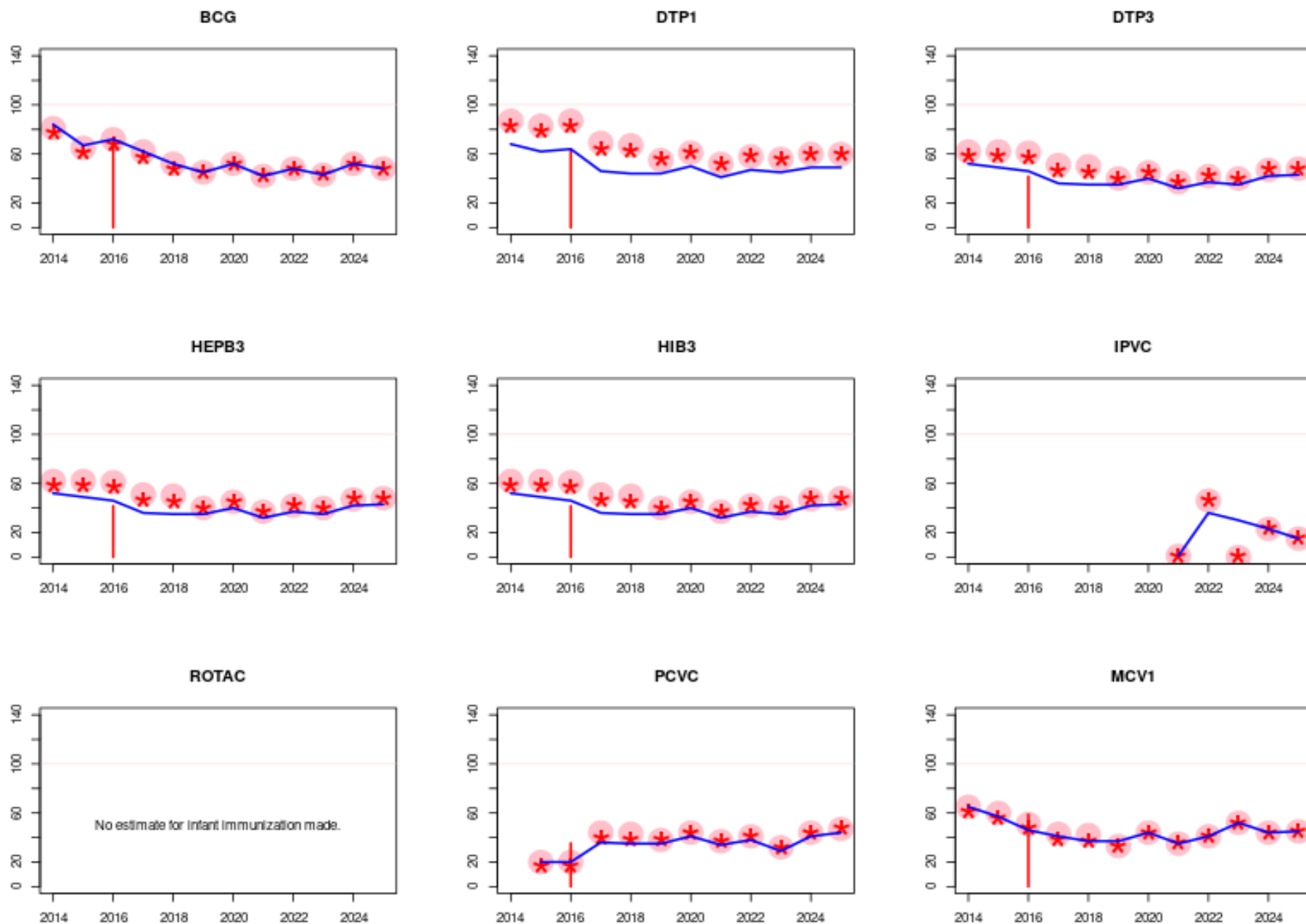




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

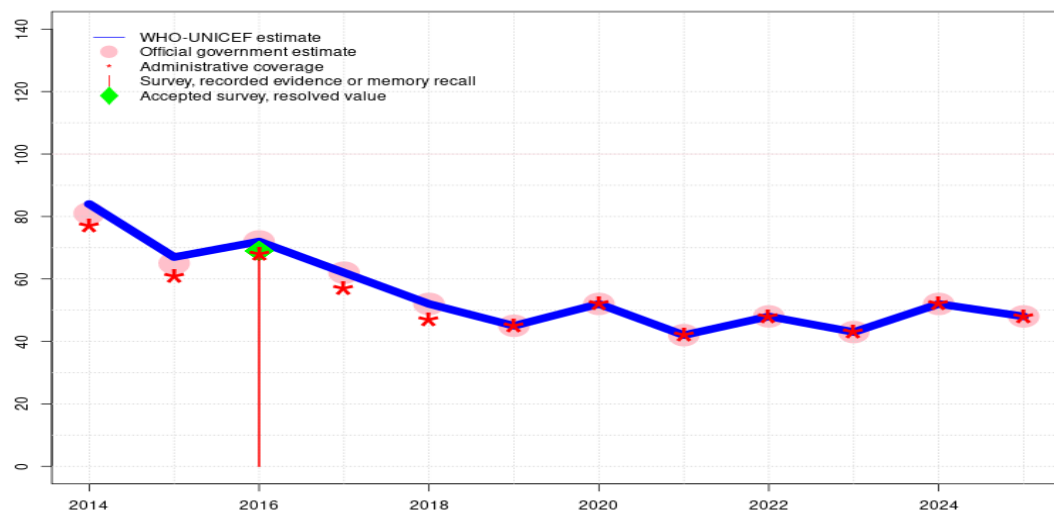
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Papua New Guinea - BCG

PNG - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	84	67	72	62	52	45	52	42	48	43	52	48
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	81	65	72	62	52	45	52	42	48	43	52	48
Administrative	77	61	68	57	47	45	52	42	48	43	52	48
Survey	-	-	69	-	-	-	-	-	-	-	-	-

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.

