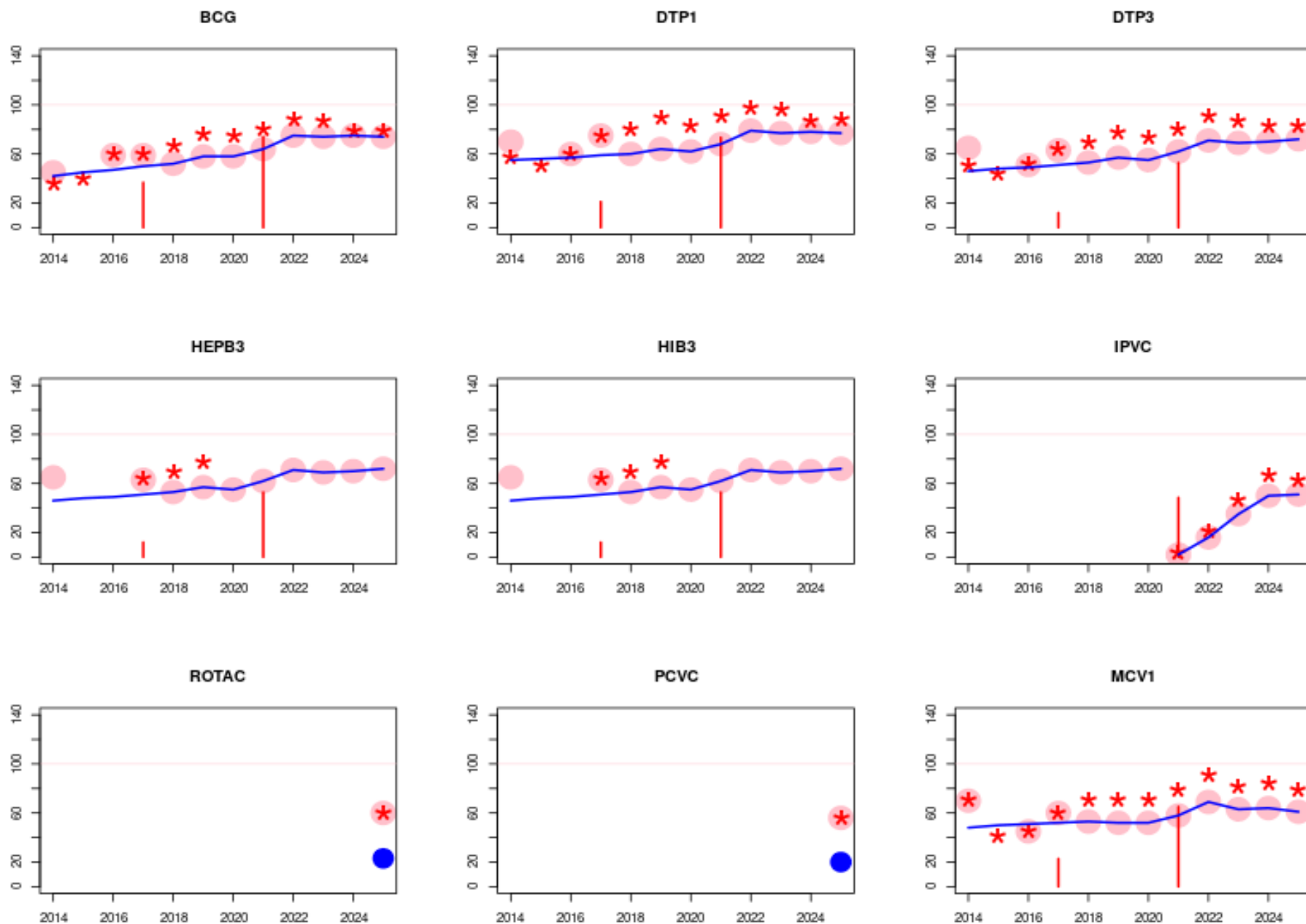




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

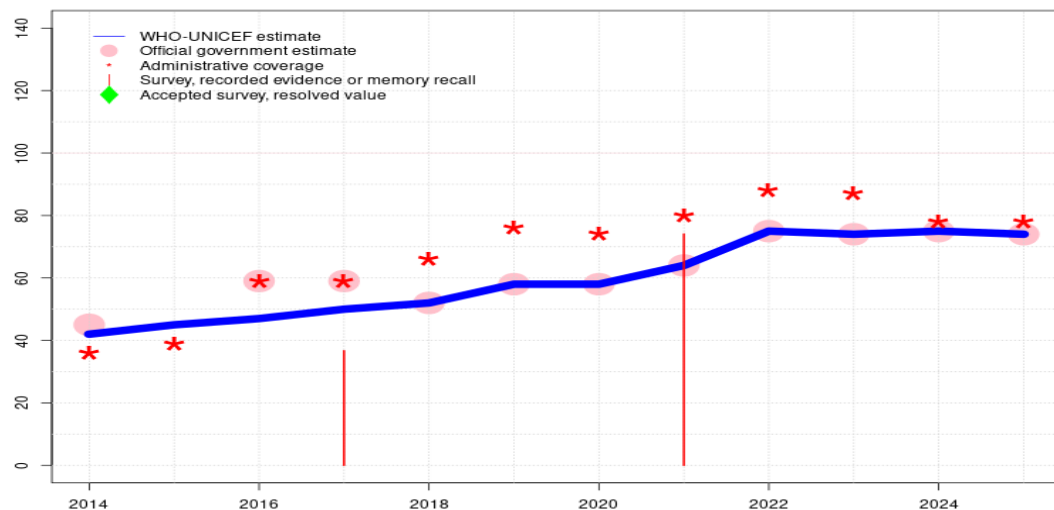
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Somalia - BCG

SOM - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	42	45	47	50	52	58	58	64	75	74	75	74
Estimate GoC	•	•	•	•	••	••	••	••	••	••	••	••
Official	45	-	59	59	52	58	58	64	75	74	75	74
Administrative	36	39	59	59	66	76	74	80	88	87	78	78
Survey	-	-	-	37	-	-	-	74	-	-	-	-

