35 m	1919	-
HEPB3	Recall	30.4	24-35 m	999	-
HEPB3	Record	45.2	24-35 m	920	-
HEPB3	Record or Recall	75.7	24-35 m	1919	-
HEPB3	Record or Recall<12m	72.4	24-35 m	1919	-
HIB1	Recall	36	24-35 m	999	-
HIB1	Record	47	24-35 m	920	-
HIB1	Record or Recall	83	24-35 m	1919	-
HIB1	Record or Recall<12m	81.7	24-35 m	1919	-
HIB3	Recall	30.4	24-35 m	999	-
HIB3	Record	45.2	24-35 m	920	-
HIB3	Record or Recall	75.7	24-35 m	1919	-
HIB3	Record or Recall<12m	72.4	24-35 m	1919	-
IPV1	Recall	24.8	24-35 m	999	-
IPV1	Record	30.8	24-35 m	920	-
IPV1	Record or Recall	55.6	24-35 m	1919	-
IPV1	Record or Recall<12m	52.6	24-35 m	1919	-
MCV1	Recall	32.1	24-35 m	999	-
MCV1	Record	43.2	24-35 m	920	-
MCV1	Record or Recall	75.3	24-35 m	1919	-
MCV1	Record or Recall<12m	66.1	24-35 m	1919	-
PCV1	Recall	35.2	24-35 m	999	-
PCV1	Record	46.5	24-35 m	920	-
PCV1	Record or Recall	81.7	24-35 m	1919	-
PCV1	Record or Recall<12m	80.7	24-35 m	1919	-
PCVC	Recall	29.5	24-35 m	999	-
PCVC	Record	44.6	24-35 m	920	-
PCVC	Record or Recall	74.1	24-35 m	1919	-
PCVC	Record or Recall<12m	71.1	24-35 m	1919	-

2013 Pakistan Social and Living Standards Measurement Survey (PSLM), 2014-15

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	65	12-23 m	-	-
BCG	Record or Recall	89	12-23 m	-	-
DTP1	Record	65	12-23 m	-	-
DTP1	Record or Recall	89	12-23 m	-	-
DTP3	Record	65	12-23 m	-	-
DTP3	Record or Recall	88	12-23 m	-	-
HEPB1	Record	65	12-23 m	-	-
HEPB1	Record or Recall	89	12-23 m	-	-
HEPB3	Record	65	12-23 m	-	-
HEPB3	Record or Recall	88	12-23 m	-	-
HIB1	Record	65	12-23 m	-	-
HIB1	Record or Recall	89	12-23 m	-	-
HIB3	Record	65	12-23 m	-	-
HIB3	Record or Recall	88	12-23 m	-	-
MCV1	Record	61	12-23 m	-	-
MCV1	Record or Recall	83	12-23 m	-	-

2012 Pakistan Demographic and Health Survey 2012-2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	49.3	12-23 m	1327	36
BCG	Record	35.9	12-23 m	748	36
BCG	Record or Recall	85.2	12-23 m	2074	36
BCG	Record or Recall<12m	83.2	12-23 m	2074	36
DTP1	Recall	43.7	12-23 m	1327	36
DTP1	Record	35.1	12-23 m	748	36
DTP1	Record or Recall	78.8	12-23 m	2074	36
DTP1	Record or Recall<12m	76.8	12-23 m	2074	36
DTP3	Recall	33	12-23 m	1327	36
DTP3	Record	32.2	12-23 m	748	36
DTP3	Record or Recall	65.2	12-23 m	2074	36
DTP3	Record or Recall<12m	62.5	12-23 m	2074	36
MCV1	Recall	32.7	12-23 m	1327	36
MCV1	Record	28.7	12-23 m	748	36
MCV1	Record or Recall	61.4	12-23 m	2074	36
MCV1	Record or Recall<12m	49.7	12-23 m	2074	36

2012 Pakistan Social and Living Standards Measurement Survey (PSLM), 2013-14

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	62	12-23 m	-	-
BCG	Record or Recall	82	12-23 m	-	-
DTP1	Record	62	12-23 m	-	-
DTP1	Record or Recall	81	12-23 m	-	-
DTP3	Record	61	12-23 m	-	-
DTP3	Record or Recall	78	12-23 m	-	-
HEPB1	Record	62	12-23 m	-	-
HEPB1	Record or Recall	81	12-23 m	-	-
HEPB3	Record	61	12-23 m	-	-
HEPB3	Record or Recall	78	12-23 m	-	-
HIB1	Record	62	12-23 m	-	-
HIB1	Record or Recall	81	12-23 m	-	-
HIB3	Record	61	12-23 m	-	-
HIB3	Record or Recall	78	12-23 m	-	-
MCV1	Record	59	12-23 m	-	-
MCV1	Record or Recall	77	12-23 m	-	-

2010 National Nutrition Survey Pakistan 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	86.6	6-49 m	-	-
BCG	Record	31.5	6-49 m	-	-
DTP3	Record	90	6-49 m	-	-
DTP3	Record or Recall	76	6-49 m	-	-
HEPB3	Record	90	6-49 m	-	-
HEPB3	Record or Recall<12m	76	6-49 m	-	-
HIB3	Recall	76	6-49 m	-	-
HIB3	Record	90	6-49 m	-	-
MCV1	Recall	64.6	6-49 m	-	-
MCV1	Record	23.1	6-49 m	-	-