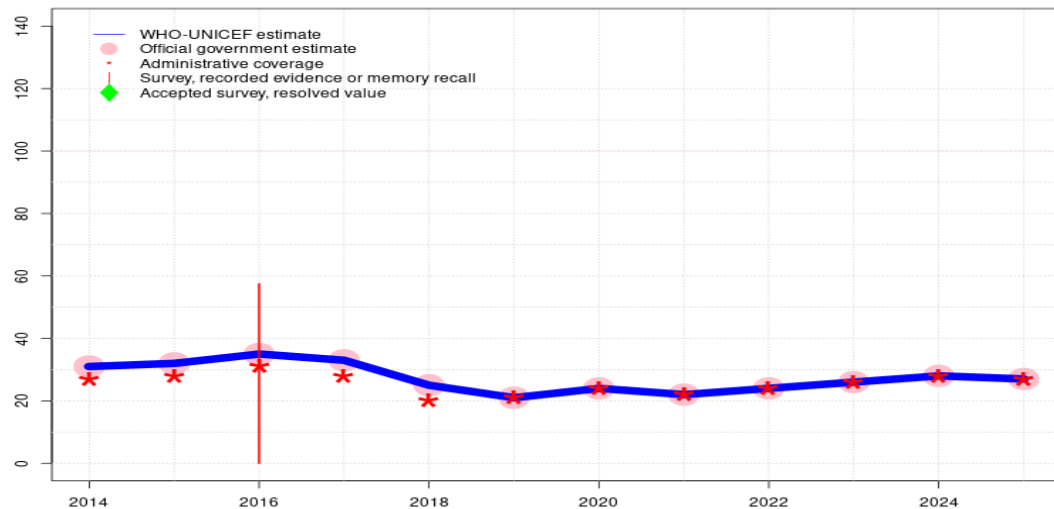
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported data reflect 94 percent of expected district level reports. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Observed decline in reported coverage for several antigens appears to reflect unexplained seven percent increase in target population. Year to year population growth was previously around three percent. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by reported data. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 69 percent based on 1 survey(s). Reported data reflects three quarters of expected district-level reports. Programme reports three and one-half months stockout at national level. GoC=Assigned by working group. See comment in 2018.
- 2015: Reported data calibrated to 2005 and 2016 levels. Programme reports three months vaccine stockout at national level. GoC=Assigned by working group. See comment in 2018.
- 2014: Reported data calibrated to 2005 and 2016 levels. Target population increase of 13 percent compared to 2013. Programme reports two months stockout at national level. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - HEPBB

PNG - HEPBB



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	31	32	35	33	25	21	24	22	24	26	28	27
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	31	32	35	33	25	21	24	22	24	26	28	27
Administrative	27	28	31	28	20	21	24	22	24	26	28	27
Survey	-	-	58	-	-	-	-	-	-	-	-	-

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.

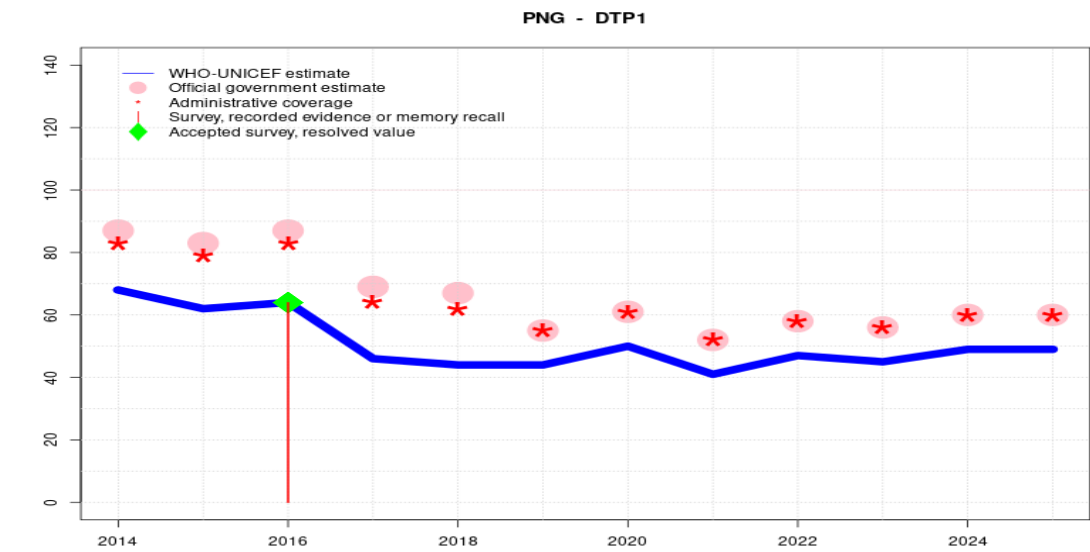
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reported 1 month vaccine stock-out at the national level. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate exceptionally based on reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported data reflect 94 percent of expected district level reports. GoC=Assigned by working group. Consistency with GoC for other vaccine-doses.
- 2021: Estimate informed by reported data. GoC=Assigned by working group. Consistency with GoC for other vaccine-doses.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. Consistency with GoC for other vaccine-doses.
- 2019: Estimate informed by reported data. Observed decline in reported coverage for several antigens appears to reflect unexplained seven percent increase in target population. Year to year population growth was previously around three percent. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by reported data. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Estimate informed by reported data. Papua New Guinea Demographic and Health Survey 2016-2018 results ignored by working group. Survey results ignored due to insufficient information regarding whether HepB doses were received within 24 hours of birth. Reported data reflects three quarters of expected district-level reports. GoC=Assigned by working group. See comment in 2018.
- 2015: Estimate informed by reported data. GoC=Assigned by working group. See comment in 2018.
- 2014: Estimate informed by reported data. Target population increase of 13 percent compared to 2013. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	68	62	64	46	44	44	50	41	47	45	49	49
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	87	83	87	69	67	55	61	52	58	56	60	60
Administrative	83	79	83	64	62	55	61	52	58	56	60	60
Survey	-	-	64	-	-	-	-	-	-	-	-	-

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.

