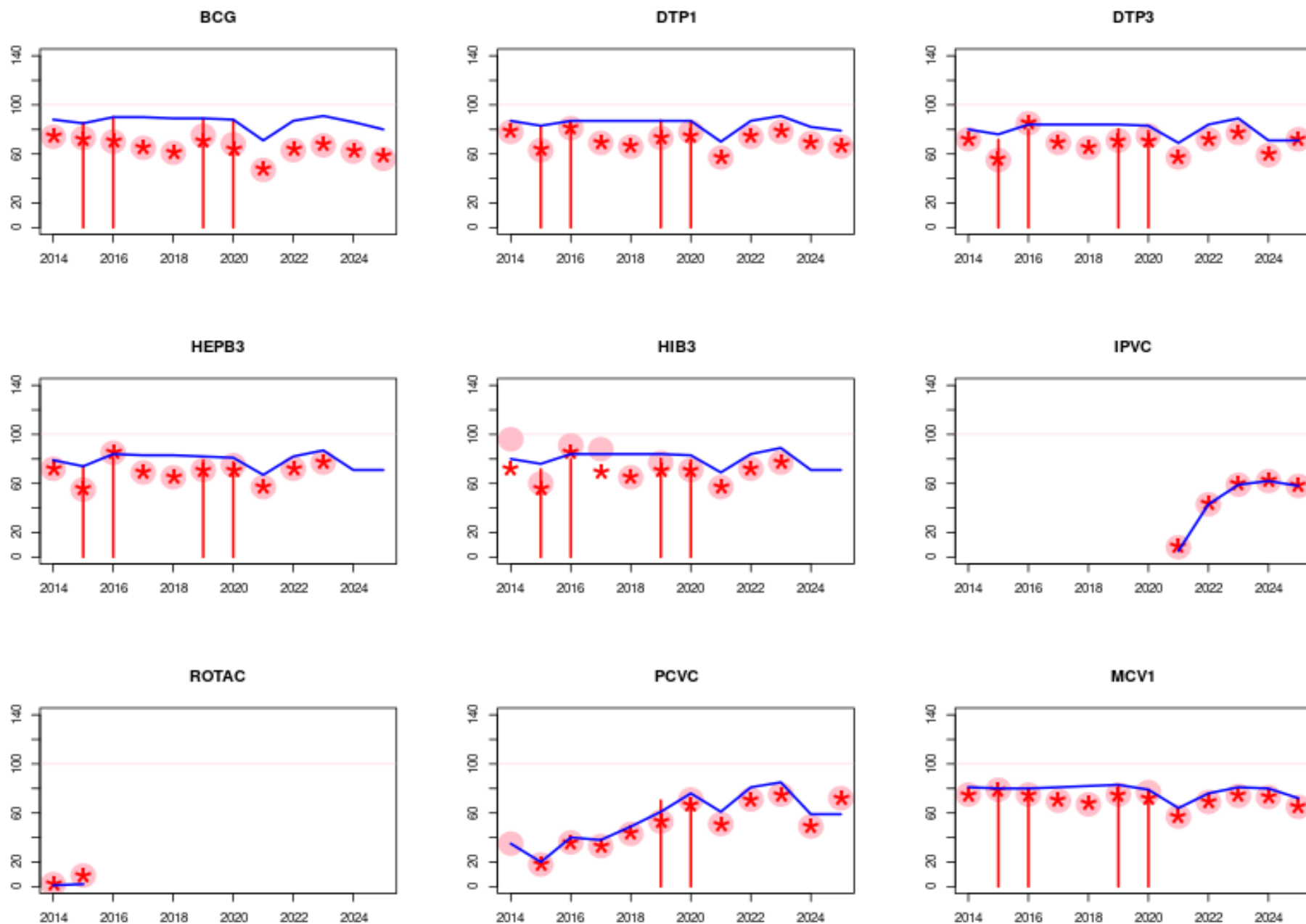




Philippines: WHO and UNICEF estimates of immunization coverage: 2025 revision

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).

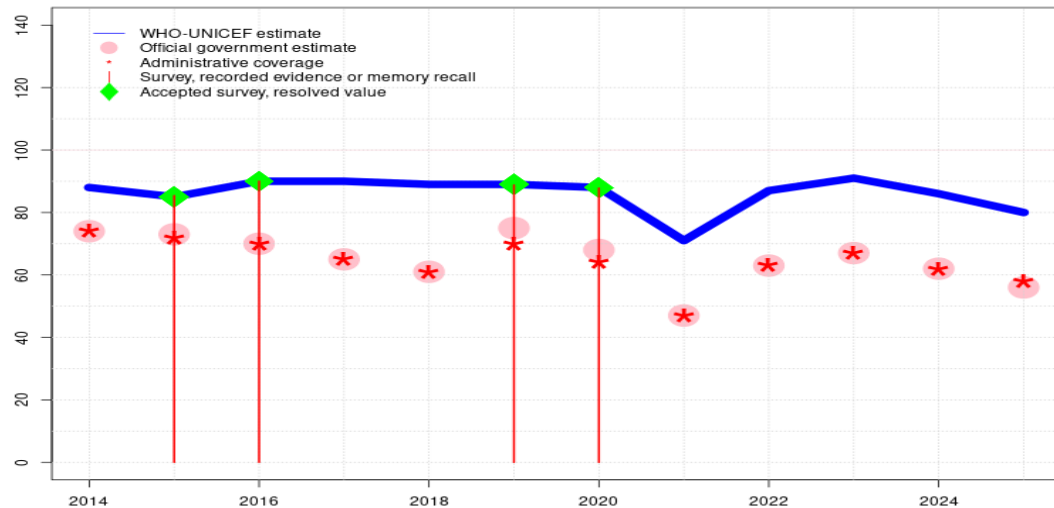
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Philippines - BCG

PHL - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	85	90	90	89	89	88	71	87	91	86	80
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	74	73	70	65	61	75	68	47	63	67	62	56
Administrative	74	72	70	65	61	70	64	47	63	67	62	58
Survey	-	85	90	-	-	89	88	-	-	-	-	-

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

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

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

Description:

- 2025: Reported data calibrated to 2020 levels. Programme reported 10 months vaccine stock-out at the national and subnational levels. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: R-
- 2024: Reported data calibrated to 2020 levels. Programme reports seven months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: D-R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 88 percent based on 1 survey(s). Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: D-R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 89 percent based on 1 survey(s). Programme reports six month vaccine stockout. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-
- 2016: Estimate of 90 percent assigned by working group. Estimate informed by survey result.

Philippines - BCG

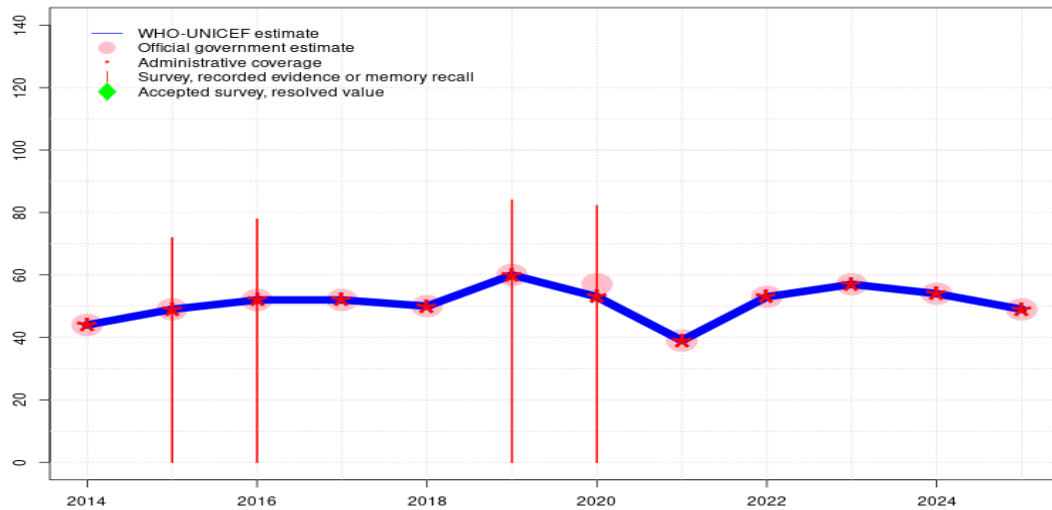
Estimate challenged by: R-

2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-

2014: Estimate informed by interpolation between 2012 and 2015 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports a four months stockout of BCG vaccine. Estimate challenged by: R-

