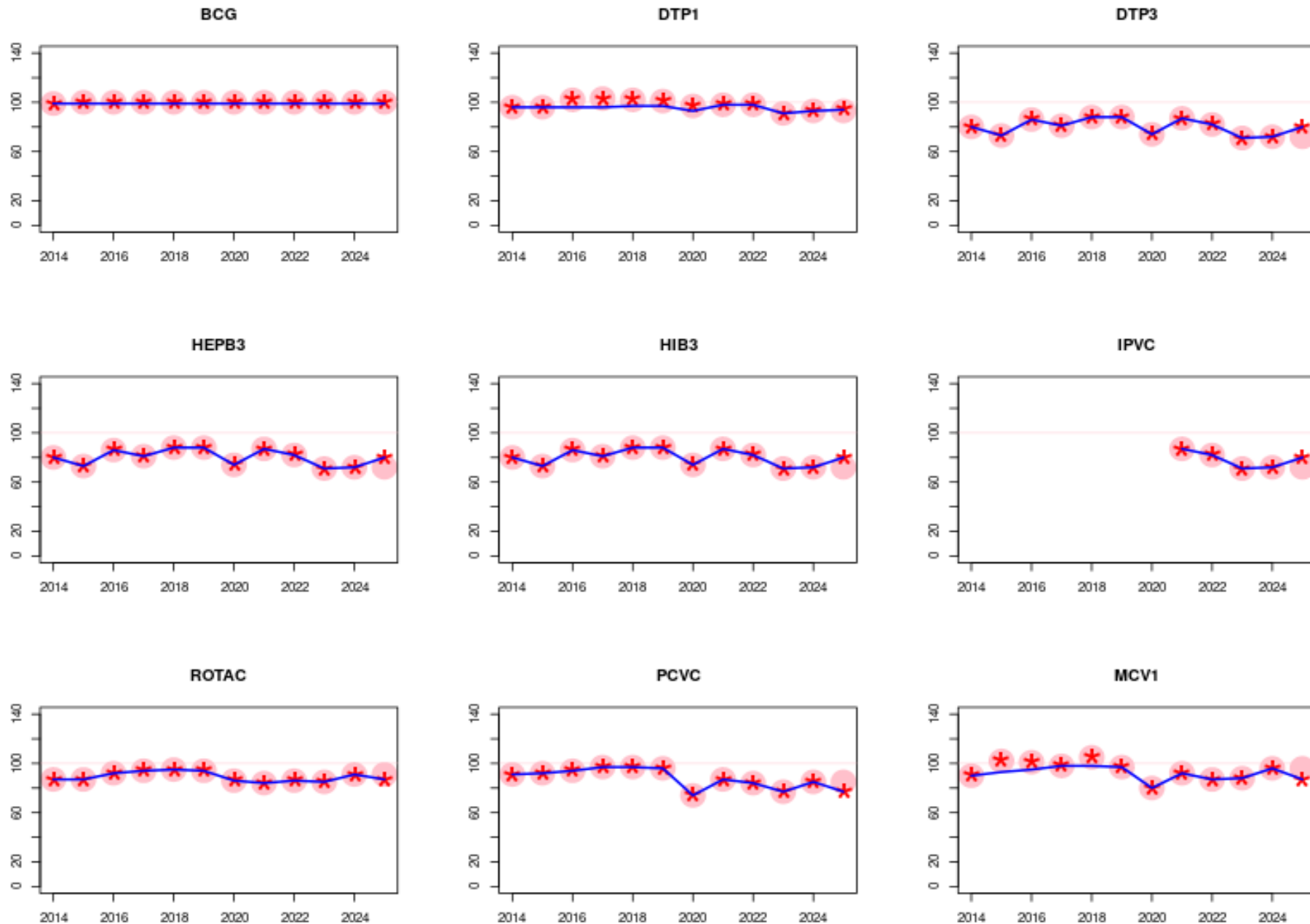




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, 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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ANTECEDENTES Cada año, la OMS y UNICEF revisan conjuntamente los informes presentados por los Estados Miembros relativos a la cobertura nacional de inmunización, los informes finales de encuestas de cobertura, así como los datos identificados en la literatura gris y publicada. Sobre la base de esos datos, y teniendo debidamente en cuenta los posibles sesgos e información de expertos locales, la OMS y el UNICEF tratan de distinguir entre las situaciones en que los datos empíricos disponibles reflejan con exactitud el desempeño del sistema de inmunización y aquellas en que los datos puedan estar comprometidos y presentar una visión distorsionada de la cobertura. Las estimaciones se refieren a las vacunas administradas y documentadas por servicios de inmunización sistemática o regular a niños menores de 12 meses de edad, o según la edad especificada en el calendario de vacunación recomendado. No se incluyen las vacunas recibidas a través de actividades de inmunización suplementarias, como las campañas contra la poliomielitis y el sarampión.

Las estimaciones de cobertura de la OMS y UNICEF son específicas para cada país; es decir, los datos de cada país se revisan individualmente y, en ausencia de datos, no se toman prestados datos de otros países. Las estimaciones no se basan en ajustes ad hoc de los datos notificados y en algunos casos solo se dispone de datos empíricos de una única fuente, habitualmente los datos de cobertura notificados a nivel nacional. En los casos en que no se dispone de datos para una combinación determinada de país/vacuna/año, se consideran los datos de años anteriores y posteriores y se realiza una interpolación para estimar la cobertura del año(s) faltante(s). En los casos en que se cuenta con diversas fuentes de datos y éstos muestran una gran diferencia, se intenta identificar la estimación más cercana a la realidad teniendo en cuenta los posibles sesgos de los datos disponibles. Para leer la metodología, véase:

* 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.