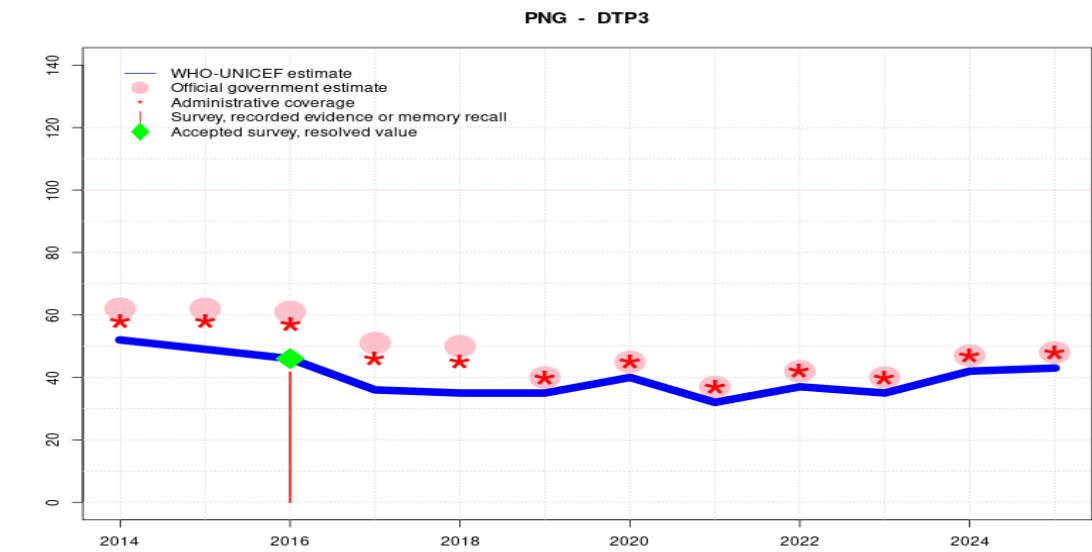
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 2019 levels. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2019 levels. Reported data reflect 94 percent of expected district level reports. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2019: Estimate of 44 percent assigned by working group. Estimate informed by prior year estimated coverage. Observed decline in reported coverage for several antigens appears to reflect unexplained seven percent increase in target population. Year to year population growth was previously around three percent. Estimate challenged by: D-R-
- 2018: Estimate of 44 percent assigned by working group. Based on calibration in relationship with 2016 survey. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Reported data calibrated to 2016 and 2018 levels. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 64 percent based on 1 survey(s). Reported data reflects three quarters of expected district-level reports. GoC=Assigned by working group. See comment in 2018.
- 2015: Reported data calibrated to 2005 and 2016 levels. GoC=Assigned by working group. See comment in 2018.
- 2014: Reported data calibrated to 2005 and 2016 levels. Target population increase of 13 percent compared to 2013. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	52	49	46	36	35	35	40	32	37	35	42	43
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	62	62	61	51	50	40	45	37	42	40	47	48
Administrative	58	58	57	46	45	40	45	37	42	40	47	48
Survey	-	-	42	-	-	-	-	-	-	-	-	-

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.

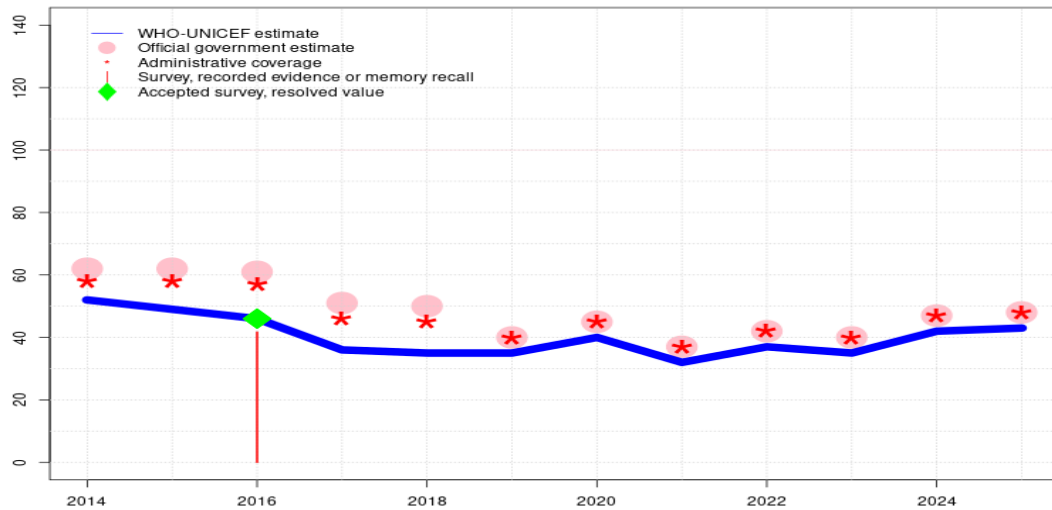
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2019 levels. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2019 levels. Reported data reflect 94 percent of expected district level reports. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2019: Estimate of 35 percent assigned by working group. Estimate informed by prior year estimated coverage. Observed decline in reported coverage for several antigens appears to reflect unexplained seven percent increase in target population. Year to year population growth was previously around three percent. Estimate challenged by: D-R-
- 2018: Estimate of 35 percent assigned by working group. Based on calibration in relationship with 2016 survey. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Reported data calibrated to 2016 and 2018 levels. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 46 percent based on 1 survey(s). Papua New Guinea Demographic and Health Survey 2016-2018 record or recall results of 42 percent modified for recall bias to 46 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 36 percent. Reported data reflects three quarters of expected district-level reports. GoC=Assigned by working group. See comment in 2018.
- 2015: Reported data calibrated to 2005 and 2016 levels. GoC=Assigned by working group. See comment in 2018.
- 2014: Reported data calibrated to 2005 and 2016 levels. Target population increase of 13 percent compared to 2013. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - HEPB3

PNG - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	52	49	46	36	35	35	40	32	37	35	42	43
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	62	62	61	51	50	40	45	37	42	40	47	48
Administrative	58	58	57	46	45	40	45	37	42	40	47	48
Survey	-	-	42	-	-	-	-	-	-	-	-	-

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.