Philippines - HEPBB

PHL - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	44	49	52	52	50	60	53	39	53	57	54	49
Estimate GoC	●●	●●	●	●	●●	●●	●●	●●	●●	●	●	●
Official	44	49	52	52	50	60	57	39	53	57	54	49
Administrative	44	49	52	52	50	60	53	39	53	57	54	49
Survey	-	72	78	-	-	84	82	-	-	-	-	-

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. Programme reported 8 months vaccine stock-out at the national and subnational levels. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reports four month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+
- 2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. 2022 Philippine National Demographic and Health Survey (NDHS) results ignored by working group. Survey unlikely to accurately differentiate between Hep B doses administered within 24 hours from later doses. Estimated coverage may underestimate coverage with this birth dose. Hepatitis B birth dose within 24 hours among infants with card of 51 percent is similar to the reported coverage. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. GoC=R+ D+
- 2019: Estimate informed by reported data. 2022 Philippine National Demographic and Health Survey (NDHS) results ignored by working group. Survey unlikely to accurately differentiate between Hep B doses administered within 24 hours from later doses. Estimated coverage may underestimate coverage with this birth dose. Hepatitis B birth dose within 24 hours among infants with card of 51 percent is similar to the reported coverage. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports six month vaccine stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data.

Philippines - HEPBB

Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-

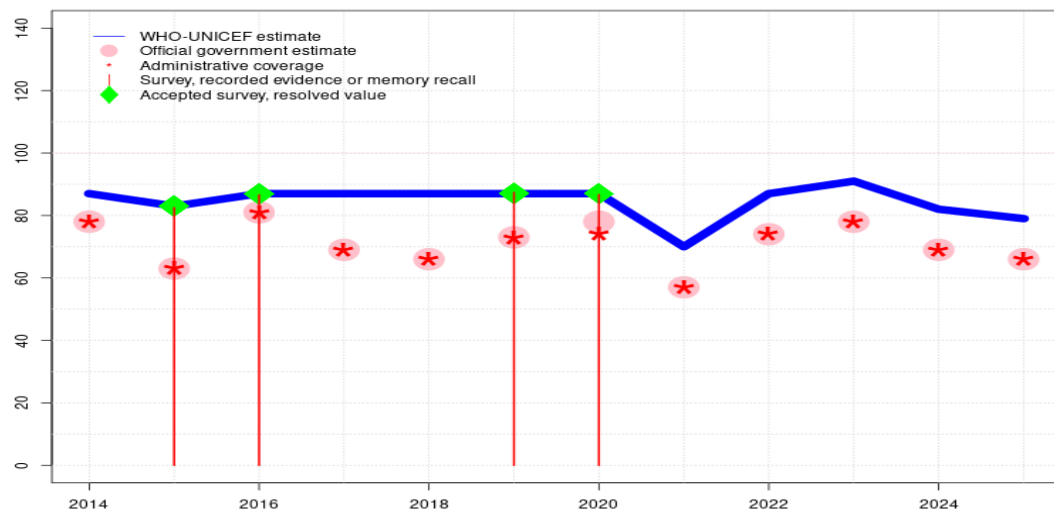
2016: Estimate informed by reported data. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. Estimate challenged by: D-

2015: Estimate informed by reported data. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. GoC=R+ D+

2014: Estimate informed by reported data. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. GoC=R+ D+

Philippines - DTP1

PHL - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	87	83	87	87	87	87	87	70	87	91	82	79
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	78	63	81	69	66	73	78	57	74	78	69	66
Administrative	78	63	81	69	66	73	74	57	74	78	69	66
Survey	-	83	87	-	-	87	87	-	-	-	-	-

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

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

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

Description:

- 2025: Reported data calibrated to 2020 levels. Programme reported 1 month vaccine stock-out at the national level. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: R-
- 2024: Reported data calibrated to 2020 levels. Programme reports seven months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 87 percent based on 1 survey(s). Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 87 percent based on 1 survey(s). Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate of 87 percent assigned by working group. Estimate informed by survey results. Reported data excluded due to an increase from 63 percent to 81 percent with decrease to 69 percent. Programme seems to have recovered from 2015 vaccine stockout. Estimate challenged by: D-R-

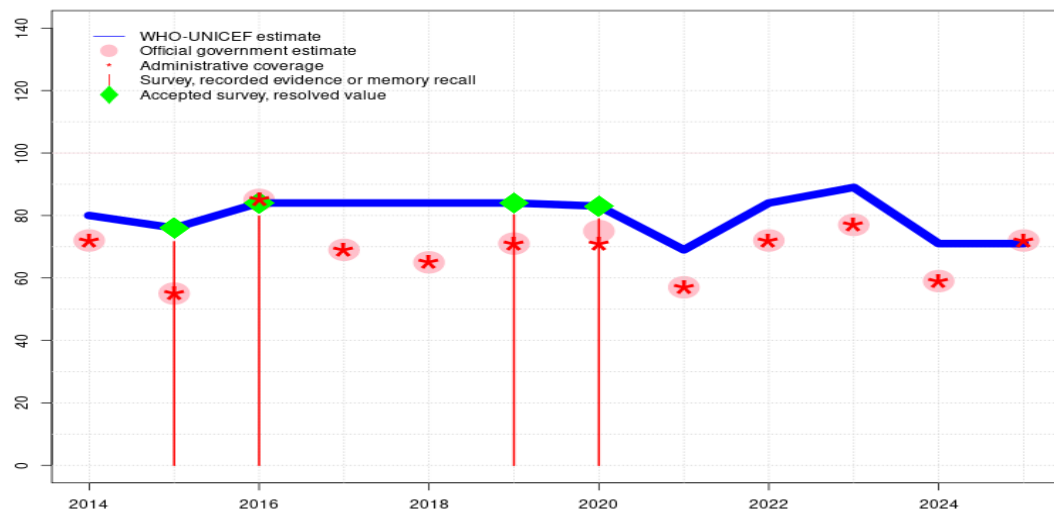
Philippines - DTP1

2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 83 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stockout. Estimate challenged by: R-

2014: Estimate informed by interpolation between 2012 and 2015 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four months vaccine stockout for DTP containing vaccine. Estimate challenged by: R-

Philippines - DTP3

PHL - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	76	84	84	84	84	83	69	84	89	71	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	72	55	85	69	65	71	75	57	72	77	59	72
Administrative	72	55	85	69	65	71	71	57	72	77	59	72
Survey	-	72	80	-	-	80	79	-	-	-	-	-

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

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

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

Description:

- 2025: Reported data calibrated to 2020 levels. Reported data excluded due to sudden change in coverage from 59 to 72 percent. Programme reported 1 month vaccine stock-out at the national level. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2020 levels. Programme reports seven months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 83 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 79 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 63 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 84 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 80 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 57 percent and 3rd dose record only coverage of 55 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. See comment in 2016 for a note on drop-out. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout

Philippines - DTP3

at national level. See comment in 2016 for a note on drop-out. Country reports that official estimates apply a five percent increase to account for the private sector and under-reporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-