FUENTES DE DATOS

Cobertura ADMINISTRATIVA: Datos reportados por las autoridades nacionales en base a informes administrativos agregados procedentes de proveedores de servicios sanitarios sobre el número de dosis administradas durante un periodo determinado (datos del numerador) y datos sobre la población meta (datos del denominador). La cobertura administrativa puede estar sesgada por inexactitudes en el numerador y/o denominador.

Cobertura OFICIAL: Cobertura comunicada por las autoridades nacionales como la estimación que refleja su evaluación de la cobertura más probable usualmente basada en cualquier combinación de cobertura administrativa, estimaciones basadas en encuestas u otras fuentes de datos o ajustes. La metodología para determinar la cobertura OFICIAL puede variar de un país a otro.

Cobertura de ENCUESTA: Basada en la cobertura estimada a partir de encuestas de hogares para la población de niños de 6-11, 12-23 o 24-35 meses, tras una revisión de los métodos y los resultados de la encuesta. La información se basa en la combinación de datos de vacunación extraídas de algún documento (tarjeta de vacunación, registros) o de lo que pueda recordar el responsable del niño. Los resultados de una encuesta se consideran para la cohorte de nacimiento de la mayoría de los niños en función del periodo de recopilación de datos y la edad de los niños incluidos.

ABREVIATURAS Y DEFINICIONES

BCG: porcentaje de recién nacidos que recibieron una dosis de la vacuna Bacillus Calmette-Guerin, contra formas severas de tuberculosis.

DTP1 / DTP3 (del inglés diphtheria-tetanus-pertussis): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª / 3ª dosis, respectivamente, de una vacuna que contiene toxoide diftérico y tetánico y vacuna contra la tos ferina (Pertussis).

IPV1 (del inglés inactivated polio vaccine): porcentaje recién nacidos supervivientes (al año) que recibieron la 1ª dosis de la vacuna inactivada contra la poliomielitis.

IPVC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la vacuna VPI en la serie primaria, recomendada según el calendario nacional de vacunación (por ejemplo, la segunda o tercera dosis).

MCV1 (del inglés measles-containing vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª dosis de alguna vacuna antisarampionosa. En países en los que el esquema nacional de vacunación recomienda la 1ª dosis vacuna antisarampionosa a partir de los 12 meses de edad, en función de la epidemiología de la enfermedad en el país, las estimaciones de cobertura reflejan el porcentaje de niños que recibieron la 1ª dosis de vacuna antisarampionosa según la edad recomendada.

MCV2: porcentaje de niños que recibieron la 2ª dosis de alguna vacuna antisarampionosa según el calendario recomendado a nivel nacional.

RCV1 (del inglés rubella-containing vaccine): porcentaje de recién nacidos supervivientes (al año), o según la edad recomendada, que recibieron la 1ª dosis de alguna vacuna contra la rubéola. Las estimaciones de cobertura contra la rubéola se basan en las estimaciones de la OMS y UNICEF para la vacuna antisarampionosa correspondiente a la primera vacuna combinada contra el sarampión y la rubéola. La estimación de la OMS y UNICEF no considera la cobertura contra la rubéola notificada.

HEPBB: porcentaje de recién nacidos que recibieron una dosis de vacuna contra la hepatitis B dentro de las primeras 24 horas después del nacimiento. Las estimaciones de cobertura de hepatitis B del recién nacido sólo se elaboran para los países que recomiendan esta dosis de manera universal y no para los países que recomiendan una dosis al nacer solo para recién nacidos de madres infectadas por el virus de la hepatitis B o cuando no hay información suficiente para determinar si la vacunación se administra dentro de las primeras 24 horas después del nacimiento.

HEPB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de una vacuna contra la hepatitis B tras la dosis de nacimiento.

HIB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de la vacuna contra Haemophilus influenzae tipo b.

ROTAC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis recomendada de la vacuna contra el rotavirus, que puede ser la 2ª o la 3ª dosis dependiendo de la vacuna utilizada.

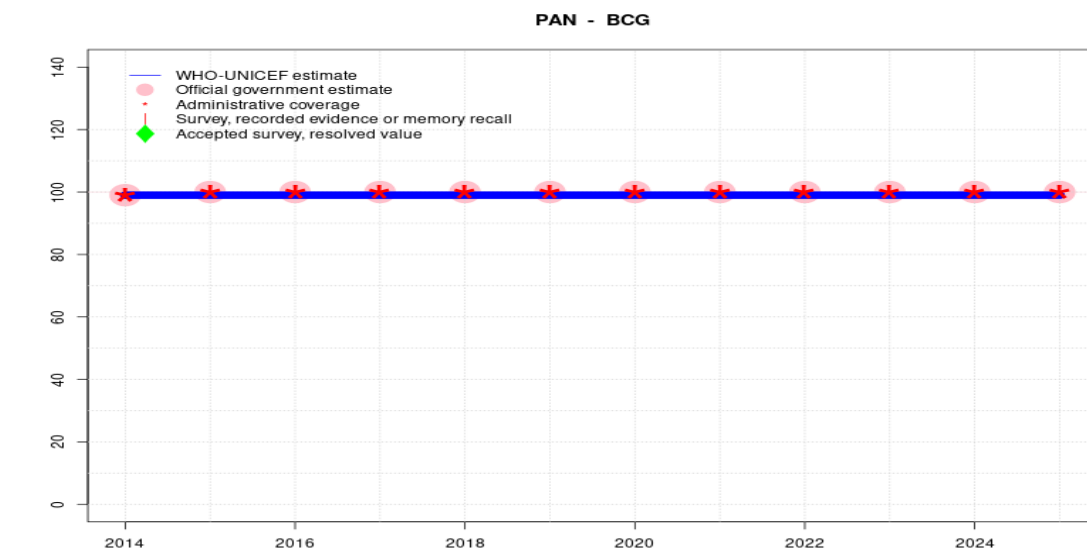
PCVC (del inglés pneumococcal conjugate vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la serie primaria de la vacuna antineumocócica conjugada, recomendada según el calendario nacional de vacunación (p. ej., segunda o tercera dosis).