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 the same data cleaning approach as in 2024 to derive official estimates. GoC=R+ D+
- 2024: Estimate informed by reported data. In 2024, Somalia launched a nationwide data quality improvement initiative with technical support from national and subnational authorities, WHO and UNICEF. This involved a thorough review of reported data from facilities providing immunization services from 2018 to 2024. For numerators, the analysis focused on reporting completeness, consistency, and detection and revision of outliers. For denominators, multiple sources were reviewed and triangulated including UN population estimates, polio microplanning data, and the 2023 post-campaign coverage survey to estimate the most plausible district-level target populations. This data review led to the official coverage estimates from 2018 to 2024. Estimate of 75 percent changed from previous revision value of 74 percent. GoC=R+ D+
- 2023: Estimate informed by reported data. See comment for year 2024. Estimate of 74 percent changed from previous revision value of 75 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Vaccine stockout reported for all vaccines at the subnational level. Availability of robust, independent data that assess coverage, as well as the quality of recording and reporting system, are lacking. Programme reported vaccine stock-out at the subnational level. See comment for year 2024. GoC=R+ D+
- 2021: Estimate informed by reported data. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 results ignored by working group. Subnational survey covering accessible areas in 6 states and excluding Somaliland suggests similar coverage level to country official estimates. See comment for year 2024. GoC=R+ D+
- 2020: Estimate informed by reported data. Incomplete reporting noted by the country. See comment for year 2024. Programme reports a two months vaccine stockout at national and subnational levels. Estimate of 58 percent changed from previous revision value of 59 percent. GoC=R+ D+
- 2019: Estimate informed by reported data. See comment for year 2024. GoC=R+ D+
- 2018: Programme reported vaccine stock-out at the subnational level. See comment for year 2024. GoC=R+ D+
- 2017: Estimate informed by interpolation between 2012 and 2018 levels. The Somali Health and Demographic Survey 2020 results ignored by working group. Lower vaccination coverage levels suggested by the survey for the 2017 cohort are consistent with challenges in funding around delivery of the country's Essential Package of Health Services through the Somali Joint Health and Nutrition Program (JHNP), a multi-donor fund managed by UNICEF that aimed to strengthen the health system and service delivery across Somalia. The JHNP ended in December 2016. Survey results are based mostly on respondent recall of vaccination history given only four percent with available documented evidence in a home-based record. In contrast to prior surveys noted here, the 2017 survey incorporated three strata within the sampling process targeting urban, rural and nomadic communities. Exceptionally low vaccination coverage estimates among children residing in nomadic communities is observed and thus lowers the national coverage levels. Re-

ported data excluded. Survey coverage for BCG vaccine is unusually high given levels of home birth in Somalia accompanied by weak and fragmented primary healthcare service delivery. Estimate challenged by: R-

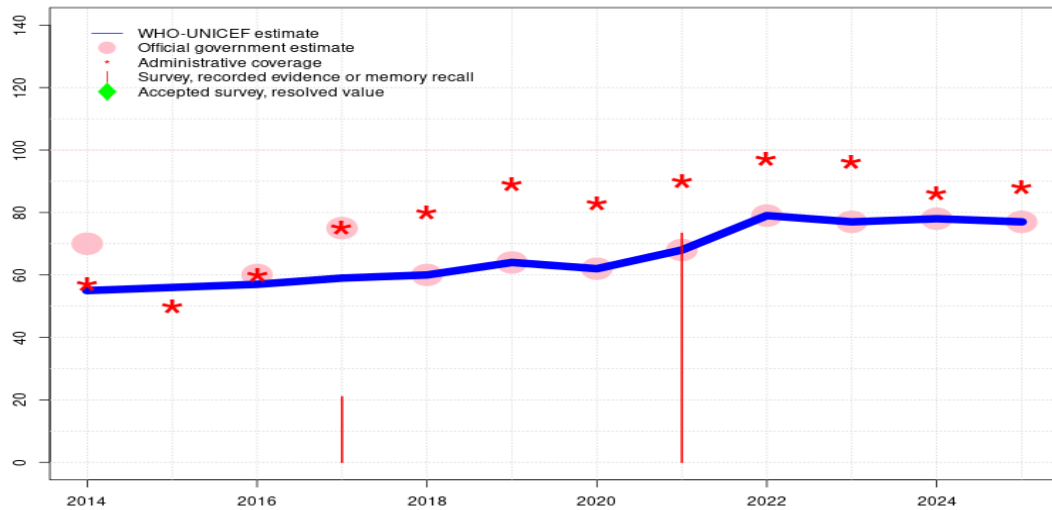
2016: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded. Estimate challenged by: R-

2015: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded. Unexplained increase in target population compared to 2014. Programme reports a national level stockout of two months. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

2014: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded. Decline in coverage is due in part to incomplete reporting. Programme reports a two months stockout at national level. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

Somalia - DTP1

SOM - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	55	56	57	59	60	64	62	68	79	77	78	77
Estimate GoC	•	•	•	•	•	•	•	•	••	••	••	•
Official	70	-	60	75	60	64	62	68	79	77	78	77
Administrative	57	50	60	75	80	89	83	90	97	96	86	88
Survey	-	-	-	21	-	-	-	73	-	-	-	-

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.

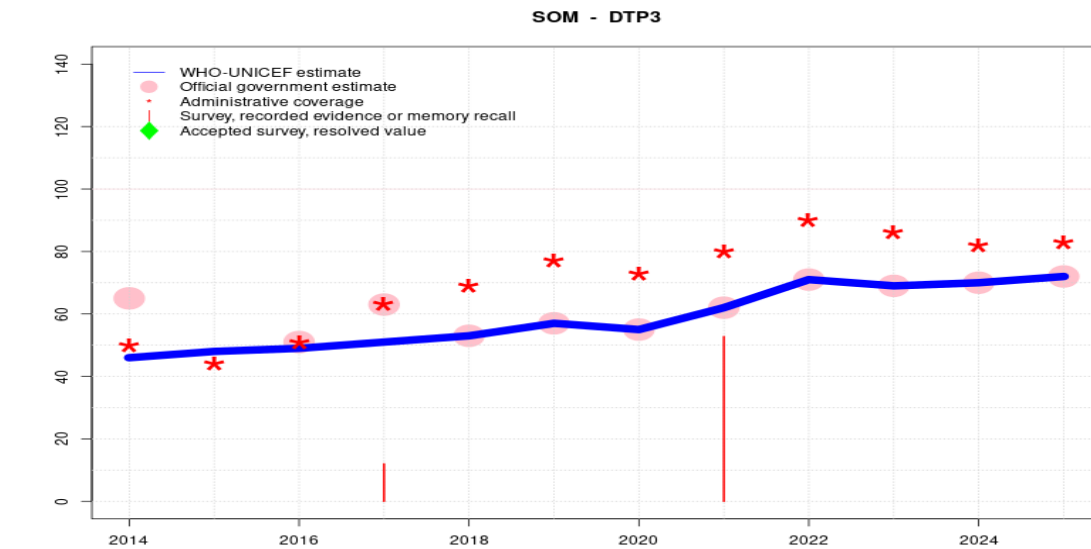
Description:

- 2025: Estimate informed by reported data. Programme reported the same data cleaning approach as in 2024 to derive official estimates. Estimate challenged by: D-
- 2024: Estimate informed by reported data. In 2024, Somalia launched a nationwide data quality improvement initiative with technical support from national and subnational authorities, WHO and UNICEF. This involved a thorough review of reported data from facilities providing immunization services from 2018 to 2024. For numerators, the analysis focused on reporting completeness, consistency, and detection and revision of outliers. For denominators, multiple sources were reviewed and triangulated including UN population estimates, polio microplanning data, and the 2023 post-campaign coverage survey to estimate the most plausible district-level target populations. This data review led to the official coverage estimates from 2018 to 2024. GoC=R+ D+
- 2023: Estimate informed by reported data. See comment for year 2024. Estimate of 77 percent changed from previous revision value of 78 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Vaccine stockout reported for all vaccines at the subnational level. Availability of robust, independent data that assess coverage, as well as the quality of recording and reporting system, are lacking. Programme reported vaccine stock-out at the subnational level. See comment for year 2024. GoC=R+ D+
- 2021: Estimate informed by reported data. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 results ignored by working group. Subnational survey covering accessible areas in 6 states and excluding Somaliland suggests similar coverage level to country official estimates. See comment for year 2024. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Programme reports a two months vaccine stockout at national and subnational levels. Incomplete reporting noted by the country. See comment for year 2024. Estimate of 62 percent changed from previous revision value of 63 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported data. See comment for year 2024. Estimate of 64 percent changed from previous revision value of 65 percent. Estimate challenged by: D-
- 2018: See comment for year 2024. Estimate challenged by: D-
- 2017: Estimate informed by interpolation between 2012 and 2018 levels. The Somali Health and Demographic Survey 2020 results ignored by working group. Lower vaccination coverage levels suggested by the survey for the 2017 cohort are consistent with challenges in funding around delivery of the country's Essential Package of Health Services through the Somali Joint Health and Nutrition Program (JHNP), a multi-donor fund managed by UNICEF that aimed to strengthen the health system and service delivery across Somalia. The JHNP ended in December 2016. Survey results are based mostly on respondent recall of vaccination history given only four percent with available documented evidence in a home-based record. In contrast to prior surveys noted here, the 2017 survey incorporated three strata within the sampling process targeting urban, rural and nomadic communities. Exceptionally low vaccination coverage estimates among children residing in nomadic communities is observed and thus lowers the national coverage levels. Reported data excluded. Reported data excluded due to an increase from 60 percent to 75

Somalia - DTP1

- percent with decrease to 60 percent. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded.
Estimate challenged by: D-R-
- 2015: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded.
Unexplained increase in target population compared to 2014. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.
- 2014: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded.
Decline in coverage is due in part to incomplete reporting. Reported data excluded due to an increase from 59 percent to 70 percent with decrease to 50 percent. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

Somalia - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	46	48	49	51	53	57	55	62	71	69	70	72
Estimate GoC	•	•	•	•	••	•	••	••	•	••	••	•
Official	65	-	51	63	53	57	55	62	71	69	70	72
Administrative	50	44	51	63	69	77	73	80	90	86	82	83
Survey	-	-	-	12	-	-	-	53	-	-	-	-

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 the same data cleaning approach as in 2024 to derive official estimates. Estimate challenged by: D-
- 2024: Estimate informed by reported data. In 2024, Somalia launched a nationwide data quality improvement initiative with technical support from national and subnational authorities, WHO and UNICEF. This involved a thorough review of reported data from facilities providing immunization services from 2018 to 2024. For numerators, the analysis focused on reporting completeness, consistency, and detection and revision of outliers. For denominators, multiple sources were reviewed and triangulated including UN population estimates, polio microplanning data, and the 2023 post-campaign coverage survey to estimate the most plausible district-level target populations. This data review led to the official coverage estimates from 2018 to 2024. GoC=R+ D+
- 2023: Estimate informed by reported data. See comment for year 2024. GoC=R+ D+
- 2022: Estimate informed by reported data. Vaccine stockout reported for all vaccines at the subnational level. Availability of robust, independent data that assess coverage, as well as the quality of recording and reporting system, are lacking. Programme reported vaccine stock-out at the subnational level. See comment for year 2024. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 results ignored by working group. Subnational survey covering accessible areas in 6 states and excluding Somaliland suggests similar coverage level to country official estimates. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 record or recall results of 53 percent modified for recall bias to 68 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 15 percent and 3rd dose record only coverage of 14 percent. See comment for year 2024. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months vaccine stock-out at national and subnational levels. Incomplete reporting noted by the country. See comment for year 2024. GoC=R+ D+
- 2019: Estimate informed by reported data. See comment for year 2024. Estimate challenged by: D-
- 2018: See comment for year 2024. GoC=R+ D+
- 2017: Estimate informed by interpolation between 2012 and 2018 levels. The Somali Health and Demographic Survey 2020 results ignored by working group. Lower vaccination coverage levels suggested by the survey for the 2017 cohort are consistent with challenges in funding around delivery of the country's Essential Package of Health Services through the Somali Joint Health and Nutrition Program (JHNP), a multi-donor fund managed by UNICEF that aimed to strengthen the health system and service delivery across Somalia. The JHNP ended in December 2016. Survey results are based mostly on respondent recall of vaccination history given only four percent with available documented evidence in a home-based record. In contrast to prior surveys noted here, the 2017 survey incorporated three strata within the sampling process targeting urban, rural and nomadic

Somalia - DTP3

communities. Exceptionally low vaccination coverage estimates among children residing in nomadic communities is observed and thus lowers the national coverage levels.

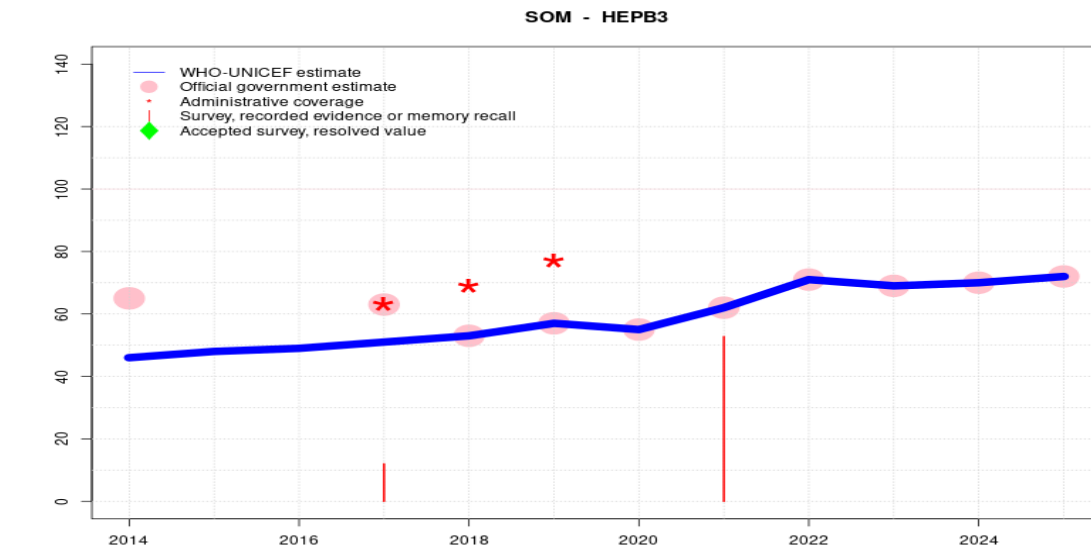
Reported data excluded. Estimate challenged by: R-