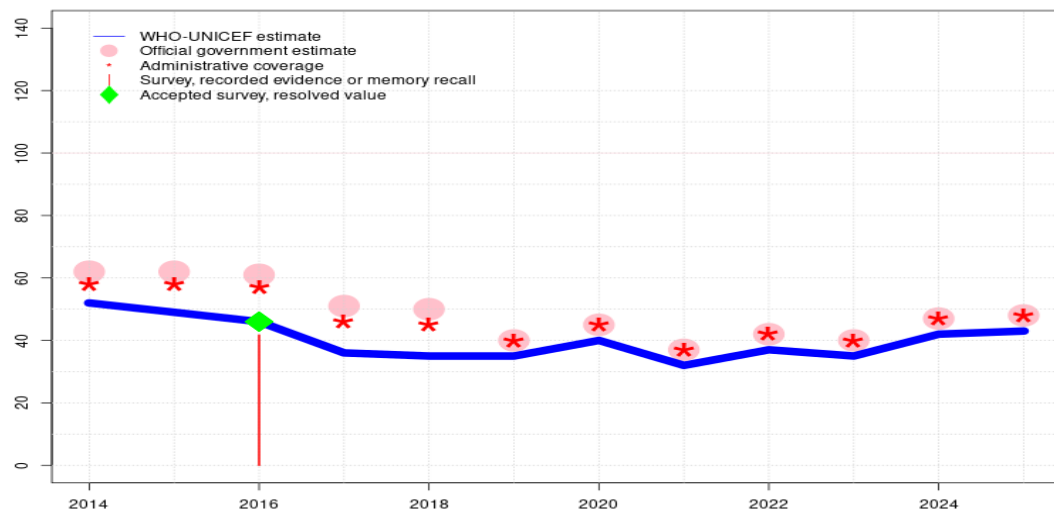
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2019 levels. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2019 levels. Reported data reflect 94 percent of expected district level reports. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2019: Estimate of 35 percent assigned by working group. Estimate informed by prior year estimated coverage. Observed decline in reported coverage for several antigens appears to reflect unexplained seven percent increase in target population. Year to year population growth was previously around three percent. Estimate challenged by: D-R-
- 2018: Estimate of 35 percent assigned by working group. Based on calibration in relationship with 2016 survey. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Reported data calibrated to 2016 and 2018 levels. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 46 percent based on 1 survey(s). Papua New Guinea Demographic and Health Survey 2016-2018 record or recall results of 42 percent modified for recall bias to 46 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 36 percent. Reported data reflects three quarters of expected district-level reports. GoC=Assigned by working group. See comment in 2018.
- 2015: Reported data calibrated to 2012 and 2016 levels. GoC=Assigned by working group. See comment in 2018.
- 2014: Reported data calibrated to 2012 and 2016 levels. Target population increase of 13 percent compared to 2013. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - HIB3

PNG - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	52	49	46	36	35	35	40	32	37	35	42	43
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	62	62	61	51	50	40	45	37	42	40	47	48
Administrative	58	58	57	46	45	40	45	37	42	40	47	48
Survey	-	-	42	-	-	-	-	-	-	-	-	-

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.

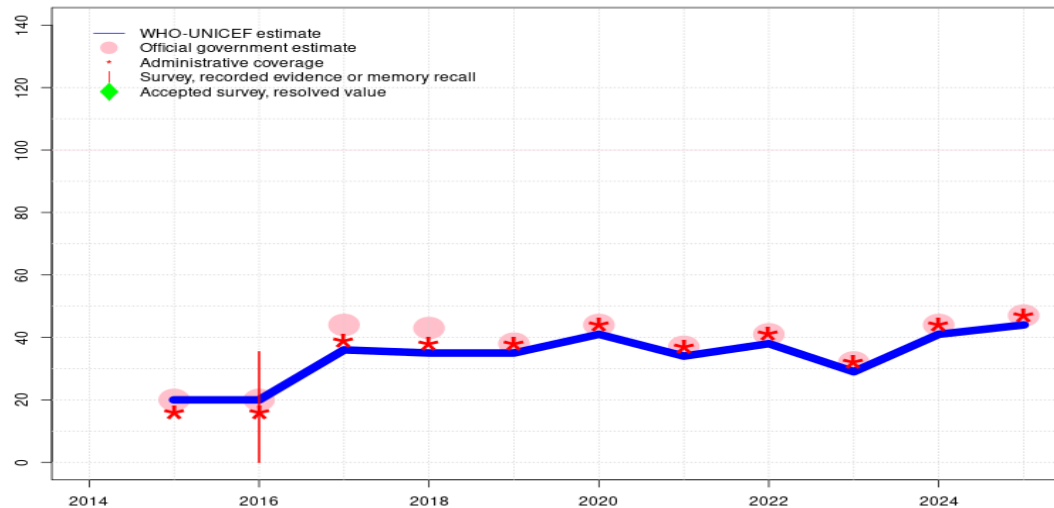
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2019 levels. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2019 levels. Reported data reflect 94 percent of expected district level reports. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2019: Estimate of 35 percent assigned by working group. Estimate informed by prior year estimated coverage. Observed decline in reported coverage for several antigens appears to reflect unexplained seven percent increase in target population. Year to year population growth was previously around three percent. Estimate challenged by: D-R-
- 2018: Estimate of 35 percent assigned by working group. Based on calibration in relationship with 2016 survey. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Reported data calibrated to 2016 and 2018 levels. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 46 percent based on 1 survey(s). Papua New Guinea Demographic and Health Survey 2016-2018 record or recall results of 42 percent modified for recall bias to 46 percent based on 1st dose record or recall coverage of 64 percent, 1st dose record only coverage of 50 percent and 3rd dose record only coverage of 36 percent. Reported data reflects three quarters of expected district-level reports. GoC=Assigned by working group. See comment in 2018.
- 2015: Reported data calibrated to 2012 and 2016 levels. GoC=Assigned by working group. See comment in 2018.
- 2014: Reported data calibrated to 2012 and 2016 levels. Target population increase of 13 percent compared to 2013. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - PCVC