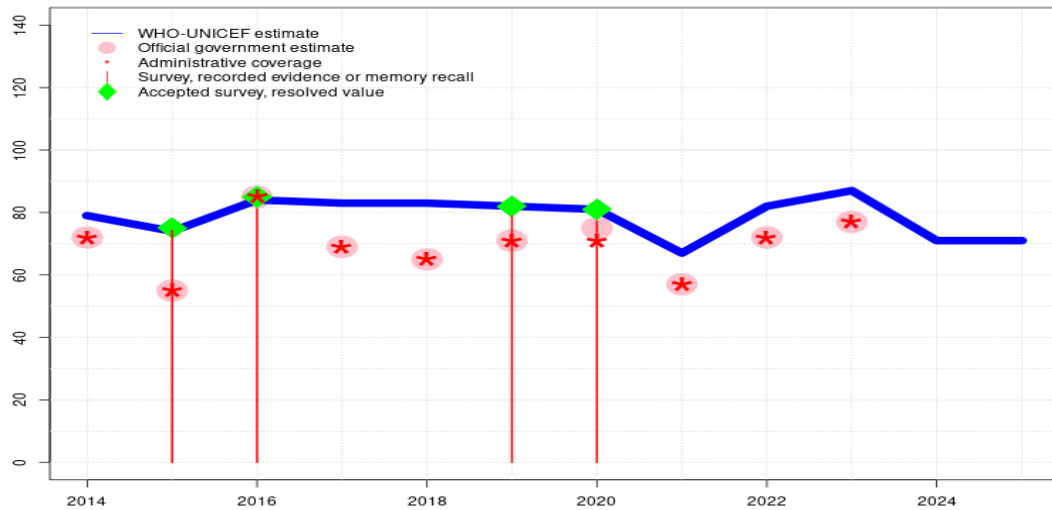
2016: Estimate of 84 percent assigned by working group. Estimate informed by survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 record or recall results of 80 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 60 percent. Reported data excluded due to an increase from 55 percent to 85 percent with decrease to 69 percent. Programme seems to have recovered from 2015 vaccine stockout. Survey evidence for the 2016 birth cohort suggests 5 percent relative drop-out among children with documented evidence. Appearance of zero drop-out between estimated DTP1 and DTP3 is the result of survey support of reported administrative coverage, for which there is no reported drop-out. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 76 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 record or recall results of 72 percent modified for recall bias to 76 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 47 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stockout. Estimate challenged by: D-R-

2014: Estimate informed by interpolation between 2012 and 2015 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four months vaccine stockout. Official estimate is inconsistent with reported admin data. Estimate challenged by: R-

Philippines - HEPB3

PHL - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	74	84	83	83	82	81	67	82	87	71	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	72	55	85	69	65	71	75	57	72	77	-	-
Administrative	72	55	85	69	65	71	71	57	72	77	-	-
Survey	-	74	81	-	-	79	77	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate based on estimated DTP3. Programme reported 1 month vaccine stock-out at the national level. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. GoC=No accepted empirical data
- 2024: Estimate based on DTP3 coverage estimate. Programme reports seven months vaccine stockout at national and subnational levels. GoC=No accepted empirical data
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate of 81 percent assigned by working group. Estimate informed by survey coverage. 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 77 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 66 percent and 3rd dose record only coverage of 62 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 82 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 79 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 57 percent and 3rd dose record only coverage of 54 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data.

Philippines - HEPB3

Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-

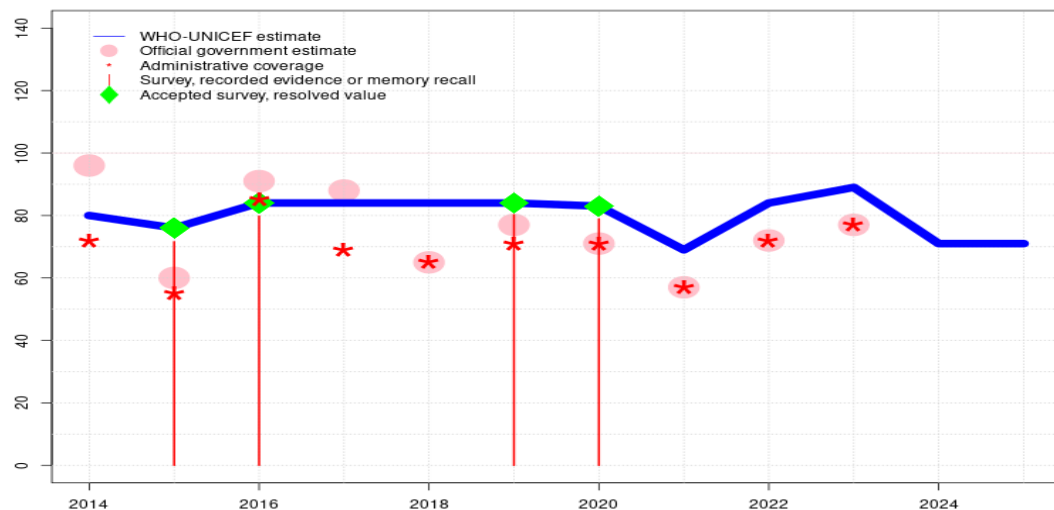
2016: Estimate of 84 percent assigned by working group. Estimate informed by survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 record or recall results of 81 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 60 percent. Reported data excluded due to an increase from 55 percent to 85 percent with decrease to 69 percent. Estimate challenged by: D-R-

2015: Estimate of 74 percent assigned by working group. Estimate informed by survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 record or recall results of 74 percent modified for recall bias to 75 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 46 percent. Reported data excluded due to decline in reported coverage from 72 percent to 55 percent with increase to 85 percent. Programme reports a six to nine month stockout. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-S-

2014: Estimate informed by interpolation between 2012 and 2015 levels. Reported data excluded due to an increase from 16 percent to 72 percent with decrease to 55 percent. Programme reports four months vaccine stockout. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-

Philippines - HIB3

PHL - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	76	84	84	84	84	83	69	84	89	71	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	96	60	91	88	65	77	71	57	72	77	-	-
Administrative	72	55	85	69	65	71	71	57	72	77	-	-
Survey	-	72	80	-	-	80	79	-	-	-	-	-

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

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

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

Description:

- 2025: Estimate based on estimated DTP3. Programme reported 1 month vaccine stock-out at the national level. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. GoC=No accepted empirical data
- 2024: Estimate based on DTP3 coverage estimate. Programme reports seven months vaccine stockout at national and subnational levels. GoC=No accepted empirical data
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 83 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 79 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 66 percent and 3rd dose record only coverage of 63 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 84 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 80 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 57 percent and 3rd dose record only coverage of 55 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports one month vaccine stockout at national level. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target

Philippines - HIB3

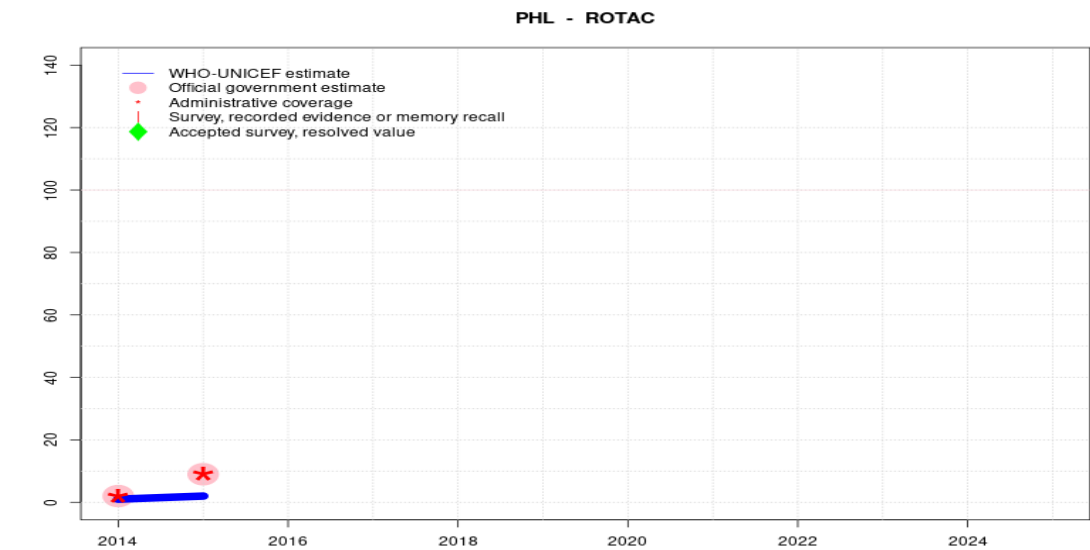
population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-