2016: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded. Estimate challenged by: D-R-

2015: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded. Unexplained increase in target population compared to 2014. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

2014: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded. Decline in coverage is due in part to incomplete reporting. Reported data excluded due to an increase from 34 percent to 65 percent with decrease to 44 percent. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

Somalia - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	46	48	49	51	53	57	55	62	71	69	70	72
Estimate GoC	•	•	•	•	••	•	••	••	••	••	••	••
Official	65	-	-	63	53	57	55	62	71	69	70	72
Administrative	-	-	-	63	69	77	-	-	-	-	-	-
Survey	-	-	-	12	-	-	-	53	-	-	-	-

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 the same data cleaning approach as in 2024 to derive official estimates. GoC=R+
- 2024: Estimate informed by reported data. In 2024, Somalia launched a nationwide data quality improvement initiative with technical support from national and subnational authorities, WHO and UNICEF. This involved a thorough review of reported data from facilities providing immunization services from 2018 to 2024. For numerators, the analysis focused on reporting completeness, consistency, and detection and revision of outliers. For denominators, multiple sources were reviewed and triangulated including UN population estimates, polio microplanning data, and the 2023 post-campaign coverage survey to estimate the most plausible district-level target populations. This data review led to the official coverage estimates from 2018 to 2024. GoC=R+
- 2023: Estimate informed by reported data. See comment for year 2024. GoC=R+
- 2022: Estimate informed by reported data. Vaccine stockout reported for all vaccines at the subnational level. Availability of robust, independent data that assess coverage, as well as the quality of recording and reporting system, are lacking. Programme reported vaccine stock-out at the subnational level. See comment for year 2024. GoC=R+
- 2021: Estimate informed by reported data. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 results ignored by working group. Subnational survey covering accessible areas in 6 states and excluding Somaliland suggests similar coverage level to country official estimates. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 record or recall results of 53 percent modified for recall bias to 68 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 15 percent and 3rd dose record only coverage of 14 percent. See comment for year 2024. GoC=R+
- 2020: Estimate informed by reported data. Programme reports a two months vaccine stock-out at national and subnational levels. Incomplete reporting noted by the country. See comment for year 2024. GoC=R+
- 2019: Estimate informed by reported data. See comment for year 2024. Estimate challenged by: D-
- 2018: See comment for year 2024. GoC=R+ D+
- 2017: Estimate informed by interpolation between 2013 and 2018 levels. The Somali Health and Demographic Survey 2020 results ignored by working group. Lower vaccination coverage levels suggested by the survey for the 2017 cohort are consistent with challenges in funding around delivery of the country's Essential Package of Health Services through the Somali Joint Health and Nutrition Program (JHNP), a multi-donor fund managed by UNICEF that aimed to strengthen the health system and service delivery across Somalia. The JHNP ended in December 2016. Survey results are based mostly on respondent recall of vaccination history given only four percent with available documented evidence in a home-based record. In contrast to prior surveys noted here, the 2017 survey incorporated three strata within the sampling process targeting urban, rural and nomadic communities. Exceptionally low vaccination coverage estimates among children resid-

Somalia - HEPB3

ing in nomadic communities is observed and thus lowers the national coverage levels.

Reported data excluded. Estimate challenged by: R-

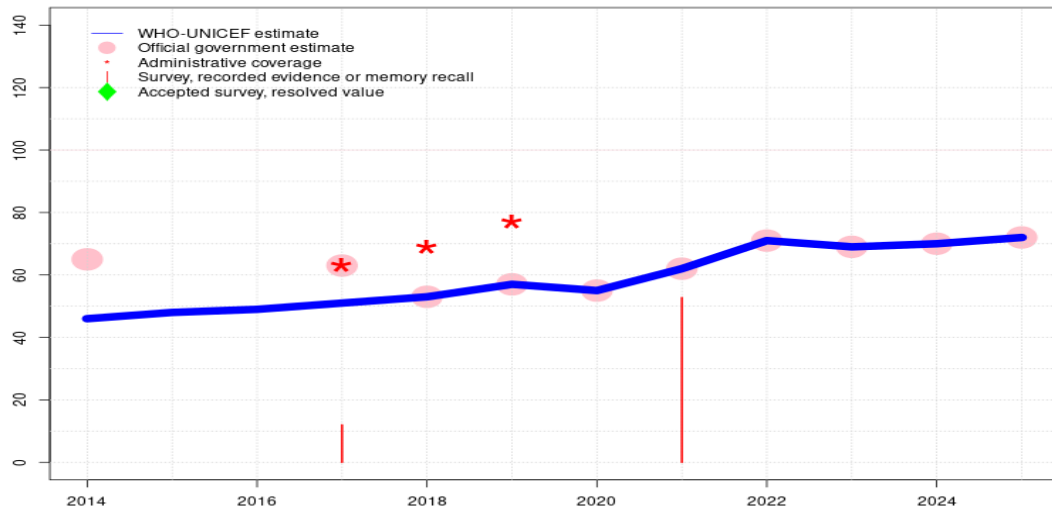
2016: Estimate informed by interpolation between 2013 and 2018 levels. GoC=No accepted empirical data

2015: Estimate informed by interpolation between 2013 and 2018 levels. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

2014: Estimate informed by interpolation between 2013 and 2018 levels. Reported data excluded. Decline in coverage is due in part to incomplete reporting. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

Somalia - Hib3

SOM - Hib3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	46	48	49	51	53	57	55	62	71	69	70	72
Estimate GoC	•	•	•	•	••	•	••	••	••	••	••	••
Official	65	-	-	63	53	57	55	62	71	69	70	72
Administrative	-	-	-	63	69	77	-	-	-	-	-	-
Survey	-	-	-	12	-	-	-	53	-	-	-	-

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

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Description:

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- 2023: Estimate informed by reported data. See comment for year 2024. GoC=R+
- 2022: Estimate informed by reported data. Vaccine stockout reported for all vaccines at the subnational level. Availability of robust, independent data that assess coverage, as well as the quality of recording and reporting system, are lacking. Programme reported vaccine stock-out at the subnational level. See comment for year 2024. GoC=R+
- 2021: Estimate informed by reported data. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 results ignored by working group. Subnational survey covering accessible areas in 6 states and excluding Somaliland suggests similar coverage level to country official estimates. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 record or recall results of 53 percent modified for recall bias to 68 percent based on 1st dose record or recall coverage of 73 percent, 1st dose record only coverage of 15 percent and 3rd dose record only coverage of 14 percent. See comment for year 2024. GoC=R+
- 2020: Estimate informed by reported data. Programme reports a two months vaccine stock-out at national and subnational levels. Incomplete reporting noted by the country. See comment for year 2024. GoC=R+
- 2019: Estimate informed by reported data. See comment for year 2024. Estimate challenged by: D-
- 2018: See comment for year 2024. GoC=R+ D+
- 2017: Estimate informed by interpolation between 2013 and 2018 levels. The Somali Health and Demographic Survey 2020 results ignored by working group. Lower vaccination coverage levels suggested by the survey for the 2017 cohort are consistent with challenges in funding around delivery of the country's Essential Package of Health Services through the Somali Joint Health and Nutrition Program (JHNP), a multi-donor fund managed by UNICEF that aimed to strengthen the health system and service delivery across Somalia. The JHNP ended in December 2016. Survey results are based mostly on respondent recall of vaccination history given only four percent with available documented evidence in a home-based record. In contrast to prior surveys noted here, the 2017 survey incorporated three strata within the sampling process targeting urban, rural and nomadic communities. Exceptionally low vaccination coverage estimates among children resid-

Somalia - HIB3

ing in nomadic communities is observed and thus lowers the national coverage levels.