PNG - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	20	20	36	35	35	41	34	38	29	41	44
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	20	20	44	43	38	44	37	41	32	44	47
Administrative	-	16	16	39	38	38	44	37	41	32	44	47
Survey	-	-	35	-	-	-	-	-	-	-	-	-

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.

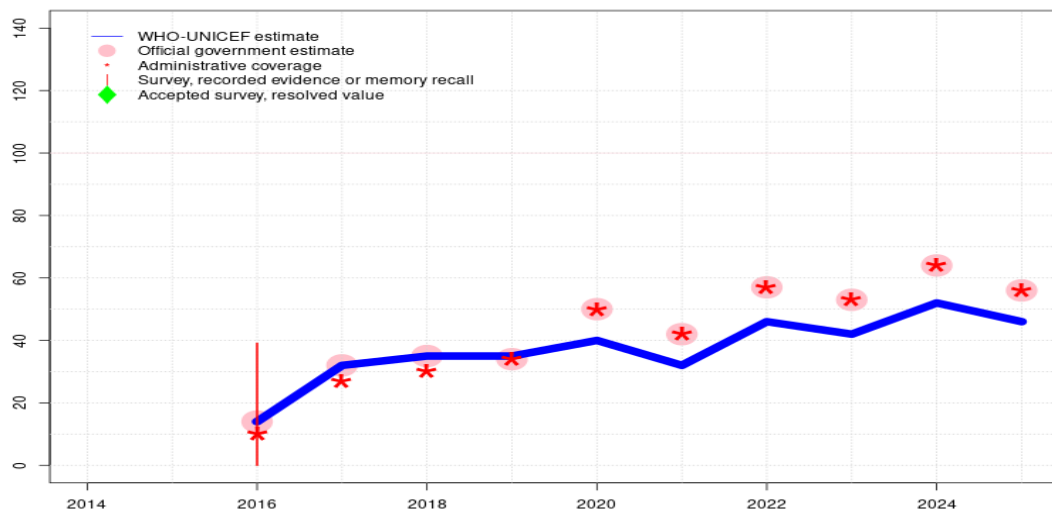
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Reported data calibrated to 2019 levels. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2019 levels. Programme reports a two months stockouts at national and subnational levels. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2019 levels. Programme reports a two-month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2019 levels. Programme reports three months vaccine stockout at national and subnational levels. Reported data reflect 94 percent of expected district level reports. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 levels. Estimate challenged by: D-R-
- 2019: Estimate of 35 percent assigned by working group. Estimate informed by estimated DTP3 coverage for consistency. Observed decline in reported coverage for several antigens appears to reflect unexplained seven percent increase in target population. Year to year population growth was previously around three percent. Estimate challenged by: R-
- 2018: Estimate of 35 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Estimate informed by reported data during period of introduction. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate of 36 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Estimate informed by reported data during period of introduction. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Estimate informed by reported data. Papua New Guinea Demographic and Health Survey 2016-2018 results ignored by working group. Survey results ignored during period of introduction. Papua New Guinea Demographic and Health Survey 2016-2018 record or recall results of 35 percent modified for recall bias to 39 percent based on 1st dose record or recall coverage of 58 percent, 1st dose record only coverage of 46 percent and 3rd dose record only coverage of 31 percent. Estimate informed by reported data during period of introduction. Reported data reflects three quarters of expected district-level reports. GoC=Assigned by working group. See comment in 2018.
- 2015: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in 2013. Reporting started in 2015. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - IPV1

PNG - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	14	32	35	35	40	32	46	42	52	46
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	14	32	35	34	50	42	57	53	64	56
Administrative	-	-	10	27	30	34	50	42	57	53	64	56
Survey	-	-	39	-	-	-	-	-	-	-	-	-

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.

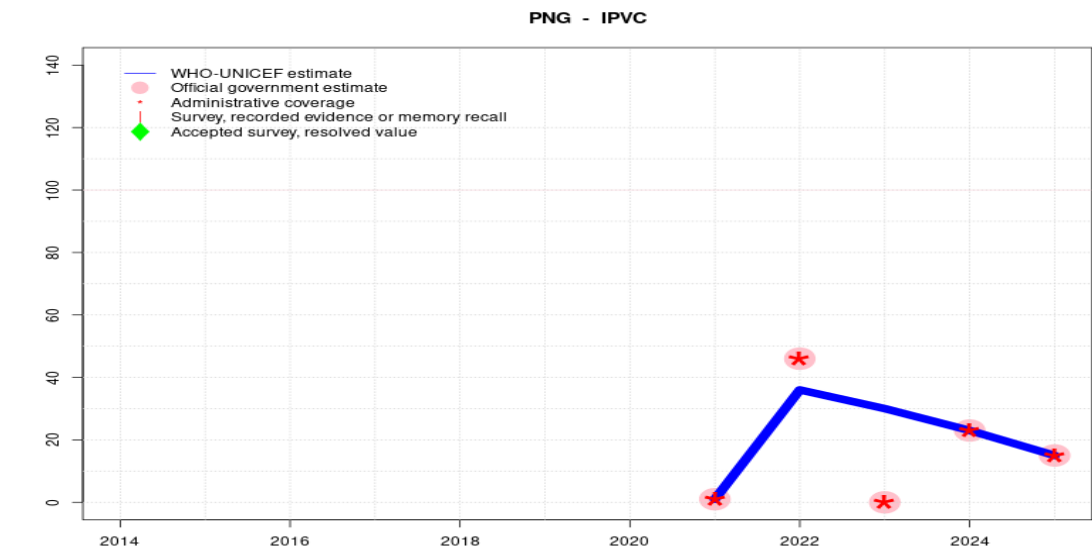
Description:

- 2025: Estimate is based on the relationship between reported administrative coverage for DTP1 and IPV1 applied to the DTP1 estimated coverage. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Estimate is informed by the relative relationship between reported administrative coverage and estimated coverage for DTP1 applied to reported administrative coverage for IPV1. During 2024, the reported number of doses administered for IPV1, recommended at 3 months of age, was more similar to that for DTP1 than for DTP3. Estimate challenged by: D-R-
- 2023: Estimate is informed by the relative relationship between reported administrative coverage and estimated coverage for DTP1 applied to reported administrative coverage for IPV1. During 2023, the reported number of doses administered for IPV1, recommended at 3 months of age, was more similar to that for DTP1 than for DTP3. Estimate challenged by: D-R-
- 2022: Estimate is informed by the relative relationship between reported administrative coverage and estimated coverage for DTP1 applied to reported administrative coverage for IPV1. During 2022, the reported number of doses administered for IPV1, recommended at 3 months of age, was more similar to that for DTP1 than for DTP3. Reported data reflect 94 percent of expected district level reports. Estimate challenged by: D-R-
- 2021: Estimate informed by DTP3 estimated coverage. Estimate reflects decline in reported coverage from 2020. Estimate challenged by: D-R-
- 2020: Estimate informed by estimated DTP3 coverage for consistency but it may underestimate IPV1 coverage given that more IPV than DTP3 doses reported. Estimate challenged by: D-R-
- 2019: Estimate of 35 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Observed decline in reported coverage for several antigens appears to reflect unexplained seven percent increase in target population. Year to year population growth was previously around three percent. Actual IPV1 coverage is likely lower than that estimated based on reported doses administered vis-a-vis the third dose of DTP. GoC=Assigned by working group. Consistency with other antigens recommended at the same age.
- 2018: Estimate informed by estimated DTP3 coverage. Estimate informed by reported data during period of introduction. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by reported data. Estimate informed by reported data during period of introduction. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Estimate informed by reported data. Papua New Guinea Demographic and Health Sur-

Papua New Guinea - IPV1

vey 2016-2018 results ignored by working group. Survey results ignored during period of introduction. Reported data reflects three quarters of expected district-level reports. Inactivated polio vaccine introduced in 2015, reporting starts in 2016. Unclear whether doses given as part of an intensification of routine vaccination are included in the reported coverage. Programme reports two months stockout of IPV at national level. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - IPVC



Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: IPVC not yet included in PNG National Health Information system. 10 percent of health facilities reported data for 2023. Estimate challenged by: D-R-
- 2022: Estimate informed by relative relationship between estimated and reported coverage for IPV1 applied to reported coverage for IPVC. Reported data reflect 94 percent of expected district level reports. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2021. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	1	36	30	23	15
Estimate GoC	-	-	-	-	-	-	-	••	•	•	••	••
Official	-	-	-	-	-	-	-	1	46	0	23	15
Administrative	-	-	-	-	-	-	-	1	46	0	23	15
Survey	-	-	-	-	-	-	-	-	-	-	-	-

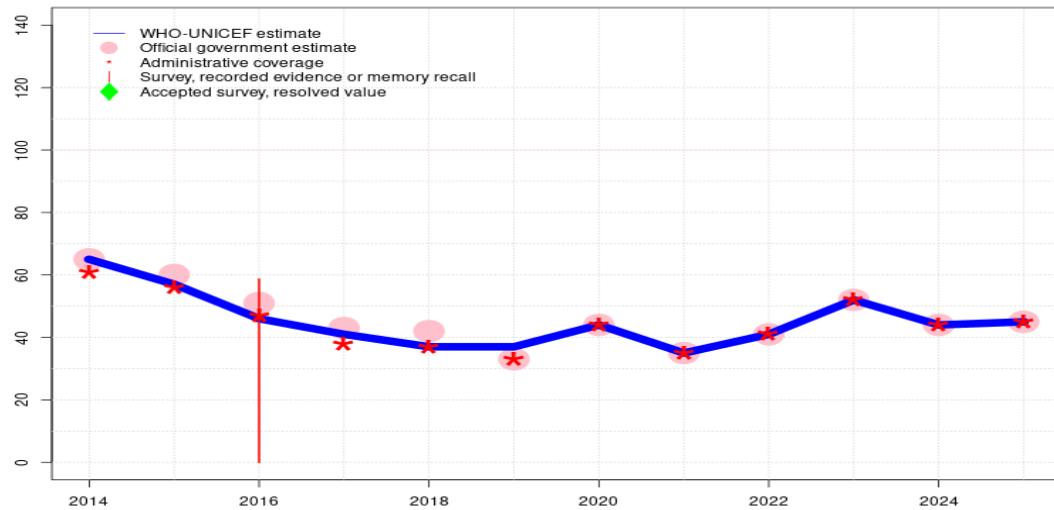
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Papua New Guinea - MCV1

PNG - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	65	57	46	41	37	37	44	35	41	52	44	45
Estimate GoC	•	•	•	•	•	•	••	••	•	•	•	•
Official	65	60	51	43	42	33	44	35	41	52	44	45
Administrative	61	56	47	38	37	33	44	35	41	52	44	45
Survey	-	-	59	-	-	-	-	-	-	-	-	-

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.