YFV (del inglés yellow fever vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones de cobertura se anualizan para toda la cohorte de recién nacidos supervivientes.

MENGA: porcentaje de niños que recibieron una dosis de la vacuna conjugada antimeningocócica A. Las estimaciones de cobertura MENGA son únicamente elaboradas para los países del cinturón de la meningitis de África subsahariana.

Descargo de responsabilidad: La Organización Mundial de la Salud y el Fondo de las Naciones Unidas para la Infancia han tomado todas las precauciones razonables para verificar la información contenida en esta publicación. No obstante, el material publicado se distribuye sin garantía de ningún tipo, ni expresa ni implícita. La responsabilidad de la interpretación y el uso del material recae en el lector. En ningún caso la Organización Mundial de la Salud o el Fondo de las Naciones Unidas para la Infancia serán responsables de potenciales daños derivados de su uso.

Panama - BCG



Description:

2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-

2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Estimate challenged by: D-

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

2022: Estimate informed by reported data. Estimate challenged by: D-

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

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

2019: Estimate informed by reported data. Programme reports a one month vaccine stockout. GoC=R+ D+

2018: Estimate informed by reported data. Programme reports a four-month vaccine stockout. GoC=R+ D+

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

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

2015: Estimate informed by reported data. GoC=R+ D+

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

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

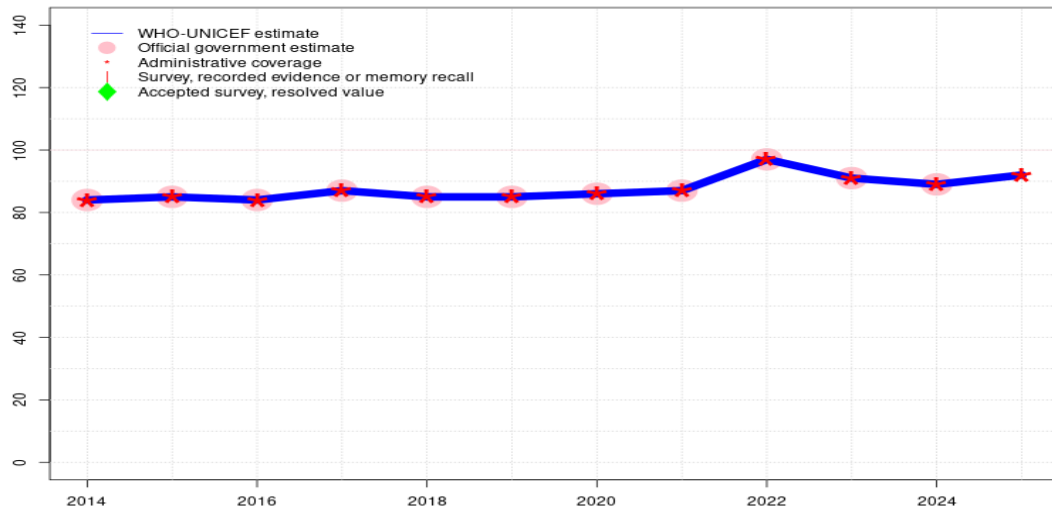
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Panama - HEPBB

PAN - HEPBB



Description:

2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-

2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Estimate of 89 percent changed from previous revision value of 87 percent. Estimate challenged by: D-

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

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

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

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

2019: Estimate informed by reported data. Programme reports eight months vaccine stockout. GoC=R+ D+

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

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

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

2015: Estimate informed by reported data. GoC=R+ D+

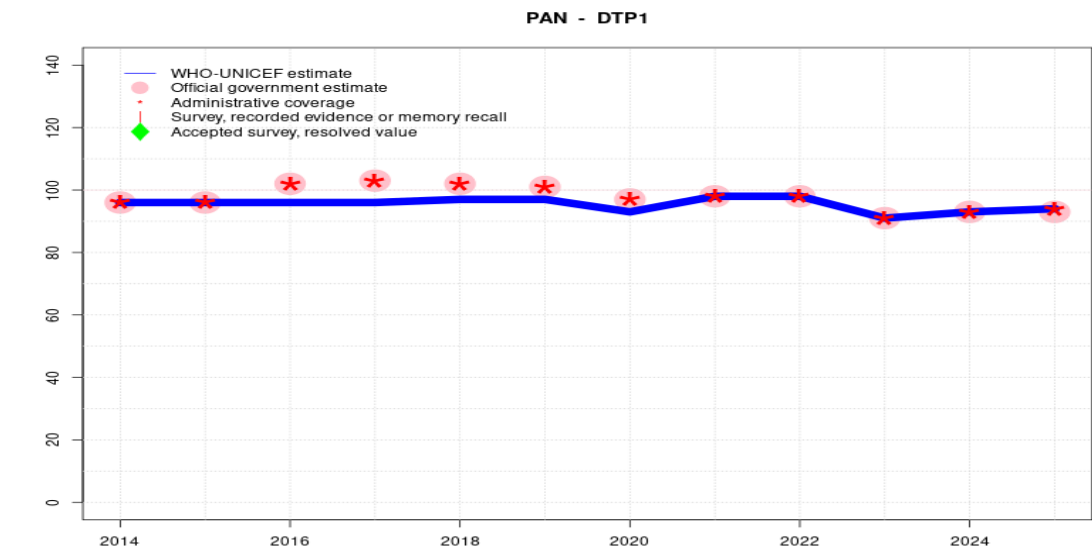
2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	84	85	84	87	85	85	86	87	97	91	89	92
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●
Official	84	85	84	87	85	85	86	87	97	91	89	-
Administrative	84	85	84	87	85	85	86	87	97	91	89	92
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.