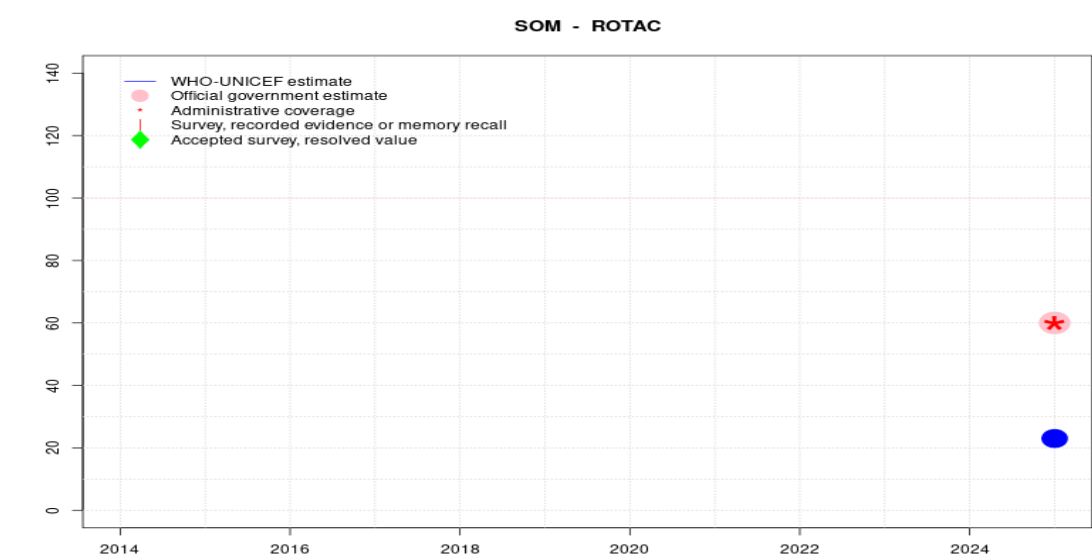
Reported data excluded. Estimate challenged by: R-

2016: Estimate informed by interpolation between 2013 and 2018 levels. GoC=No accepted empirical data

2015: Estimate informed by interpolation between 2013 and 2018 levels. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

2014: Estimate informed by interpolation between 2013 and 2018 levels. Reported data excluded. Decline in coverage is due in part to incomplete reporting. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

Somalia - ROTAC



Description:

2025: Estimate is based on the relationship between reported number of doses for DTP3 and RotaC applied to the DTP3 estimated coverage. Rotavirus vaccine introduced in 2025. Programme reported the same data cleaning approach as in 2024 to derive official estimates. Estimate challenged by: R-

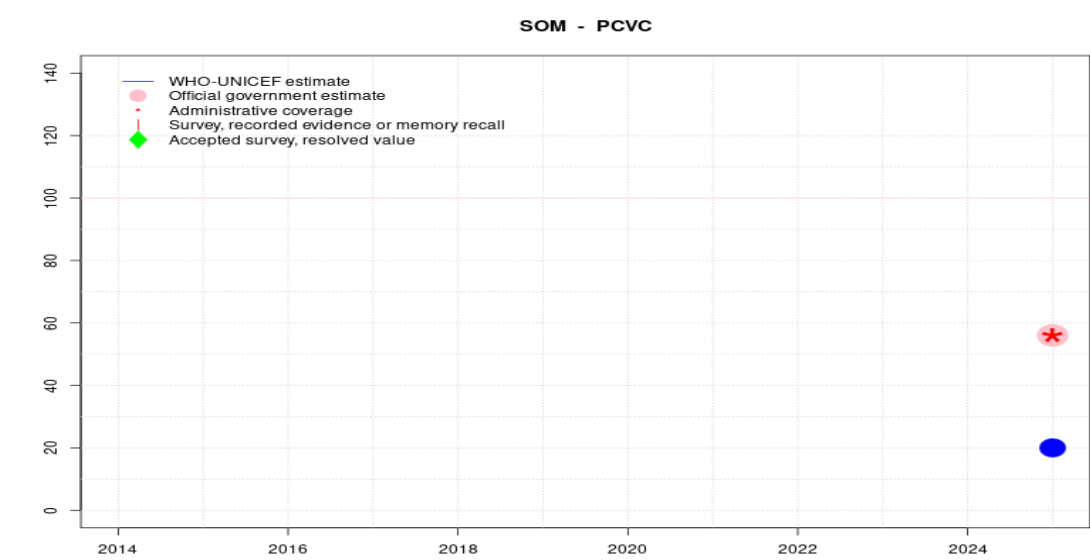
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	23
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	60
Administrative	-	-	-	-	-	-	-	-	-	-	-	60
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Somalia - PCVC



Description:

2025: Estimate is based on the relationship between reported number of doses for DTP3 and PCVC applied to the DTP3 estimated coverage. PCV vaccine introduced in 2025. Programme reported the same data cleaning approach as in 2024 to derive official estimates. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	20
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	56
Administrative	-	-	-	-	-	-	-	-	-	-	-	56
Survey	-	-	-	-	-	-	-	-	-	-	-	-

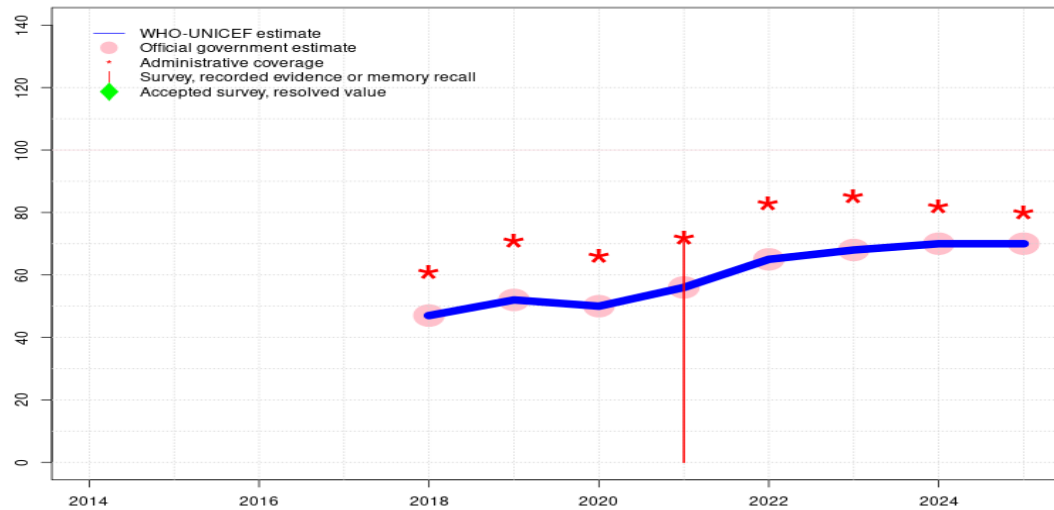
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Somalia - IPV1