2016: Estimate of 84 percent assigned by working group. Estimate informed by survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 record or recall results of 80 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 62 percent and 3rd dose record only coverage of 60 percent. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 76 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 record or recall results of 72 percent modified for recall bias to 76 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 47 percent. Reported data excluded due to decline in reported coverage from 96 percent to 60 percent with increase to 91 percent. Programme reports a six to nine month vaccine stockout. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-R-

2014: Estimate informed by interpolation between 2012 and 2015 levels. Programme reports four months vaccine stockout for DTP containing vaccine. Official estimate is inconsistent with reported admin data. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-

Philippines - ROTAC



Description:

- 2015: Programme reports eighty-two percent coverage achieved in three percent of the national birth cohort. Estimate based on coverage for the entire birth cohort. Programme reports a six month vaccine stockout at the national level. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Rotavirus introduction was part of a pilot project during 2012 and 2015 and subsequently discontinued. Estimate challenged by: R-
- 2014: Twelve percent coverage achieved in eight percent of the target population. Estimate informed by coverage among the annualized national birth cohort. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. During 2014, the programme noted in 2013 was curtailed and rotavirus vaccine was provided to children in Caraga and ARMM regions only. Low coverage levels are also due to incomplete reporting from these areas. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	1	2	-	-	-	-	-	-	-	-	-	-
Estimate GoC	●	●	-	-	-	-	-	-	-	-	-	-
Official	2	9	-	-	-	-	-	-	-	-	-	-
Administrative	2	9	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

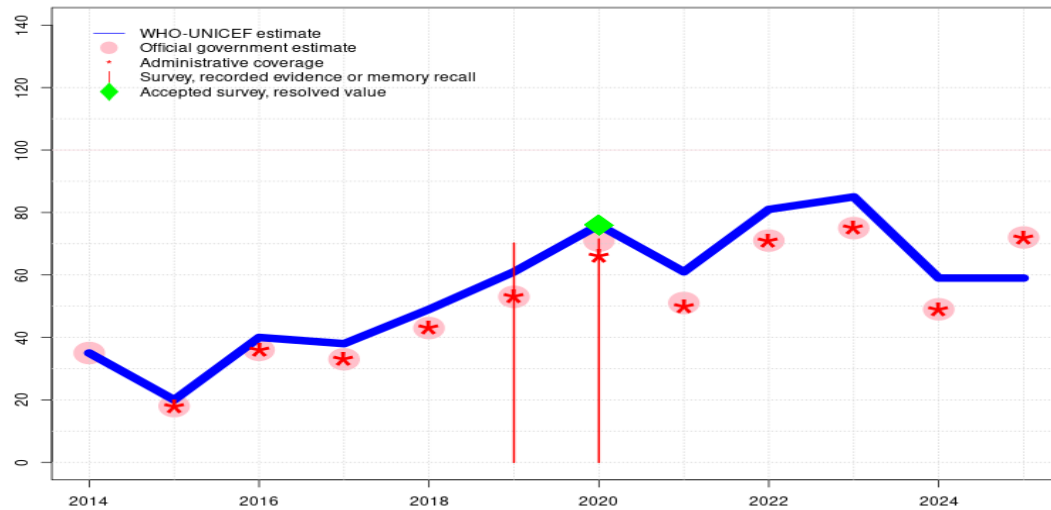
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Philippines - PCVC

PHL - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	35	20	40	38	49	61	76	61	81	85	59	59
Estimate GoC	••	•	•	•	•	•	•	•	•	•	•	•
Official	35	18	36	33	43	53	71	51	71	75	49	72
Administrative	-	18	36	33	43	53	66	50	71	75	49	72
Survey	-	-	-	-	-	70	72	-	-	-	-	-

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

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

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

Description:

- 2025: Reported data calibrated to 2020 levels. Reported data excluded due to sudden change in coverage from 49 to 72 percent. Programme reported 9 months vaccine stock-out at the national and subnational levels. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2020 levels. Programme reports nine months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate of 76 percent assigned by working group. Full national roll-out of PCV vaccine completed in January 2020. Estimate informed by survey coverage. 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 72 percent modified for recall bias to 76 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 64 percent and 3rd dose record only coverage of 59 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2020 levels. 2022 Philippine National Demographic and Health Survey (NDHS) results ignored by working group. 2022 Philippine National Demographic and Health Survey (NDHS) record or recall results of 70 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 55 percent and 3rd dose record only coverage of 51 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-S-
- 2018: Reported data calibrated to 2014 and 2020 levels. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three months vaccine stockout at national level. Estimate challenged by: R-S-
- 2017: Reported data calibrated to 2014 and 2020 levels. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Addi-

Philippines - PCVC

tionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports four months vaccine stockout at national level. Estimate challenged by: R-

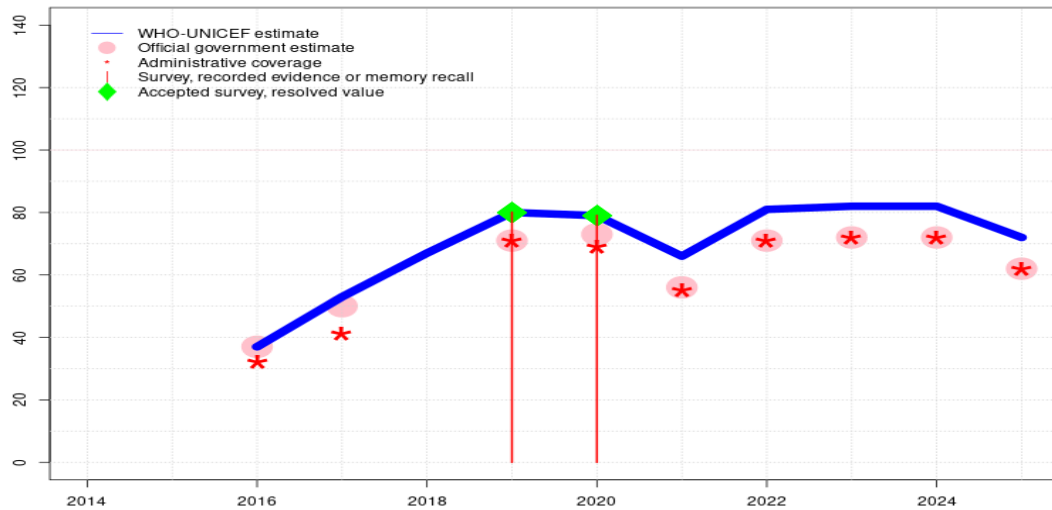
2016: Reported data calibrated to 2014 and 2020 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-

2015: Reported data calibrated to 2014 and 2020 levels. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports 25 percent coverage achieved in 70 percent of the national birth cohort. Estimate reflects coverage achieved in the annualized national target population. Estimate challenged by: R-