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	96	96	96	96	97	97	93	98	98	91	93	94
Estimate GoC	●●	●●	●●	●●	●●	●●	●	●●	●●	●●	●	●
Official	96	96	102	103	102	101	97	98	98	91	93	93
Administrative	96	96	102	103	102	101	97	98	98	91	93	94
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.

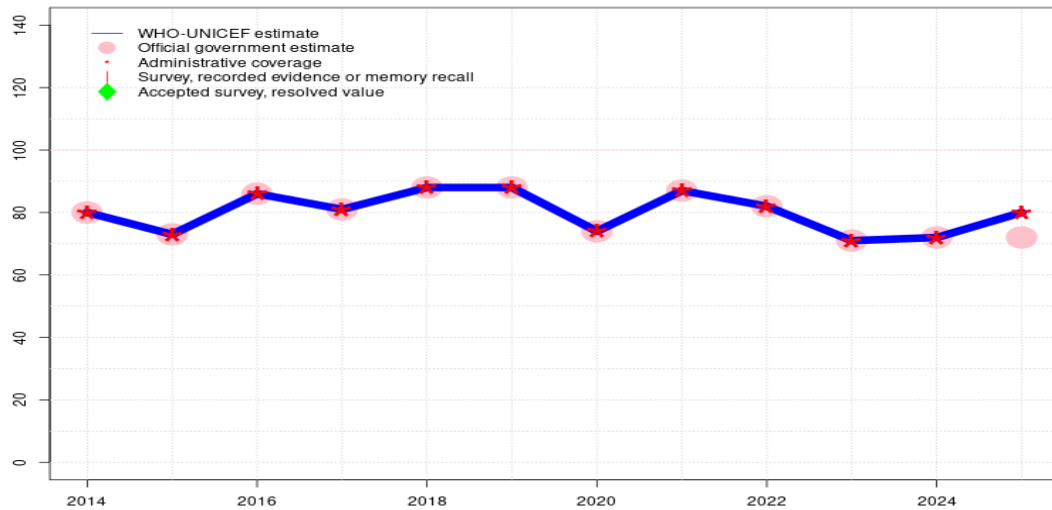
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate of 93 percent changed from previous revision value of 91 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reported 4 months vaccine stock-out at the national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by decline in reported administrative coverage. Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2019: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2017: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. Programme reports a one-month vaccine stockout in 2016. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Panama - DTP3

PAN - DTP3



Description:

- 2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reported 4 months vaccine stock-out at the national and subnational levels. Programme reports four months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate informed by decline in reported administrative coverage. Programme reports a three months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a one-month vaccine stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	73	86	81	88	88	74	87	82	71	72	80
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	80	73	86	81	88	88	74	87	82	71	72	72
Administrative	80	73	86	81	88	88	74	87	82	71	72	80
Survey	-	-	-	-	-	-	-	-	-	-	-	-

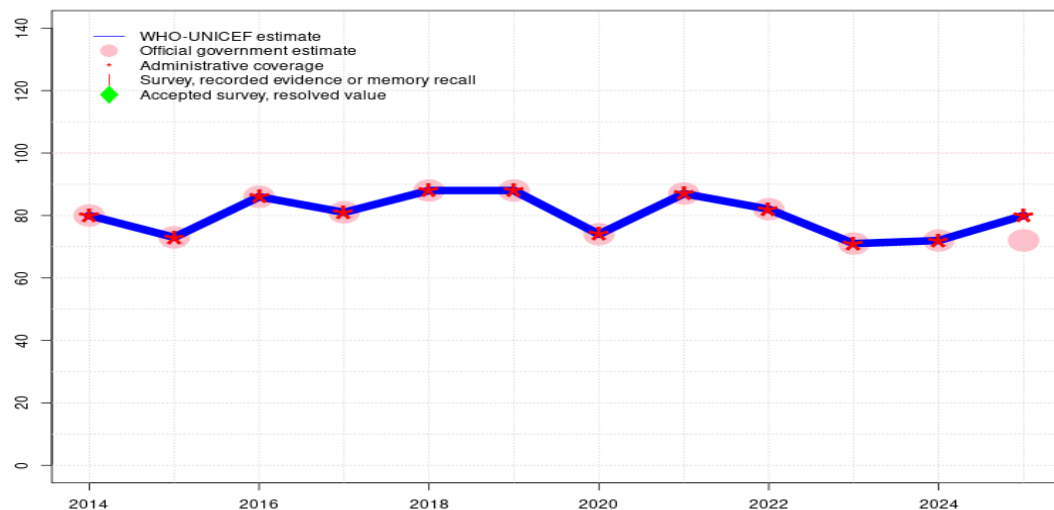
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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While 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.

Panama - HEPB3

PAN - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	73	86	81	88	88	74	87	82	71	72	80
Estimate GoC	••	••	••	••	••	••	••	••	••	••	•	•
Official	80	73	86	81	88	88	74	87	82	71	72	72
Administrative	80	73	86	81	88	88	74	87	82	71	72	80
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