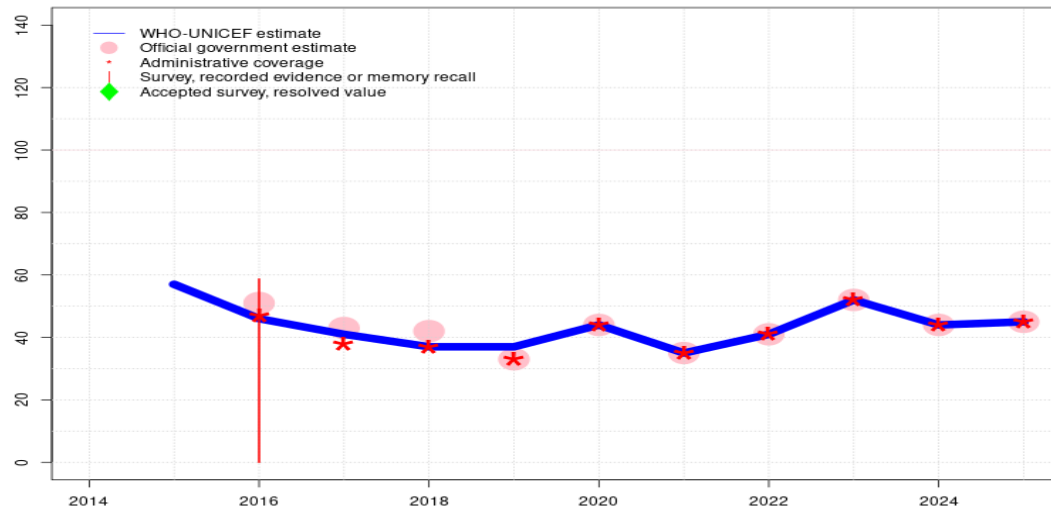
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage likely includes campaign doses. Programme reports a one month vaccine stockout at national level. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported data reflect 94 percent of expected district level reports. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by prior year estimated coverage. Observed decline in reported coverage for several antigens appears to reflect unexplained seven percent increase in target population. Year to year population growth was previously around three percent. Estimate challenged by: R-
- 2018: Based on calibration in relationship with 2016 survey. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Reported data calibrated to 2016 and 2018 levels. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Estimate of 46 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported administrative data suggests MCV1 coverage is lower than that for DTP3. Papua New Guinea Demographic and Health Survey 2016-2018 results ignored by working group. Survey results may included doses delivered through campaign. Reported data reflects three quarters of expected district-level reports. GoC=Assigned by working group. See comment in 2018.
- 2015: Reported data calibrated to 2005 and 2016 levels. GoC=Assigned by working group. See comment in 2018.
- 2014: Reported data calibrated to 2005 and 2016 levels. Target population increase of 13 percent compared to 2013. Programme reports two months stockout at national level. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - RCV1

PNG - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	57	46	41	37	37	44	35	41	52	44	45
Estimate GoC	-	•	•	•	•	•	••	••	•	•	•	•
Official	-	-	51	43	42	33	44	35	41	52	44	45
Administrative	-	-	47	38	37	33	44	35	41	52	44	45
Survey	-	-	59	-	-	-	-	-	-	-	-	-

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.

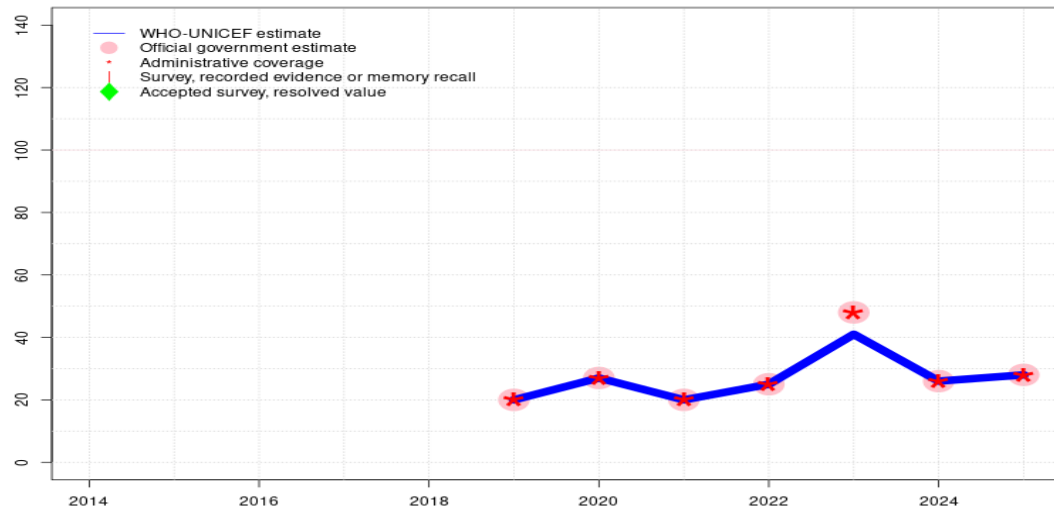
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Reported data reflect 94 percent of expected district level reports. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate informed by estimated MCV1 coverage level. Estimate challenged by: R-
- 2018: Estimate based on estimated MCV1. Programme reports do not include private sector providers. Programme notes administrative reporting completeness is 78 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate based on estimated MCV1. Programme reports that persistent challenges contributed to the declines in coverage for 2017. Consistent decline in reported coverage for almost all vaccines. GoC=Assigned by working group. See comment in 2018.
- 2016: Estimate based on estimated MCV1. Papua New Guinea Demographic and Health Survey 2016-2018 results ignored by working group. Survey results may included doses delivered through campaign. Reported data reflects three quarters of expected district-level reports. GoC=Assigned by working group. See comment in 2018.
- 2015: Estimate based on estimated MCV1. GoC=Assigned by working group. See comment in 2018.