2014: Estimate informed by reported coverage at introduction. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. GoC=R+

Philippines - IPV1

PHL - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	37	53	67	80	79	66	81	82	82	72
Estimate GoC	-	-	••	•	•	•	•	•	•	•	•	•
Official	-	-	37	50	-	71	73	56	71	72	72	62
Administrative	-	-	32	41	-	71	69	55	71	72	72	62
Survey	-	-	-	-	-	80	79	-	-	-	-	-

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

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

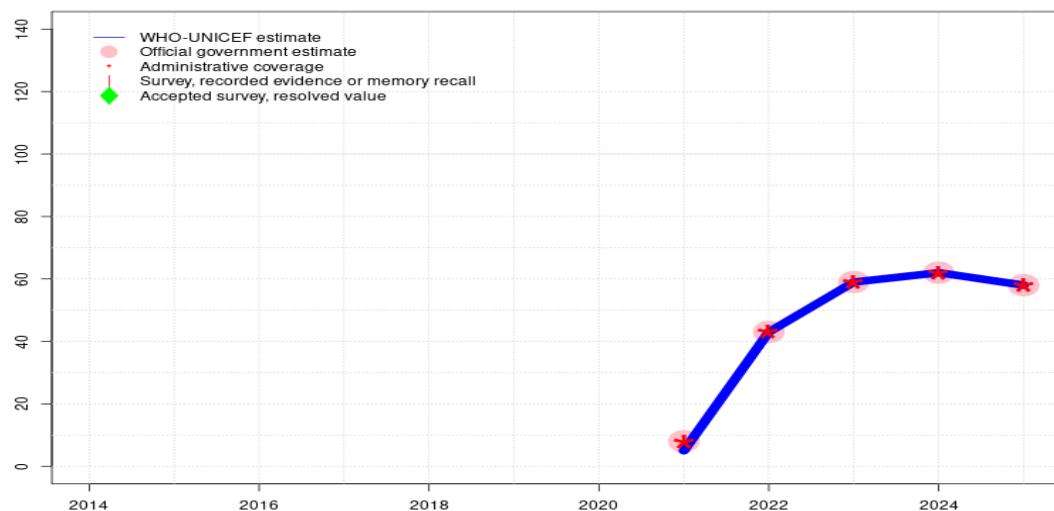
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2020 levels. Programme reported 11 months vaccine stock-out at the national and subnational levels. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2020 levels. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate of 79 percent assigned by working group. Estimate informed by survey coverage. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Estimate of 80 percent assigned by working group. Estimate informed by survey coverage. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 and 2019 levels. Programme reports two months vaccine stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: S-
- 2017: Reported data calibrated to 2016 and 2019 levels. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports three months vaccine stockout at national level. Estimate challenged by: R-S-
- 2016: Estimate informed by reported coverage at introduction. Programme reports six month vaccine stockout at national level. GoC=R+ D+

Philippines - IPV-C

PHL - IPV-C



Description:

- 2025: Estimate informed by reported data. Programme reported 11 months vaccine stock-out at the national and subnational levels. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+
- 2021: Reported coverage reflects that achieved in 7 percent of the national cohort in 10 high-risk regions. Estimated coverage reflects that for the annual national birth cohort. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	5	43	59	62	58
Estimate GoC	-	-	-	-	-	-	-	•	••	•	•	•
Official	-	-	-	-	-	-	-	8	43	59	62	58
Administrative	-	-	-	-	-	-	-	8	43	59	62	58
Survey	-	-	-	-	-	-	-	-	-	-	-	-

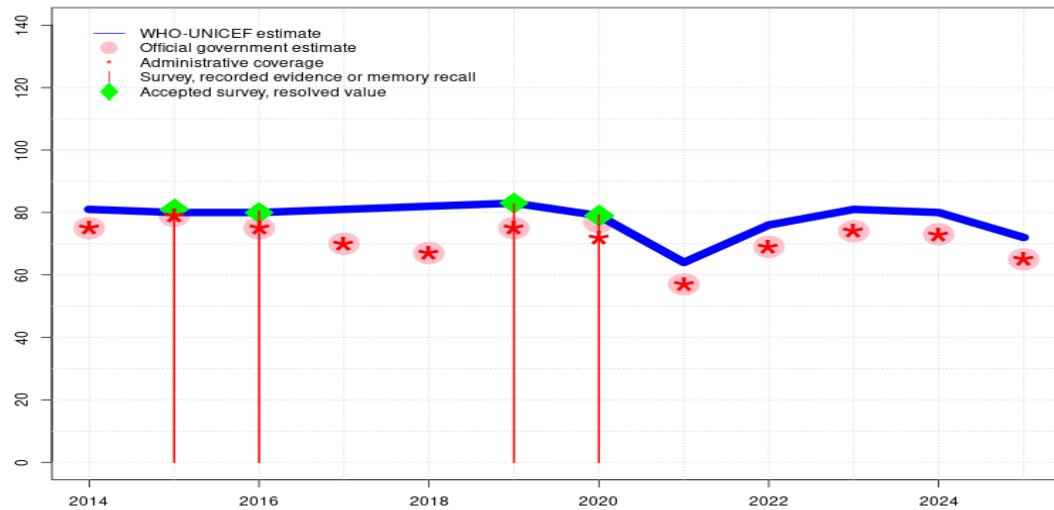
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Philippines - MCV1

PHL - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	81	80	80	81	82	83	79	64	76	81	80	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	75	79	75	70	67	75	77	57	69	74	73	65
Administrative	75	79	75	70	67	75	72	57	69	74	73	65
Survey	-	81	80	-	-	83	79	-	-	-	-	-

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

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

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

Description:

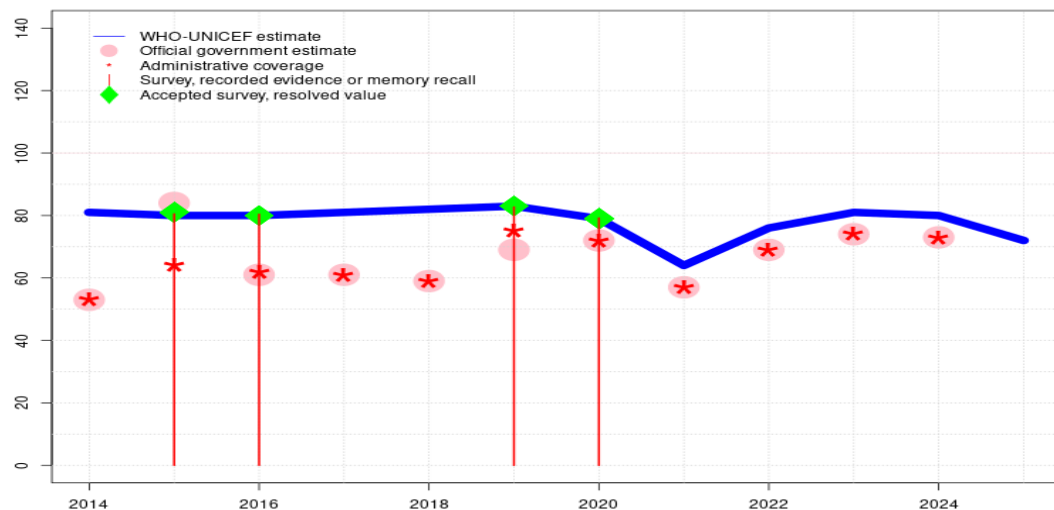
- 2025: Reported data calibrated to 2020 levels. Programme reported 10 months vaccine stock-out at the national and subnational levels. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2020 levels. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: R-
- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate of 79 percent assigned by working group. Estimate informed by survey coverage. Programme reports six month vaccine stockout. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Estimate of 83 percent assigned by working group. Estimate informed by survey coverage. Programme reports six month vaccine stockout. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Programme reports three vaccine month stockout at national level. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation between estimates supported by survey results. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate of 80 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: D-R-