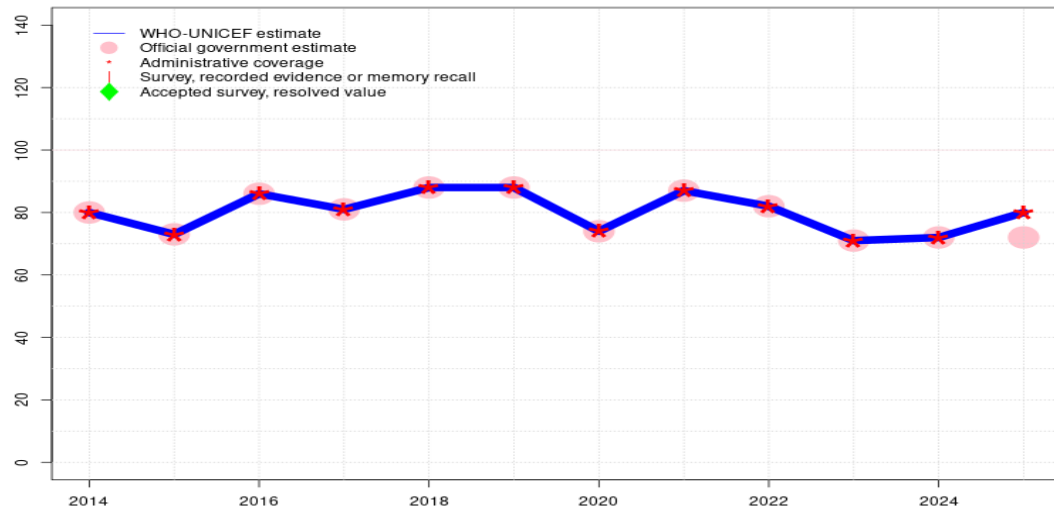
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reported 4 months vaccine stock-out at the national and subnational levels. Programme reports four months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate informed by decline in reported administrative coverage. Programme reports a three months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a one-month vaccine stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Panama - HIB3

PAN - HIB3



Description:

- 2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reported 4 months vaccine stock-out at the national and subnational levels. Programme reports four months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate informed by decline in reported administrative coverage. Programme reports a three months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a one-month vaccine stockout. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	73	86	81	88	88	74	87	82	71	72	80
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	80	73	86	81	88	88	74	87	82	71	72	72
Administrative	80	73	86	81	88	88	74	87	82	71	72	80
Survey	-	-	-	-	-	-	-	-	-	-	-	-

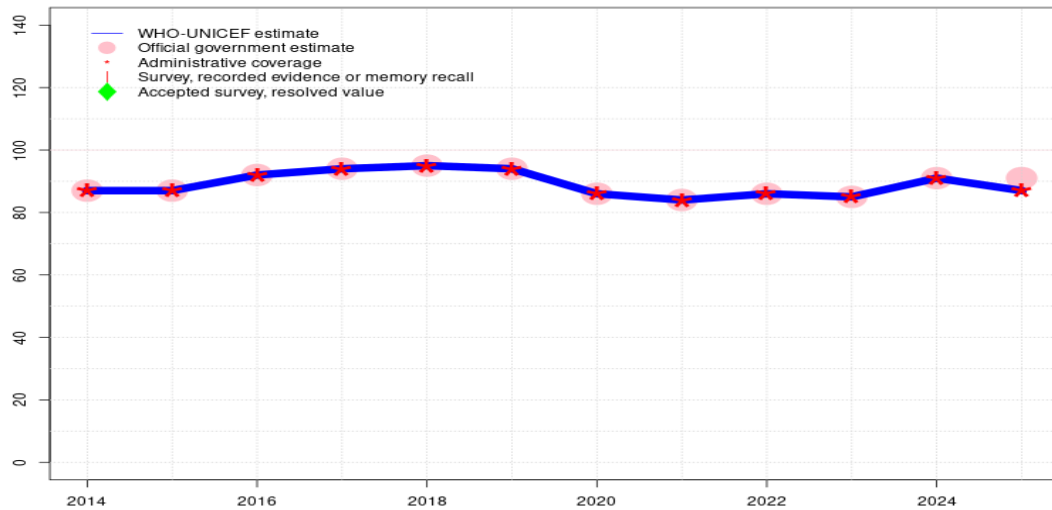
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Panama - ROTAC

PAN - ROTAC



Description:

2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-

2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Estimate of 91 percent changed from previous revision value of 88 percent. Estimate challenged by: D-

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

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

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

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

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

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

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

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

2015: Estimate informed by reported data. GoC=R+ D+

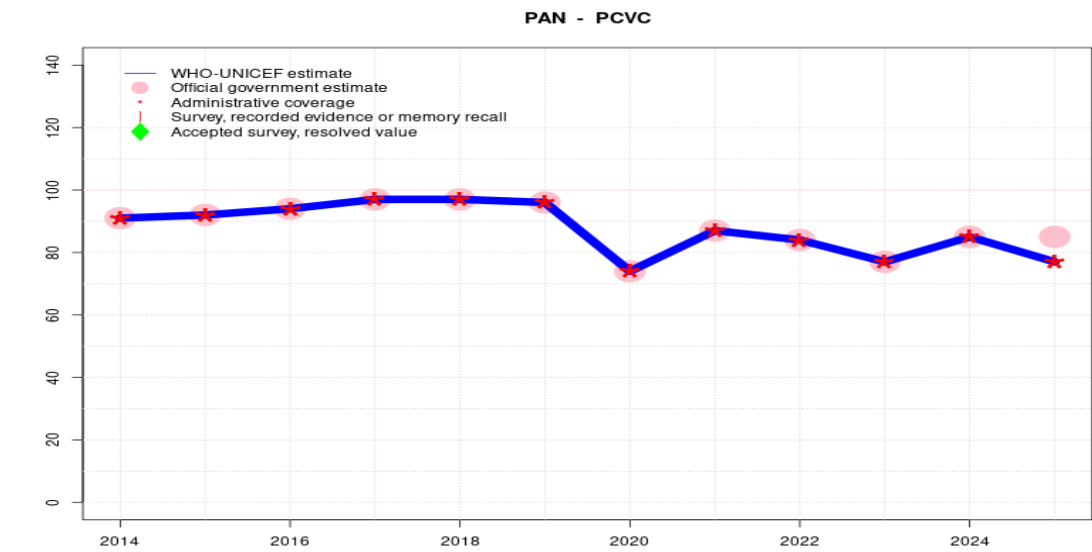
2014: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	87	87	92	94	95	94	86	84	86	85	91	87
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	87	87	92	94	95	94	86	84	86	85	91	91
Administrative	87	87	92	94	95	94	86	84	86	85	91	87
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.