2010 Pakistan Social and Living Standards Measurement Survey 2010-2011

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	57	12-23 m	76546	-
BCG	Record or Recall	88	12-23 m	76546	-
DTP1	Record	57	12-23 m	76546	-
DTP1	Record or Recall	88	12-23 m	76546	-
DTP3	Record	56	12-23 m	76546	-
DTP3	Record or Recall	85	12-23 m	76546	-
MCV1	Record	53	12-23 m	76546	-
MCV1	Record or Recall	82	12-23 m	76546	-

2007 Pakistan Social and Living Standards Measurement Survey 2008-2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	52	12-23 m	75188	-
BCG	Record or Recall	87	12-23 m	75188	-
DTP1	Record	52	12-23 m	75188	-
DTP1	Record or Recall	87	12-23 m	75188	-
DTP3	Record	51	12-23 m	75188	-
DTP3	Record or Recall	84	12-23 m	75188	-
MCV1	Record	51	12-23 m	75188	-
MCV1	Record or Recall	79	12-23 m	75188	-

2006 Pakistan Social and Living Standards Measurement Survey 2007-2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	82	12-23 m	-	-
DTP1	Record	83	12-23 m	-	-
DTP3	Record	79	12-23 m	-	-
MCV1	Record	76	12-23 m	-	-

2005 Pakistan Demographic and Health Survey 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	56.8	12-23 m	1522	24

BCG	Record	23.6	12-23 m	1522	24
BCG	Record or Recall	80.3	12-23 m	1522	24
BCG	Record or Recall<12m	77.6	12-23 m	1522	24
DTP1	Recall	51.5	12-23 m	1522	24
DTP1	Record	23.3	12-23 m	1522	24
DTP1	Record or Recall	74.8	12-23 m	1522	24
DTP1	Record or Recall<12m	71.7	12-23 m	1522	24
DTP3	Recall	37.5	12-23 m	1522	24
DTP3	Record	20.9	12-23 m	1522	24
DTP3	Record or Recall	58.5	12-23 m	1522	24
DTP3	Record or Recall<12m	56.1	12-23 m	1522	24
HEPB1	Recall	48	12-23 m	1522	24
HEPB1	Record	23.1	12-23 m	1522	24
HEPB1	Record or Recall	71	12-23 m	1522	24
HEPB1	Record or Recall<12m	68.2	12-23 m	1522	24
HEPB3	Recall	36.5	12-23 m	1522	24
HEPB3	Record	20.8	12-23 m	1522	24
HEPB3	Record or Recall	57.3	12-23 m	1522	24
HEPB3	Record or Recall<12m	54.5	12-23 m	1522	24
MCV1	Recall	40.7	12-23 m	1522	24
MCV1	Record	19.2	12-23 m	1522	24
MCV1	Record or Recall	59.9	12-23 m	1522	24
MCV1	Record or Recall<12m	50.2	12-23 m	1522	24

2004 EPI Coverage Evaluation Survey, Draft Report, Pakistan 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	67.5	12-23 m	72280	11
BCG	Record	10.2	12-23 m	72280	11
BCG	Record or Recall	77.7	12-23 m	72280	11
DTP1	Recall	64.4	12-23 m	72280	11
DTP1	Record	10.2	12-23 m	72280	11
DTP1	Record or Recall	74.6	12-23 m	72280	11
DTP3	Recall	55.3	12-23 m	72280	11
DTP3	Record	9.2	12-23 m	72280	11
DTP3	Record or Recall	64.5	12-23 m	72280	11
HEPB1	Recall	59	12-23 m	72280	11
HEPB1	Record	9.8	12-23 m	72280	11
HEPB1	Record or Recall	68.8	12-23 m	72280	11

HEPB3	Recall	51.7	12-23 m	72280	11
HEPB3	Record	8.9	12-23 m	72280	11
HEPB3	Record or Recall	60.7	12-23 m	72280	11
MCV1	Recall	54	12-23 m	72280	11
MCV1	Record	8.6	12-23 m	72280	11
MCV1	Record or Recall	62.6	12-23 m	72280	11

2003 Pakistan Social and Living Standards Measurement Survey 2004-2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	51	12-23 m	-	-
BCG	Record or Recall<12m	82	12-23 m	-	-
DTP1	Record	51	12-23 m	-	-
DTP1	Record or Recall<12m	82	12-23 m	-	-
DTP3	Record	50	12-23 m	-	-
DTP3	Record or Recall<12m	80	12-23 m	-	-
MCV1	Record	49	12-23 m	-	-
MCV1	Record or Recall<12m	78	12-23 m	-	-

2000 Pakistan Integrated Household Survey, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	34	12-23 m	-	-
BCG	Record or Recall	67	12-23 m	-	-
DTP1	Record	36	12-23 m	-	-

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

DTP1	Record or Recall	71	12-23 m	-	-
DTP3	Record	33	12-23 m	-	-
DTP3	Record or Recall	63	12-23 m	-	-
MCV1	Record	30	12-23 m	-	-
MCV1	Record or Recall	57	12-23 m	-	-

1998 Assessment of Immunization Coverage, Pakistan February - April 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Scar	72.5	12-23 m	3664	37
MCV1	Record or Recall	54	12-23 m	3664	37

1997 Pakistan Integrated Household Survey, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	39	12-23 m	-	-
BCG	Record or Recall	65	12-23 m	-	-
DTP1	Record	41	12-23 m	-	-
DTP1	Record or Recall	67	12-23 m	-	-
DTP3	Record	37	12-23 m	-	-
DTP3	Record or Recall	58	12-23 m	-	-
MCV1	Record	36	12-23 m	-	-
MCV1	Record or Recall	55	12-23 m	-	-