Philippines - MCV1

- 2015: Estimate of 80 percent assigned by working group. Estimate informed by survey result. Programme reports a one month stockout at the national level. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-R-
- 2014: Estimate informed by interpolation between 2012 and 2015 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-

Philippines - RCV1

PHL - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	81	80	80	81	82	83	79	64	76	81	80	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	53	84	61	61	59	69	72	57	69	74	73	-
Administrative	53	64	62	61	59	75	72	57	69	74	73	-
Survey	-	81	80	-	-	83	79	-	-	-	-	-

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

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

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

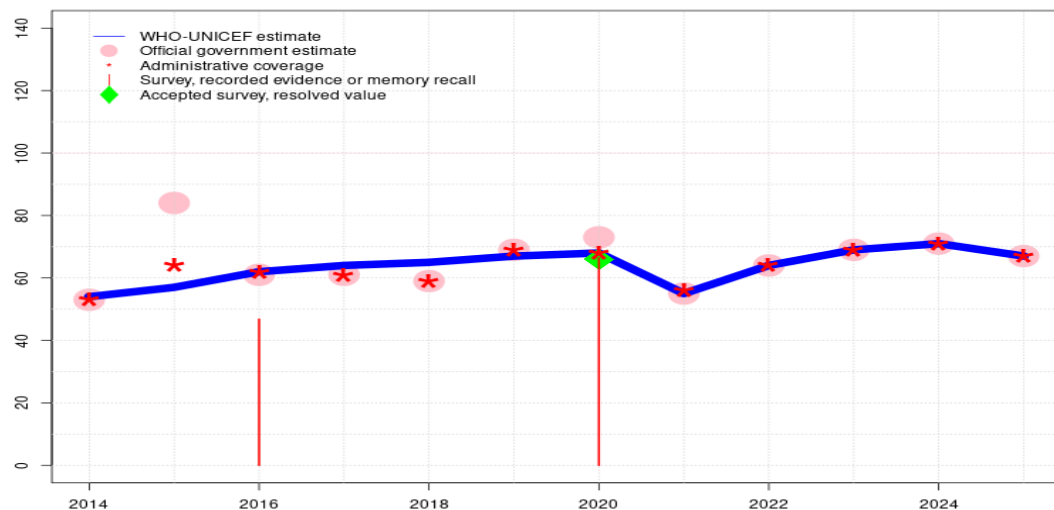
Description:

- 2025: Estimate based on estimated MCV1. Programme reported 10 months vaccine stock-out at the national and subnational levels. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: D-R-
- 2024: Estimate based on estimated MCV1. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: R-
- 2023: Estimate based on estimated MCV1. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Estimate based on estimated MCV1. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: R-
- 2021: Estimate based on estimated MCV1. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-S-
- 2020: Estimate based on estimated MCV1. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Estimate challenged by: R-
- 2019: Estimate based on estimated MCV1. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate challenged by: R-
- 2018: Estimate based on estimated MCV1. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate challenged by: D-R-
- 2017: Estimate based on estimated MCV1. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: R-
- 2016: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2015: Estimate based on estimated MCV1. Reported data excluded due to an increase from 53 percent to 84 percent with decrease to 61 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-R-
- 2014: Estimate based on estimated MCV1. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated.

Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-

Philippines - MCV2

PHL - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	54	57	62	64	65	67	68	55	64	69	71	67
Estimate GoC	•	•	•	•	•	•	•••	•	•	•	•	•
Official	53	84	61	61	59	69	73	55	64	69	71	67
Administrative	53	64	62	61	59	69	68	56	64	69	71	67
Survey	-	-	47	-	-	-	66	-	-	-	-	-

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. Programme reported 10 months vaccine stock-out at the national and subnational levels. WHO and UNICEF are aware of the 2025 National Demographic and Health Survey and await the full report. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reports a one and half month vaccine stockout at national level. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: D-S-
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 66 percent based on 1 survey(s). Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme reports six month vaccine stockout. GoC=R+ S+ D+
- 2019: Estimate informed by interpolation between 2016 and 2020 levels. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stockout. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2020 levels. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three months vaccine stockout at national level. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2020 levels. Country reports that official estimates apply a five percent increase to account for the private sector and under-reporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-R-
- 2016: Estimate of 62 percent assigned by working group. Estimate based on the difference between MCV1 and MCV2 reported doses. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey estimate inconsistent with coverage estimated for other vaccine doses. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2010 and 2016 levels. Reported data excluded due to an

Philippines - MCV2

increase from 53 percent to 84 percent with decrease to 61 percent. Programme reports a one month stockout at the national level. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-R-
2014: Reported data calibrated to 2010 and 2016 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Increasing coverage related to the continued expansion of a second dose of measles containing vaccine. Estimate challenged by: R-

Philippines - Survey Details

NOTE A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2020 2022 Philippine National Demographic and Health Survey (NDHS)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	21.9	12-23 m	483	67
BCG	Record	65.9	12-23 m	959	67
BCG	Record or Recall	87.8	12-23 m	1442	67
BCG	Record or Recall<12m	87.4	12-23 m	1442	67
DTP1	Recall	20.9	12-23 m	483	67
DTP1	Record	65.8	12-23 m	959	67
DTP1	Record or Recall	86.7	12-23 m	1442	67
DTP1	Record or Recall<12m	86.5	12-23 m	1442	67
DTP3	Recall	16.3	12-23 m	483	67
DTP3	Record	62.6	12-23 m	959	67
DTP3	Record or Recall	78.9	12-23 m	1442	67
DTP3	Record or Recall<12m	77.5	12-23 m	1442	67
HEPB1	Recall	20.2	12-23 m	483	67
HEPB1	Record	65.5	12-23 m	959	67
HEPB1	Record or Recall	85.7	12-23 m	1442	67
HEPB1	Record or Recall<12m	85.5	12-23 m	1442	67
HEPB3	Recall	15.6	12-23 m	483	67
HEPB3	Record	61.6	12-23 m	959	67
HEPB3	Record or Recall	77.3	12-23 m	1442	67

HEPB3	Record or Recall<12m	76	12-23 m	1442	67
HEPBB	Recall	21.3	12-23 m	483	67
HEPBB	Record	60.9	12-23 m	959	67
HEPBB	Record or Recall	82.2	12-23 m	1442	67
HEPBB	Record or Recall<12m	81.2	12-23 m	1442	67
HIB1	Recall	20.9	12-23 m	483	67
HIB1	Record	65.8	12-23 m	959	67
HIB1	Record or Recall	86.7	12-23 m	1442	67
HIB1	Record or Recall<12m	86.5	12-23 m	1442	67
HIB3	Recall	16.3	12-23 m	483	67
HIB3	Record	62.6	12-23 m	959	67
HIB3	Record or Recall	78.9	12-23 m	1442	67
HIB3	Record or Recall<12m	77.5	12-23 m	1442	67
IPV1	Recall	19.1	12-23 m	483	67
IPV1	Record	60	12-23 m	959	67
IPV1	Record or Recall	79.1	12-23 m	1442	67
IPV1	Record or Recall<12m	76.7	12-23 m	1442	67
MCV1	Recall	17.7	12-23 m	483	67
MCV1	Record	61.5	12-23 m	959	67
MCV1	Record or Recall	79.2	12-23 m	1442	67
MCV1	Record or Recall<12m	68.6	12-23 m	1442	67
MCV2	Recall	20.6	24-35 m	654	58
MCV2	Record	45.8	24-35 m	893	58
MCV2	Record or Recall	66.4	24-35 m	1548	58
MCV2	Record or Recall<12m	63.9	24-35 m	1548	58
PCV1	Recall	17.9	12-23 m	483	67
PCV1	Record	64	12-23 m	959	67
PCV1	Record or Recall	81.8	12-23 m	1442	67
PCV1	Record or Recall<12m	81.4	12-23 m	1442	67
PCVC	Recall	12.2	12-23 m	483	67
PCVC	Record	59.3	12-23 m	959	67
PCVC	Record or Recall	71.5	12-23 m	1442	67
PCVC	Record or Recall<12m	67.5	12-23 m	1442	67
RCV1	Recall	17.7	12-23 m	483	67
RCV1	Record	61.5	12-23 m	959	67
RCV1	Record or Recall	79.2	12-23 m	1442	67
RCV1	Record or Recall<12m	68.6	12-23 m	1442	67