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	92	94	97	97	96	74	87	84	77	85	77
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●
Official	91	92	94	97	97	96	74	87	84	77	85	85
Administrative	91	92	94	97	97	96	74	87	84	77	85	77
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.

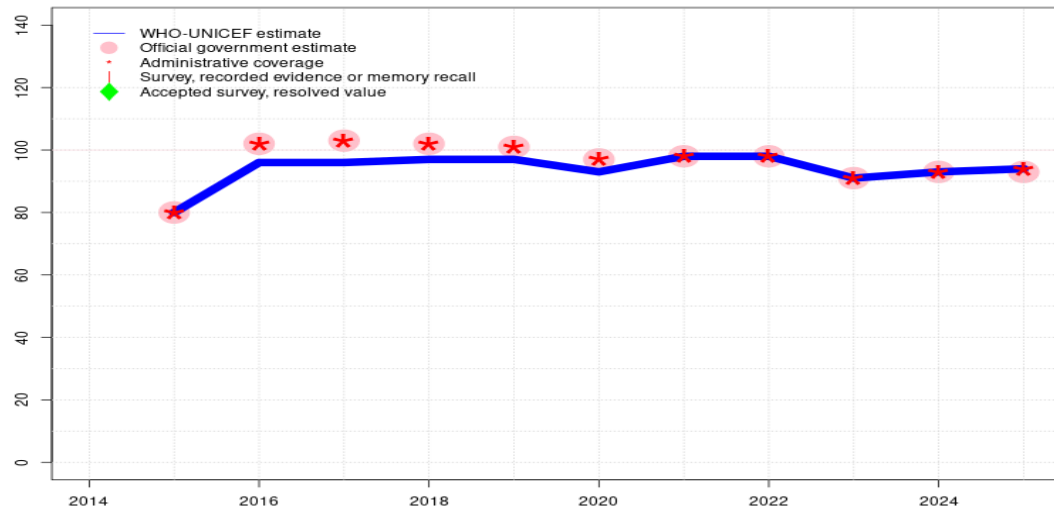
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Estimate of 85 percent changed from previous revision value of 83 percent. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate informed by decline in reported administrative coverage. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports a two months vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports a three-month vaccine stockout in 2016. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Changes in PcV schedule affected data reporting and coverage calculation. The recommended age is 2, 4 and 12 months. Coverage for the second dose of PcV is 91 percent. Data are not reported for the third dose. GoC=R+ D+

Panama - IPV1

PAN - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	80	96	96	97	97	93	98	98	91	93	94
Estimate GoC	-	●	●	●	●	●	●	●●	●●	●●	●	●
Official	-	80	102	103	102	101	97	98	98	91	93	93
Administrative	-	80	102	103	102	101	97	98	98	91	93	94
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.

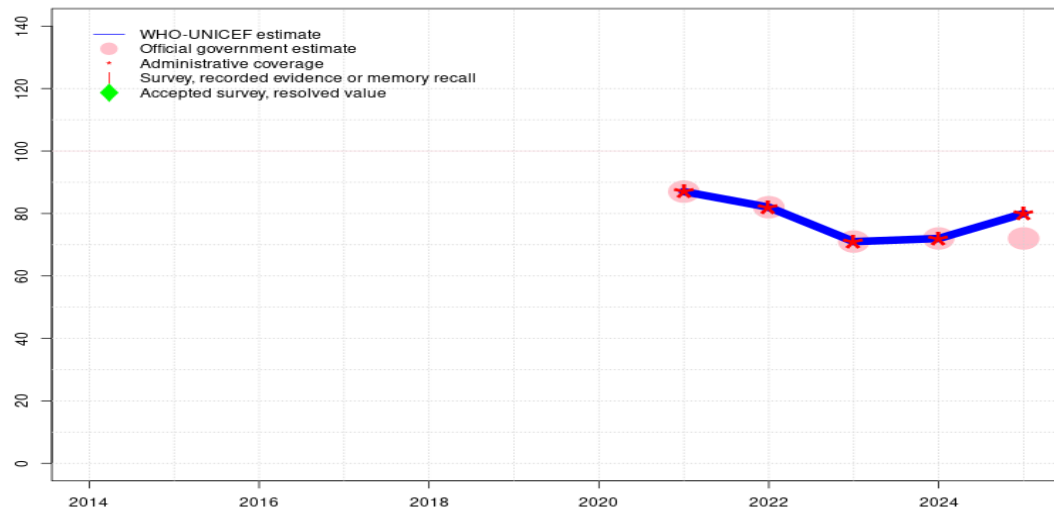
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate of 93 percent changed from previous revision value of 91 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reported 4 months vaccine stock-out at the national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by estimated DTP1 coverage. Estimate challenged by: R-
- 2019: Estimate informed by estimated DTP1 coverage. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2018: Estimate informed by estimated DTP1 coverage. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: R-
- 2017: Coverage set at level of estimate for DTP1. Country is using hexavalent DTaP-Hib-HepB-IPV. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Coverage set at level of estimate for DTP1. Country is using hexavalent DTaP-Hib-HepB-IPV. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: R-
- 2015: Estimate informed by reported data. GoC=R+ D+

Panama - IPV

PAN - IPV



Description:

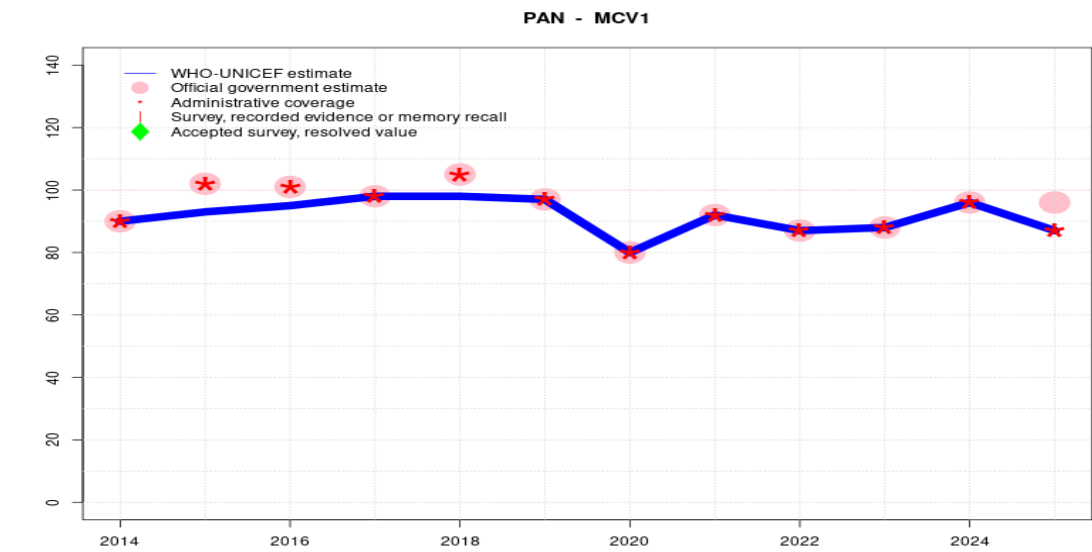
- 2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Programme reported 3 months vaccine stock-out at the national and subnational levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reported 4 months vaccine stock-out at the national and subnational levels. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate of 82 percent changed from previous revision value of 88 percent. GoC=R+ D+
- 2021: Estimate informed by reported data. Third dose of inactivated polio vaccine introduced prior to 2021. Estimate of 87 percent changed from previous revision value of 89 percent. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	87	82	71	72	80
Estimate GoC	-	-	-	-	-	-	-	●●	●●	●●	●	●
Official	-	-	-	-	-	-	-	87	82	71	72	72
Administrative	-	-	-	-	-	-	-	87	82	71	72	80
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	93	95	98	98	97	80	92	87	88	96	87
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	90	102	101	98	105	97	80	92	87	88	96	96
Administrative	90	102	101	98	105	97	80	92	87	88	96	87
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.

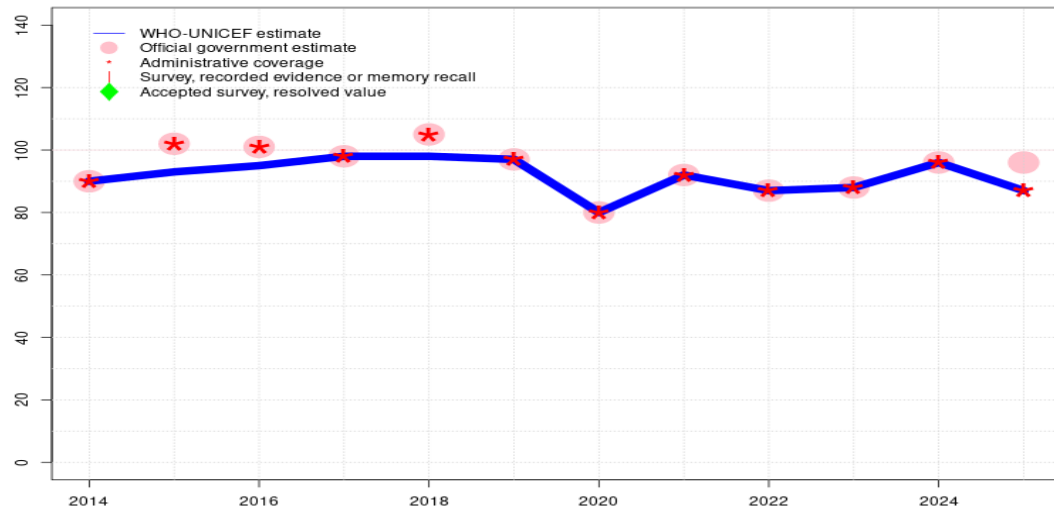
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported target population decline of over about 14 percent between 2023 and 2024. Estimate of 96 percent changed from previous revision value of 93 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate informed by decline in reported administrative coverage. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded because 105 percent greater than 100 percent. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Panama - RCV1

PAN - RCV1



Description:

- 2025: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Reported target population decline of over about 14 percent between 2023 and 2024. Estimate of 96 percent changed from previous revision value of 93 percent. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. Reported data excluded due to decline in reported coverage from 97 percent to 80 percent with increase to 92 percent. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. Reported data excluded because 105 percent greater than 100 percent. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. GoC=R+ D+