SOM - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	47	52	50	56	65	68	70	70
Estimate GoC	-	-	-	-	••	•	••	••	••	••	••	•
Official	-	-	-	-	47	52	50	56	65	68	70	70
Administrative	-	-	-	-	61	71	66	72	83	85	82	80
Survey	-	-	-	-	-	-	-	71	-	-	-	-

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.

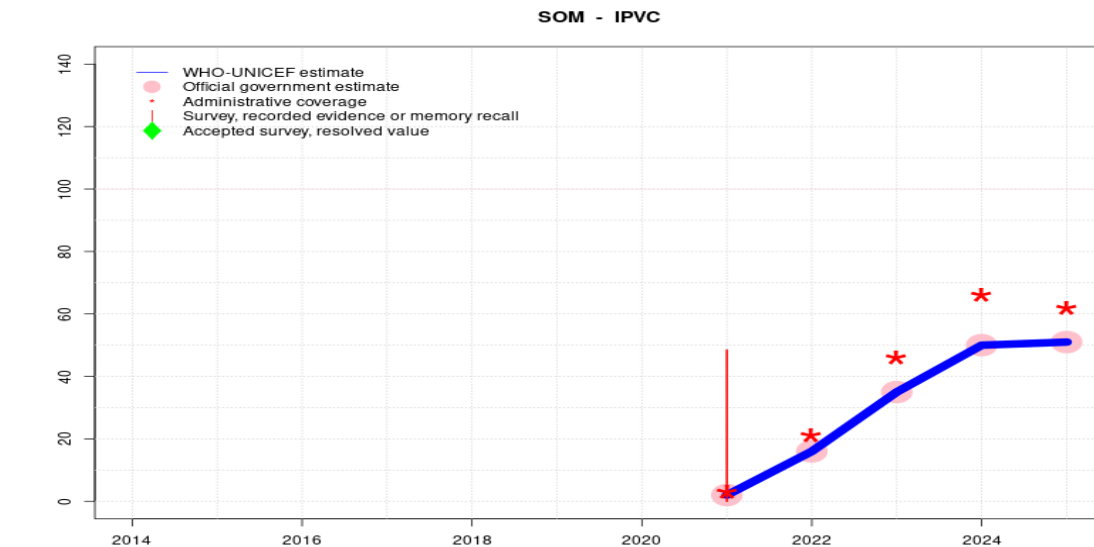
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 the same data cleaning approach as in 2024 to derive official estimates. Estimate challenged by: D-
- 2024: Estimate informed by reported data. In 2024, Somalia launched a nationwide data quality improvement initiative with technical support from national and subnational authorities, WHO and UNICEF. This involved a thorough review of reported data from facilities providing immunization services from 2018 to 2024. For numerators, the analysis focused on reporting completeness, consistency, and detection and revision of outliers. For denominators, multiple sources were reviewed and triangulated including UN population estimates, polio microplanning data, and the 2023 post-campaign coverage survey to estimate the most plausible district-level target populations. This data review led to the official coverage estimates from 2018 to 2024. GoC=R+ D+
- 2023: Estimate informed by reported data. See comment for year 2024. GoC=R+ D+
- 2022: Estimate informed by reported data. Vaccine stockout reported for all vaccines at the subnational level. Availability of robust, independent data that assess coverage, as well as the quality of recording and reporting system, are lacking. Programme reported vaccine stock-out at the subnational level. See comment for year 2024. GoC=R+ D+
- 2021: Estimate informed by reported data. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 results ignored by working group. Subnational survey covering accessible areas in 6 states and excluding Somaliland suggests similar coverage level to country official estimates. See comment for year 2024. GoC=R+ D+
- 2020: Estimate informed by reported data. Programme reports a two months vaccine stock-out at national and subnational levels. Incomplete reporting noted by the country. See comment for year 2024. GoC=R+ D+
- 2019: Estimate informed by reported data. See comment for year 2024. Estimate of 52 percent changed from previous revision value of 53 percent. Estimate challenged by: D-
- 2018: See comment for year 2024. GoC=R+ D+

Somalia - IPV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	2	16	35	50	51
Estimate GoC	-	-	-	-	-	-	-	••	••	••	•	•
Official	-	-	-	-	-	-	-	2	16	35	50	51
Administrative	-	-	-	-	-	-	-	3	21	46	66	62
Survey	-	-	-	-	-	-	-	48	-	-	-	-

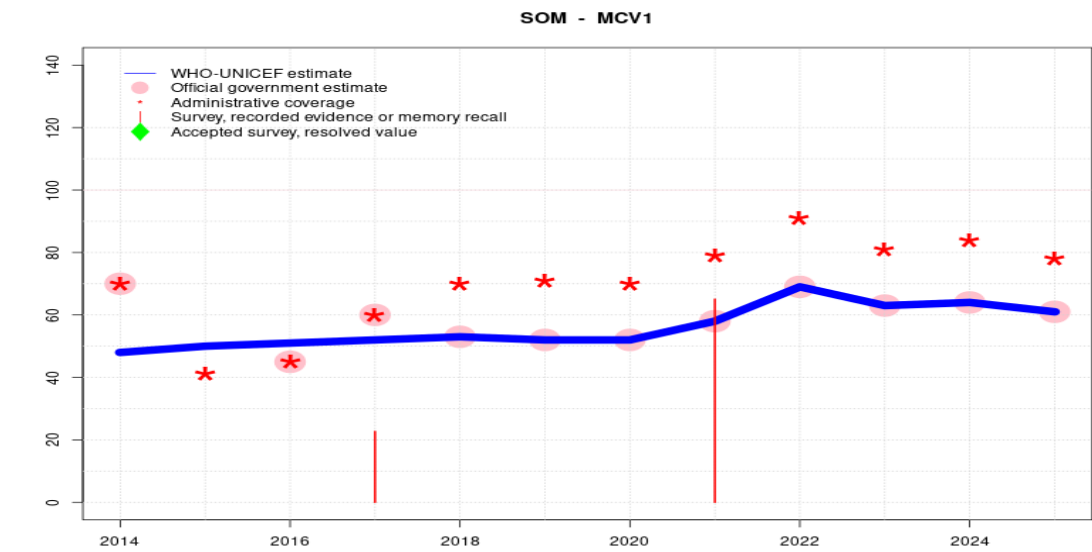
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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 the same data cleaning approach as in 2024 to derive official estimates. Estimate challenged by: D-
- 2024: Estimate informed by reported data. In 2024, Somalia launched a nationwide data quality improvement initiative with technical support from national and subnational authorities, WHO and UNICEF. This involved a thorough review of reported data from facilities providing immunization services from 2018 to 2024. For numerators, the analysis focused on reporting completeness, consistency, and detection and revision of outliers. For denominators, multiple sources were reviewed and triangulated including UN population estimates, polio microplanning data, and the 2023 post-campaign coverage survey to estimate the most plausible district-level target populations. This data review led to the official coverage estimates from 2018 to 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. See comment for year 2024. Estimate of 35 percent changed from previous revision value of 36 percent. GoC=R+ D+
- 2022: Estimate informed by reported data. Vaccine stockout reported for all vaccines at the subnational level. Availability of robust, independent data that assess coverage, as well as the quality of recording and reporting system, are lacking. See comment for year 2024. GoC=R+ D+
- 2021: Estimate informed by reported data. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 results ignored by working group. Subnational survey covering accessible areas in 6 states and excluding Somaliland suggests similar coverage level to country official estimates. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 record or recall results of 48 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 71 percent, 1st dose record only coverage of 14 percent and 3rd dose record only coverage of 13 percent. Second dose of inactivated polio vaccine introduced in 2021. See comment for year 2024. GoC=R+ D+