Papua New Guinea - MCV2

PNG - MCV2



Description:

- 2025: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Reported coverage likely includes campaign doses. Programme reports a one month vaccine stockout at national level. Estimate informed by the relationship between reported MCV1 and MCV2 doses applied to the estimated MCV1 coverage. Reported data excluded due to an increase from 25 percent to 48 percent with decrease to 26 percent. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data. Reported data reflect 94 percent of expected district level reports. GoC=Assigned by working group. Consistency with other antigens recommended at the same age.
- 2021: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens recommended at the same age.
- 2020: Estimate informed by reported data. GoC=Assigned by working group. Consistency with other antigens recommended at the same age.
- 2019: Estimate informed by reported data. Estimate informed by reported data on an exceptional basis relative to other antigens. GoC=Assigned by working group. Consistency with other antigens recommended at the same age.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	20	27	20	25	41	26	28
Estimate GoC	-	-	-	-	-	•	•	•	•	•	••	••
Official	-	-	-	-	-	20	27	20	25	48	26	28
Administrative	-	-	-	-	-	20	27	20	25	48	26	28
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.

Papua New Guinea - 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.

2016 Papua New Guinea Demographic and Health Survey 2016-2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	16.5	12-23 m	695	61
BCG	Record	52.9	12-23 m	1069	61
BCG	Record or Recall	69.4	12-23 m	1763	61
BCG	Record or Recall<12m	67.1	12-23 m	1763	61
DTP1	Recall	13.9	12-23 m	695	61
DTP1	Record	50	12-23 m	1069	61
DTP1	Record or Recall	63.9	12-23 m	1763	61
DTP1	Record or Recall<12m	60.9	12-23 m	1763	61
DTP3	Recall	5.8	12-23 m	695	61
DTP3	Record	35.9	12-23 m	1069	61
DTP3	Record or Recall	41.7	12-23 m	1763	61
DTP3	Record or Recall<12m	35	12-23 m	1763	61
HEPB1	Recall	13.9	12-23 m	695	61
HEPB1	Record	50	12-23 m	1069	61
HEPB1	Record or Recall	63.9	12-23 m	1763	61
HEPB1	Record or Recall<12m	60.9	12-23 m	1763	61
HEPB3	Recall	5.8	12-23 m	695	61
HEPB3	Record	35.9	12-23 m	1069	61
HEPB3	Record or Recall	41.7	12-23 m	1763	61

HEPB3	Record or Recall<12m	35	12-23 m	1763	61
HEPBB	Recall	14.2	12-23 m	695	61
HEPBB	Record	43.3	12-23 m	1069	61
HEPBB	Record or Recall	57.5	12-23 m	1763	61
HEPBB	Record or Recall<12m	55.5	12-23 m	1763	61
HIB1	Recall	13.9	12-23 m	695	61
HIB1	Record	50	12-23 m	1069	61
HIB1	Record or Recall	63.9	12-23 m	1763	61
HIB1	Record or Recall<12m	60.9	12-23 m	1763	61
HIB3	Recall	5.8	12-23 m	695	61
HIB3	Record	35.9	12-23 m	1069	61
HIB3	Record or Recall	41.7	12-23 m	1763	61
HIB3	Record or Recall<12m	35	12-23 m	1763	61
IPV1	Recall	12.7	12-23 m	695	61
IPV1	Record	26.4	12-23 m	1069	61
IPV1	Record or Recall	39.1	12-23 m	1763	61
IPV1	Record or Recall<12m	33.4	12-23 m	1763	61
MCV1	Recall	13.2	12-23 m	695	61
MCV1	Record	45.5	12-23 m	1069	61
MCV1	Record or Recall	58.7	12-23 m	1763	61
MCV1	Record or Recall<12m	50.1	12-23 m	1763	61
PCV1	Recall	12	12-23 m	695	61
PCV1	Record	46.3	12-23 m	1069	61
PCV1	Record or Recall	58.3	12-23 m	1763	61
PCV1	Record or Recall<12m	54.2	12-23 m	1763	61
PCVC	Recall	4	12-23 m	695	61
PCVC	Record	31.3	12-23 m	1069	61
PCVC	Record or Recall	35.4	12-23 m	1763	61
PCVC	Record or Recall<12m	28.7	12-23 m	1763	61
RCV1	Recall	13.2	12-23 m	695	61
RCV1	Record	45.5	12-23 m	1069	61
RCV1	Record or Recall	58.7	12-23 m	1763	61
RCV1	Record or Recall<12m	50.1	12-23 m	1763	61

2005 Papua New Guinea Demographic and Health Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	66.7	12-23 m	883	70
BCG	Record or Recall	89.6	12-23 m	1254	70

DTP1	Record	66.5	12-23 m	883	70
DTP1	Record or Recall	87.9	12-23 m	1254	70
DTP3	Record	53.7	12-23 m	883	70
DTP3	Record or Recall	66.8	12-23 m	1254	70
HEPB1	Record	64.8	12-23 m	883	70
HEPB1	Record or Recall	86.4	12-23 m	1254	70
HEPB3	Record	53.3	12-23 m	883	70
HEPB3	Record or Recall	64.6	12-23 m	1254	70
MCV1	Record	61.6	12-23 m	883	70
MCV1	Record or Recall	81.6	12-23 m	1254	70

2004 National Immunization Coverage Survey 2005-2006, Papua New Guinea

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9	12-23 m	783	93

BCG	Record	81.3	12-23 m	783	93
BCG	Record or Recall	90.3	12-23 m	783	93
DTP1	Recall	5.7	12-23 m	776	93
DTP1	Record	81.8	12-23 m	776	93
DTP1	Record or Recall	87.5	12-23 m	776	93
DTP3	Recall	4.2	12-23 m	783	93
DTP3	Record	66.8	12-23 m	783	93
DTP3	Record or Recall	71	12-23 m	783	93
HEPB1	Recall	6	12-23 m	774	93
HEPB1	Record	82.1	12-23 m	774	93
HEPB1	Record or Recall	88.1	12-23 m	774	93
HEPB3	Recall	4.4	12-23 m	774	93
HEPB3	Record	68.7	12-23 m	774	93
HEPB3	Record or Recall	73.1	12-23 m	774	93
MCV1	Recall	6	12-23 m	776	93
MCV1	Record	71.9	12-23 m	776	93
MCV1	Record or Recall	77.9	12-23 m	776	93

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