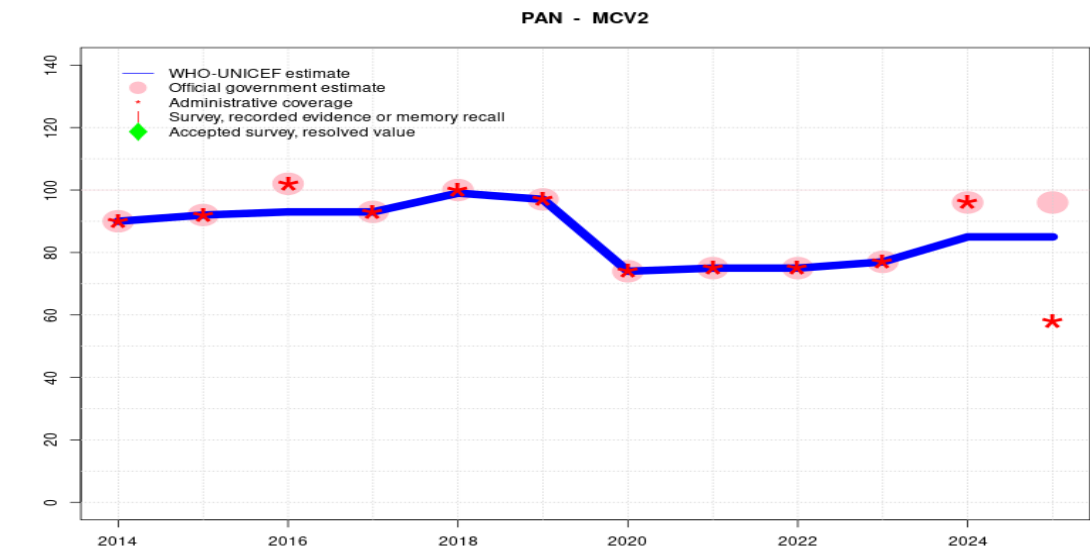
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	93	95	98	98	97	80	92	87	88	96	87
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	90	102	101	98	105	97	80	92	87	88	96	96
Administrative	90	102	101	98	105	97	80	92	87	88	96	87
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Panama - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	92	93	93	99	97	74	75	75	77	85	58
Estimate GoC	•	••	••	••	••	••	••	••	••	••	•	•
Official	90	92	102	93	100	97	74	75	75	77	96	96
Administrative	90	92	102	93	100	97	74	75	75	77	96	58
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.

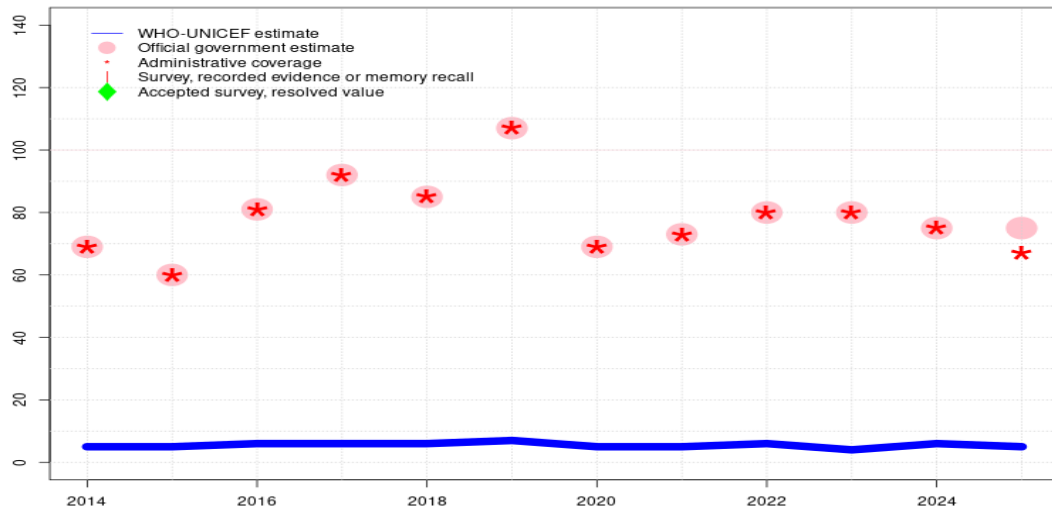
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Unexplained decline in number of doses administered. Estimate based on previous year estimate. Reported data excluded due to sudden change in coverage from 96 to 58 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Estimate is based on the increase in MCV1 coverage between 2023 and 2024. Reported MCV2 coverage may include campaign doses. Reported data excluded due to an increase from 77 percent to 96 percent with decrease to 58 percent. Reported target population decline of over about 14 percent between 2023 and 2024. Estimate of 85 percent changed from previous revision value of 82 percent. Estimate challenged by: R-
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimate informed by decline in reported administrative coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. Recommended age for the second dose of measles containing vaccine changed from 4 years of age to 18 months during 2014. Estimate challenged by: D-

Panama - YFV

PAN - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	5	5	6	6	6	7	5	5	6	4	6	5
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	69	60	81	92	85	107	69	73	80	80	75	75
Administrative	69	60	81	92	85	107	69	73	80	80	75	67
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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

Description:

- 2025: Programme reports 67 percent coverage reached in 8 percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: R-
- 2024: Programme reports 69 percent coverage reached in 8 percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. Reported target population decline of over about 14 percent between 2023 and 2024. Estimate challenged by: R-
- 2023: Programme reports 59 percent coverage reached in seven percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2022: Programme reports 80 percent coverage reached in seven percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2021: Programme reports 73 percent coverage reached in seven percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2020: Programme reports 69 percent coverage reached in seven percent of the national birth cohort in the three regions at risk for yellow fever. Estimate informed by annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2019: Programme reports 107 percent coverage reached in seven percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. Reported data excluded because 107 percent greater than 100 percent. Reported data excluded due to an increase from 85 percent to 107 percent with decrease to 69 percent. Estimate challenged by: R-
- 2018: Eighty-five percent coverage reached in seven percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2017: Ninety-two percent coverage reached in eight percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2016: Eighty-one percent coverage reached in eight percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2015: Sixty percent coverage reached in eight percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. Estimate challenged by: R-
- 2014: Sixty-nine percent coverage reached in eight percent of the national birth cohort. Estimate informed by annualized coverage among the total national birth cohort. GoC=Assigned by working group.

Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>