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	48	50	51	52	53	52	52	58	69	63	64	61
Estimate GoC	●	●	●	●	●●	●	●●	●	●	●	●	●
Official	70	-	45	60	53	52	52	58	69	63	64	61
Administrative	70	41	45	60	70	71	70	79	91	81	84	78
Survey	-	-	-	23	-	-	-	65	-	-	-	-

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 the same data cleaning approach as in 2024 to derive official estimates. Estimate challenged by: D-
- 2024: Estimate informed by reported data. In 2024, Somalia launched a nationwide data quality improvement initiative with technical support from national and subnational authorities, WHO and UNICEF. This involved a thorough review of reported data from facilities providing immunization services from 2018 to 2024. For numerators, the analysis focused on reporting completeness, consistency, and detection and revision of outliers. For denominators, multiple sources were reviewed and triangulated including UN population estimates, polio microplanning data, and the 2023 post-campaign coverage survey to estimate the most plausible district-level target populations. This data review led to the official coverage estimates from 2018 to 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. See comment for year 2024. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Vaccine stockout reported for all vaccines at the subnational level. Availability of robust, independent data that assess coverage, as well as the quality of recording and reporting system, are lacking. Programme reported vaccine stock-out at the subnational level. See comment for year 2024. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023 results ignored by working group. Subnational survey covering accessible areas in 6 states and excluding Somaliland suggests similar coverage level to country official estimates. See comment for year 2024. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Incomplete reporting noted by the country. See comment for year 2024. GoC=R+ D+
- 2019: Estimate informed by reported data. See comment for year 2024. Estimate challenged by: D-
- 2018: See comment for year 2024. GoC=R+ D+
- 2017: Estimate informed by interpolation between 2012 and 2018 levels. The Somali Health and Demographic Survey 2020 results ignored by working group. Lower vaccination coverage levels suggested by the survey for the 2017 cohort are consistent with challenges in funding around delivery of the country's Essential Package of Health Services through the Somali Joint Health and Nutrition Program (JHNP), a multi-donor fund managed by UNICEF that aimed to strengthen the health system and service delivery across Somalia. The JHNP ended in December 2016. Survey results are based mostly on respondent recall of vaccination history given only four percent with available documented evidence in a home-based record. In contrast to prior surveys noted here, the 2017 survey incorporated three strata within the sampling process targeting urban, rural and nomadic communities. Exceptionally low vaccination coverage estimates among children residing in nomadic communities is observed and thus lowers the national coverage levels. Reported data excluded. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded.

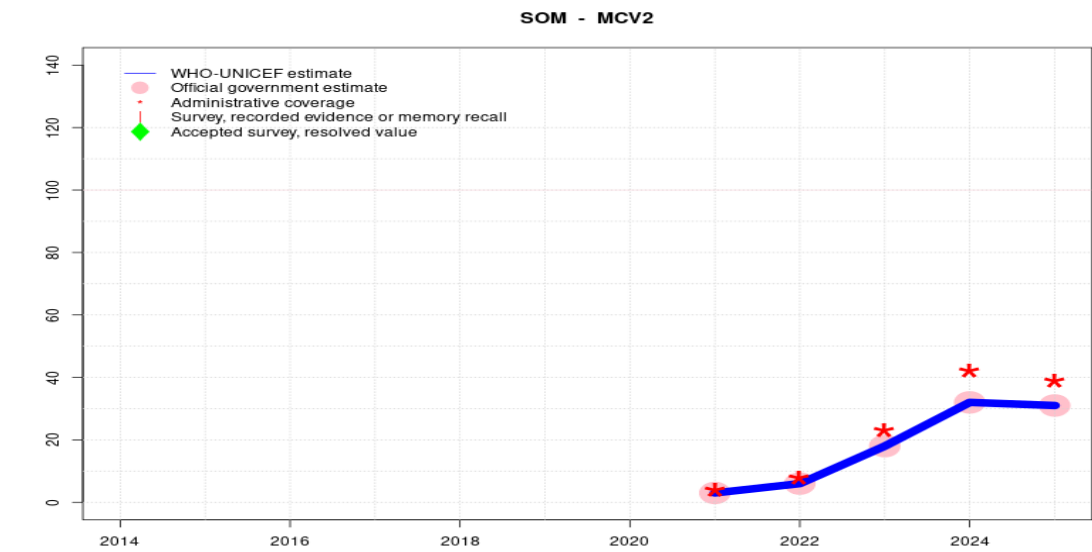
Somalia - MCV1

Estimate challenged by: D-R-

2015: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded. Unexplained increase in target population compared to 2014. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

2014: Estimate informed by interpolation between 2012 and 2018 levels. Reported data excluded. Decline in coverage is due in part to incomplete reporting. Reported data excluded due to an increase from 29 percent to 70 percent with decrease to 41 percent. GoC=Assigned by working group. Unexplained increase in target population between 2014 and 2015.