2019 2022 Philippine National Demographic and Health Survey (NDHS)

Philippines - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	31.8	24-35 m	654	58
BCG	Record	57.1	24-35 m	893	58
BCG	Record or Recall	88.8	24-35 m	1548	58
BCG	Record or Recall<12m	87.8	24-35 m	1548	58
DTP1	Recall	30.3	24-35 m	654	58
DTP1	Record	57.2	24-35 m	893	58
DTP1	Record or Recall	87.4	24-35 m	1548	58
DTP1	Record or Recall<12m	86.9	24-35 m	1548	58
DTP3	Recall	25.5	24-35 m	654	58
DTP3	Record	54.7	24-35 m	893	58
DTP3	Record or Recall	80.2	24-35 m	1548	58
DTP3	Record or Recall<12m	78.4	24-35 m	1548	58
HEPB1	Recall	30	24-35 m	654	58
HEPB1	Record	56.8	24-35 m	893	58
HEPB1	Record or Recall	86.8	24-35 m	1548	58
HEPB1	Record or Recall<12m	86.3	24-35 m	1548	58
HEPB3	Recall	24.8	24-35 m	654	58
HEPB3	Record	54	24-35 m	893	58
HEPB3	Record or Recall	78.8	24-35 m	1548	58
HEPB3	Record or Recall<12m	76.9	24-35 m	1548	58
HEPBB	Recall	31.5	24-35 m	654	58
HEPBB	Record	52.5	24-35 m	893	58
HEPBB	Record or Recall	84	24-35 m	1548	58
HEPBB	Record or Recall<12m	83	24-35 m	1548	58
HIB1	Recall	30.3	24-35 m	654	58
HIB1	Record	57.2	24-35 m	893	58
HIB1	Record or Recall	87.4	24-35 m	1548	58
HIB1	Record or Recall<12m	86.9	24-35 m	1548	58
HIB3	Recall	25.5	24-35 m	654	58
HIB3	Record	54.7	24-35 m	893	58
HIB3	Record or Recall	80.2	24-35 m	1548	58
HIB3	Record or Recall<12m	78.4	24-35 m	1548	58
IPV1	Recall	28.5	24-35 m	654	58
IPV1	Record	51.6	24-35 m	893	58
IPV1	Record or Recall	80.1	24-35 m	1548	58
IPV1	Record or Recall<12m	77.8	24-35 m	1548	58
MCV1	Recall	29.1	24-35 m	654	58
MCV1	Record	53.6	24-35 m	893	58

MCV1	Record or Recall	82.7	24-35 m	1548	58
MCV1	Record or Recall<12m	69.7	24-35 m	1548	58
PCV1	Recall	28.2	24-35 m	654	58
PCV1	Record	55.2	24-35 m	893	58
PCV1	Record or Recall	83.4	24-35 m	1548	58
PCV1	Record or Recall<12m	82.3	24-35 m	1548	58
PCVC	Recall	19.3	24-35 m	654	58
PCVC	Record	50.9	24-35 m	893	58
PCVC	Record or Recall	70.2	24-35 m	1548	58
PCVC	Record or Recall<12m	67.5	24-35 m	1548	58
RCV1	Recall	29.1	24-35 m	654	58
RCV1	Record	53.6	24-35 m	893	58
RCV1	Record or Recall	82.7	24-35 m	1548	58
RCV1	Record or Recall<12m	69.7	24-35 m	1548	58

2016 Philippines National Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	26.7	12-23 m	699	64
BCG	Record	63.3	12-23 m	1235	64
BCG	Record or Recall	90	12-23 m	1933	64
BCG	Record or Recall<12m	89.6	12-23 m	1933	64
DTP1	Recall	24.3	12-23 m	699	64
DTP1	Record	62.3	12-23 m	1235	64
DTP1	Record or Recall	86.6	12-23 m	1933	64
DTP1	Record or Recall<12m	86.4	12-23 m	1933	64
DTP3	Recall	20.3	12-23 m	699	64
DTP3	Record	59.5	12-23 m	1235	64
DTP3	Record or Recall	79.8	12-23 m	1933	64
DTP3	Record or Recall<12m	78.5	12-23 m	1933	64
HEPB1	Recall	25.2	12-23 m	699	64
HEPB1	Record	62.3	12-23 m	1235	64
HEPB1	Record or Recall	87.5	12-23 m	1933	64
HEPB1	Record or Recall<12m	87.3	12-23 m	1933	64
HEPB3	Recall	21.7	12-23 m	699	64
HEPB3	Record	59.5	12-23 m	1235	64
HEPB3	Record or Recall	81.2	12-23 m	1933	64
HEPB3	Record or Recall<12m	79.8	12-23 m	1933	64
HEPBB	Recall	25.1	12-23 m	699	64

Philippines - Survey Details

HEPBB	Record	52.8	12-23 m	1235	64
HEPBB	Record or Recall	77.9	12-23 m	1933	64
HEPBB	Record or Recall<12m	77.6	12-23 m	1933	64
HIB1	Recall	24.3	12-23 m	699	64
HIB1	Record	62.3	12-23 m	1235	64
HIB1	Record or Recall	86.6	12-23 m	1933	64
HIB1	Record or Recall<12m	86.4	12-23 m	1933	64
HIB3	Recall	20.3	12-23 m	699	64
HIB3	Record	59.5	12-23 m	1235	64
HIB3	Record or Recall	79.8	12-23 m	1933	64
HIB3	Record or Recall<12m	78.5	12-23 m	1933	64
MCV1	Recall	22.7	12-23 m	699	64
MCV1	Record	57.7	12-23 m	1235	64
MCV1	Record or Recall	80.4	12-23 m	1933	64
MCV1	Record or Recall<12m	65.3	12-23 m	1933	64
MCV2	Recall	12.9	24-35 m	880	-
MCV2	Record	33.9	24-35 m	955	-
MCV2	Record or Recall	46.8	24-35 m	1835	-
MCV2	Record or Recall<24m	45.6	24-35 m	1835	-
RCV1	Recall	22.7	12-23 m	699	64
RCV1	Record	57.7	12-23 m	1235	64
RCV1	Record or Recall	80.4	12-23 m	1933	64
RCV1	Record or Recall<12m	65.3	12-23 m	1933	64

2015 Philippines National Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	34	24-35 m	880	-
BCG	Record	51.4	24-35 m	955	-
BCG	Record or Recall	85.4	24-35 m	1835	-
BCG	Record or Recall<12m	84.6	24-35 m	1835	-
DTP1	Recall	31.6	24-35 m	880	-
DTP1	Record	50.9	24-35 m	955	-
DTP1	Record or Recall	82.5	24-35 m	1835	-
DTP1	Record or Recall<12m	80.7	24-35 m	1835	-
DTP3	Recall	25.1	24-35 m	880	-
DTP3	Record	46.5	24-35 m	955	-
DTP3	Record or Recall	71.6	24-35 m	1835	-
DTP3	Record or Recall<12m	65.5	24-35 m	1835	-