Somalia - MCV2



Description:

- 2025: Estimate informed by reported data. Programme reported the same data cleaning approach as in 2024 to derive official estimates. Estimate challenged by: D-
- 2024: Estimate informed by reported data. In 2024, Somalia launched a nationwide data quality improvement initiative with technical support from national and subnational authorities, WHO and UNICEF. This involved a thorough review of reported data from facilities providing immunization services from 2018 to 2024. For numerators, the analysis focused on reporting completeness, consistency, and detection and revision of outliers. For denominators, multiple sources were reviewed and triangulated including UN population estimates, polio microplanning data, and the 2023 post-campaign coverage survey to estimate the most plausible district-level target populations. This data review led to the official coverage estimates from 2018 to 2024. GoC=R+ D+
- 2023: Estimate informed by reported data. See comment for year 2024. GoC=R+ D+
- 2022: Estimate informed by reported data. Vaccine stockout reported for all vaccines at the subnational level. Availability of robust, independent data that assess coverage, as well as the quality of recording and reporting system, are lacking. Programme reported vaccine stock-out at the subnational level. See comment for year 2024. GoC=R+ D+
- 2021: Estimate informed by reported data. See comment for year 2024. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	3	6	18	32	31
Estimate GoC	-	-	-	-	-	-	-	••	••	••	••	•
Official	-	-	-	-	-	-	-	3	6	18	32	31
Administrative	-	-	-	-	-	-	-	4	8	23	42	39
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.

Somalia - 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.

2021 Somalia PCCS and Routine Immunization Coverage Evaluation Survey, 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	57.8	12-23 m	6749	25
BCG	Record	15.2	12-23 m	6749	25
BCG	Record or Recall	74.1	12-23 m	6749	25
DTP1	Recall	57.9	12-23 m	6749	25
DTP1	Record	14.7	12-23 m	6749	25
DTP1	Record or Recall	73.4	12-23 m	6749	25
DTP3	Recall	38.9	12-23 m	6749	25
DTP3	Record	13.5	12-23 m	6749	25
DTP3	Record or Recall	52.8	12-23 m	6749	25
HEPB1	Recall	57.9	12-23 m	6749	25
HEPB1	Record	14.7	12-23 m	6749	25
HEPB1	Record or Recall	73.4	12-23 m	6749	25
HEPB3	Recall	38.9	12-23 m	6749	25
HEPB3	Record	13.5	12-23 m	6749	25
HEPB3	Record or Recall	52.8	12-23 m	6749	25
HIB1	Recall	57.9	12-23 m	6749	25
HIB1	Record	14.7	12-23 m	6749	25
HIB1	Record or Recall	73.4	12-23 m	6749	25

HIB3	Recall	38.9	12-23 m	6749	25
HIB3	Record	13.5	12-23 m	6749	25
HIB3	Record or Recall	52.8	12-23 m	6749	25
IPV1	Recall	55.1	12-23 m	6749	25
IPV1	Record	14.4	12-23 m	6749	25
IPV1	Record or Recall	70.8	12-23 m	6749	25
IPVC	Recall	33.5	12-23 m	6749	25
IPVC	Record	13.5	12-23 m	6749	25
IPVC	Record or Recall	48.5	12-23 m	6749	25
MCV1	Recall	49.9	12-23 m	6749	25
MCV1	Record	14.5	12-23 m	6749	25
MCV1	Record or Recall	65	12-23 m	6749	25

2017 The Somali Health and Demographic Survey 2020

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	36.7	12-23 m	2240	4
DTP1	Record or Recall	21	12-23 m	2240	4
DTP3	Record or Recall	12	12-23 m	2240	4
HEPB1	Record or Recall	21	12-23 m	2240	4
HEPB3	Record or Recall	12	12-23 m	2240	4
HIB1	Record or Recall	21	12-23 m	2240	4
HIB3	Record or Recall	12	12-23 m	2240	4
MCV1	Record or Recall	22.7	12-23 m	2240	4

2010 Northeast Zone, Somalia Multiple Indicator Cluster Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	16.6	12-23 m	792	13
BCG	Record	6.4	12-23 m	792	13
BCG	Record or Recall	23	12-23 m	792	13
BCG	Record or Recall<12m	16.6	12-23 m	792	13
DTP1	Recall	15.6	12-23 m	792	13
DTP1	Record	8.5	12-23 m	792	13
DTP1	Record or Recall	24.1	12-23 m	792	13
DTP1	Record or Recall<12m	18.8	12-23 m	792	13
DTP3	Recall	5.3	12-23 m	792	13

DTP3	Record	4.1	12-23 m	792	13
DTP3	Record or Recall	9.4	12-23 m	792	13
DTP3	Record or Recall<12m	7.2	12-23 m	792	13
MCV1	Recall	16.2	12-23 m	792	13
MCV1	Record	9.3	12-23 m	792	13
MCV1	Record or Recall	25.4	12-23 m	792	13
MCV1	Record or Recall<12m	16.6	12-23 m	792	13

2010 Somaliland Multiple Indicator Cluster Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	26	12-23 m	771	20
BCG	Record	10	12-23 m	771	20
BCG	Record or Recall	36	12-23 m	771	20
BCG	Record or Recall<12m	26.8	12-23 m	771	20
DTP1	Recall	24.1	12-23 m	771	20
DTP1	Record	15	12-23 m	771	20
DTP1	Record or Recall	39.1	12-23 m	771	20
DTP1	Record or Recall<12m	29.4	12-23 m	771	20
DTP3	Recall	6.6	12-23 m	771	20
DTP3	Record	6.9	12-23 m	771	20
DTP3	Record or Recall	13.4	12-23 m	771	20
DTP3	Record or Recall<12m	10.8	12-23 m	771	20
MCV1	Recall	22.8	12-23 m	771	20
MCV1	Record	15	12-23 m	771	20
MCV1	Record or Recall	37.8	12-23 m	771	20
MCV1	Record or Recall<12m	25.8	12-23 m	771	20

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	21.9	12-23 m	1086	8
BCG	Record	8	12-23 m	1086	8
BCG	Record or Recall	29.9	12-23 m	1086	8
BCG	Record or Recall<12m	25.7	12-23 m	1086	8
DTP1	Recall	16.3	12-23 m	1086	8
DTP1	Record	8.1	12-23 m	1086	8
DTP1	Record or Recall	24.4	12-23 m	1086	8
DTP1	Record or Recall<12m	20.4	12-23 m	1086	8
DTP3	Recall	6.7	12-23 m	1086	8
DTP3	Record	7.4	12-23 m	1086	8
DTP3	Record or Recall	14.2	12-23 m	1086	8
DTP3	Record or Recall<12m	12.2	12-23 m	1086	8
MCV1	Recall	22.3	12-23 m	1086	8
MCV1	Record	7.1	12-23 m	1086	8
MCV1	Record or Recall	29.4	12-23 m	1086	8
MCV1	Record or Recall<12m	18.9	12-23 m	1086	8

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Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	70.8	12-23 m	490	-
BCG	Record or Recall	70.8	12-23 m	490	-
DTP1	Record	58.7	12-23 m	490	-
DTP1	Record or Recall	58.7	12-23 m	490	-
DTP3	Record	35.6	12-23 m	490	-
DTP3	Record or Recall	35.6	12-23 m	490	-
MCV1	Record	37.5	12-23 m	490	-
MCV1	Record or Recall	37.5	12-23 m	490	-