HEPB1	Recall	32.5	24-35 m	880	-
HEPB1	Record	50.7	24-35 m	955	-
HEPB1	Record or Recall	83.3	24-35 m	1835	-
HEPB1	Record or Recall<12m	81.5	24-35 m	1835	-
HEPB3	Recall	27.8	24-35 m	880	-
HEPB3	Record	46.4	24-35 m	955	-
HEPB3	Record or Recall	74.1	24-35 m	1835	-
HEPB3	Record or Recall<12m	67.8	24-35 m	1835	-
HEPBB	Recall	31.8	24-35 m	880	-
HEPBB	Record	40.1	24-35 m	955	-
HEPBB	Record or Recall	71.9	24-35 m	1835	-
HEPBB	Record or Recall<12m	70.4	24-35 m	1835	-
HIB1	Recall	31.6	24-35 m	880	-
HIB1	Record	50.9	24-35 m	955	-
HIB1	Record or Recall	82.5	24-35 m	1835	-
HIB1	Record or Recall<12m	80.7	24-35 m	1835	-
HIB3	Recall	25.1	24-35 m	880	-
HIB3	Record	46.5	24-35 m	955	-
HIB3	Record or Recall	71.6	24-35 m	1835	-
HIB3	Record or Recall<12m	65.5	24-35 m	1835	-
MCV1	Recall	30.6	24-35 m	880	-
MCV1	Record	49.9	24-35 m	955	-
MCV1	Record or Recall	80.5	24-35 m	1835	-
MCV1	Record or Recall<12m	63.2	24-35 m	1835	-
RCV1	Recall	30.6	24-35 m	880	-
RCV1	Record	49.9	24-35 m	955	-
RCV1	Record or Recall	80.5	24-35 m	1835	-
RCV1	Record or Recall<12m	63.2	24-35 m	1835	-

2012 Philippines National Demographic and Health Survey, 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	38.3	12-23 m	592	58
BCG	Record	57.1	12-23 m	805	58
BCG	Record or Recall	95.4	12-23 m	1397	58
BCG	Record or Recall<12m	94.8	12-23 m	1397	58
DTP1	Recall	37.2	12-23 m	592	58
DTP1	Record	57	12-23 m	805	58
DTP1	Record or Recall	94.2	12-23 m	1397	58

Philippines - Survey Details

DTP1	Record or Recall<12m	93.5	12-23 m	1397	58
DTP3	Recall	32.2	12-23 m	592	58
DTP3	Record	53.9	12-23 m	805	58
DTP3	Record or Recall	86.1	12-23 m	1397	58
DTP3	Record or Recall<12m	84.7	12-23 m	1397	58
HEPB1	Recall	37.2	12-23 m	592	58
HEPB1	Record	55.3	12-23 m	805	58
HEPB1	Record or Recall	92.5	12-23 m	1397	58
HEPB1	Record or Recall<12m	91.5	12-23 m	1397	58
HEPB3	Recall	31	12-23 m	592	58
HEPB3	Record	46.6	12-23 m	805	58
HEPB3	Record or Recall	77.6	12-23 m	1397	58
HEPB3	Record or Recall<12m	74.4	12-23 m	1397	58
MCV1	Recall	33.8	12-23 m	592	58
MCV1	Record	50.1	12-23 m	805	58
MCV1	Record or Recall	83.9	12-23 m	1397	58
MCV1	Record or Recall<12m	78.2	12-23 m	1397	58

2007 Philippines National Demographic and Health Survey (NDHS) 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	51.7	12-23 m	1286	43
BCG	Record	42.2	12-23 m	1286	43
BCG	Record or Recall	93.9	12-23 m	1286	43
BCG	Record or Recall<12m	92.3	12-23 m	1286	43
DTP1	Recall	50.2	12-23 m	1286	43
DTP1	Record	42.3	12-23 m	1286	43
DTP1	Record or Recall	92.5	12-23 m	1286	43
DTP1	Record or Recall<12m	91.2	12-23 m	1286	43
DTP3	Recall	44.7	12-23 m	1286	43
DTP3	Record	40.9	12-23 m	1286	43
DTP3	Record or Recall	85.6	12-23 m	1286	43
DTP3	Record or Recall<12m	82.8	12-23 m	1286	43
HEPB1	Recall	46.2	12-23 m	1286	43
HEPB1	Record	42.1	12-23 m	1286	43
HEPB1	Record or Recall	88.2	12-23 m	1286	43
HEPB1	Record or Recall<12m	86.5	12-23 m	1286	43
HEPB3	Recall	40.7	12-23 m	1286	43
HEPB3	Record	39.6	12-23 m	1286	43

HEPB3	Record or Recall	80.3	12-23 m	1286	43
HEPB3	Record or Recall<12m	75.7	12-23 m	1286	43
MCV1	Recall	45.5	12-23 m	1286	43
MCV1	Record	39	12-23 m	1286	43
MCV1	Record or Recall	84.5	12-23 m	1286	43
MCV1	Record or Recall<12m	76.2	12-23 m	1286	43

2002 National Demographic and Health Survey 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	52.5	12-23 m	1348	39
BCG	Record	38.3	12-23 m	1348	39
BCG	Record or Recall	90.8	12-23 m	1348	39
BCG	Record or Recall<12m	89	12-23 m	1348	39
DTP1	Recall	51.6	12-23 m	1348	39
DTP1	Record	38.4	12-23 m	1348	39
DTP1	Record or Recall	89.9	12-23 m	1348	39
DTP1	Record or Recall<12m	88.4	12-23 m	1348	39
DTP3	Recall	43.1	12-23 m	1348	39
DTP3	Record	35.8	12-23 m	1348	39
DTP3	Record or Recall	78.9	12-23 m	1348	39
DTP3	Record or Recall<12m	75	12-23 m	1348	39
MCV1	Recall	45.6	12-23 m	1348	39
MCV1	Record	34.1	12-23 m	1348	39
MCV1	Record or Recall	79.7	12-23 m	1348	39
MCV1	Record or Recall<12m	69.7	12-23 m	1348	39

2001 Philippines, Maternal and Child Health Survey 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92.1	12-23 m	1885	91
DTP1	Record or Recall	91.6	12-23 m	1885	91
DTP3	Record or Recall	80.6	12-23 m	1885	91
MCV1	Record or Recall	80.2	12-23 m	1885	91

1999 Philippines, Maternal and Child Health Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	92.2	12-23 m	2227	89
DTP1	Record or Recall	90.7	12-23 m	2227	89
DTP3	Record or Recall	80.5	12-23 m	2227	89
HEPB1	Record or Recall	62.5	12-23 m	2227	89
HEPB3	Record or Recall	32.4	12-23 m	2227	89
MCV1	Record or Recall	79.7	12-23 m	2227	89

1997 Philippines, National Demographic and Health Survey 1998, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	50.1	12-23 m	1474	41
BCG	Record	40.6	12-23 m	1474	41

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

BCG	Record or Recall	90.8	12-23 m	1474	41
BCG	Record or Recall<12m	90.6	12-23 m	1474	41
DTP1	Recall	49.3	12-23 m	1474	41
DTP1	Record	41	12-23 m	1474	41
DTP1	Record or Recall	90.3	12-23 m	1474	41
DTP1	Record or Recall<12m	90.1	12-23 m	1474	41
DTP3	Recall	43	12-23 m	1474	41
DTP3	Record	37.8	12-23 m	1474	41
DTP3	Record or Recall	80.9	12-23 m	1474	41
DTP3	Record or Recall<12m	78.7	12-23 m	1474	41
MCV1	Recall	44	12-23 m	1474	41
MCV1	Record	34.9	12-23 m	1474	41
MCV1	Record or Recall	78.9	12-23 m	1474	41
MCV1	Record or Recall<12m	70.9	12-23 m	1474	41