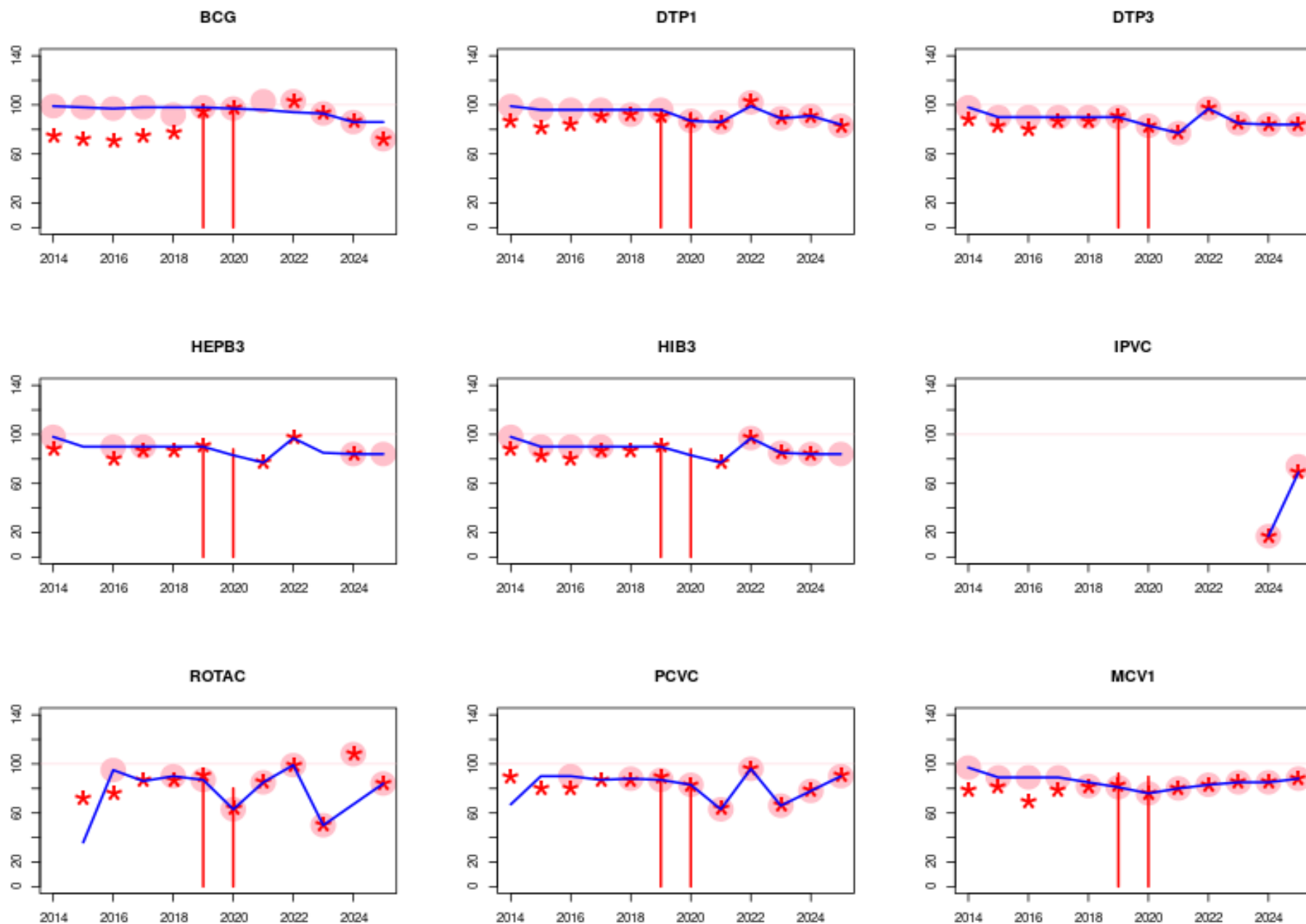




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

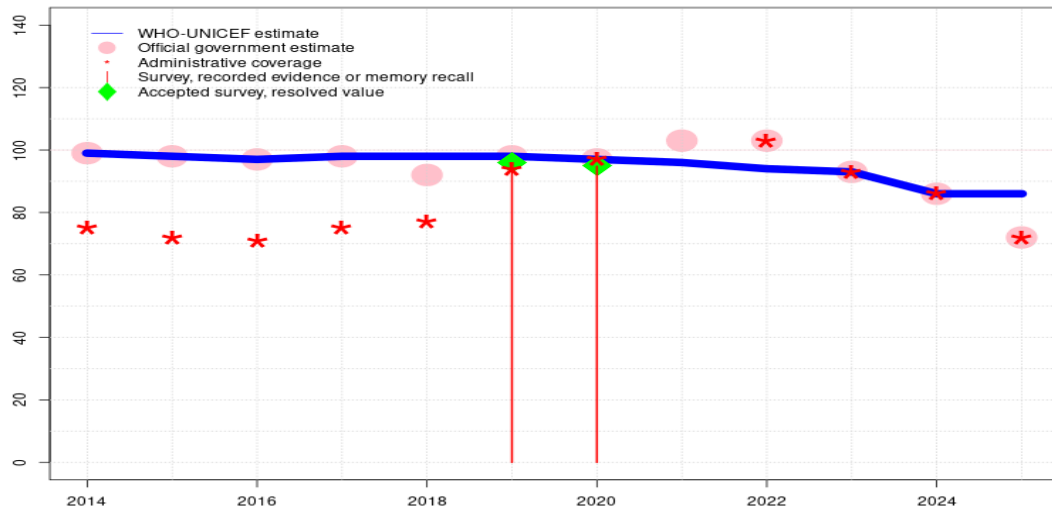
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Eswatini - BCG

SWZ - BCG



Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded due to sudden change in coverage from 86 to 72 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-
- 2021: Estimate informed by interpolation between reported data. Reported data excluded because 103 percent greater than 100 percent. Programme reports four months vaccine stockout at national level. GoC=R+ S+
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports three months vaccine stockout at national level. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Programme reports five month vaccine stockout at national and district levels. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	98	97	98	98	98	97	96	94	93	86	86
Estimate GoC	●	●	●	●	●	●●●	●●●	●●	●	●●	●●	●●
Official	99	98	97	98	92	98	97	103	103	93	86	72
Administrative	75	72	71	75	77	94	97	-	103	93	86	72
Survey	-	-	-	-	-	96	95	-	-	-	-	-

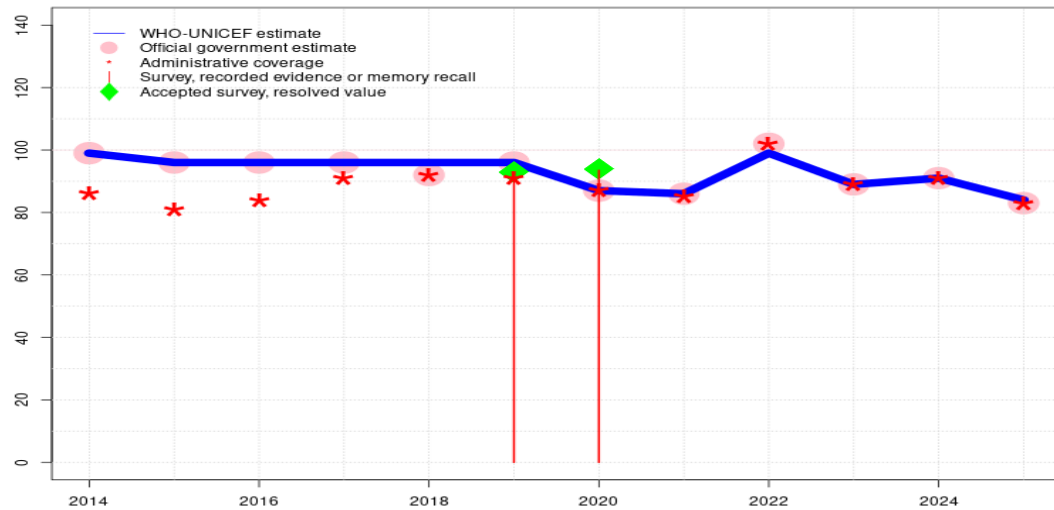
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Eswatini - DTP1

SWZ - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	96	96	96	96	96	87	86	99	89	91	84
Estimate GoC	●	●	●●	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●
Official	99	96	96	96	92	96	87	86	102	89	91	83
Administrative	86	81	84	91	92	91	87	85	102	89	91	83
Survey	-	-	-	-	-	93	94	-	-	-	-	-

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.

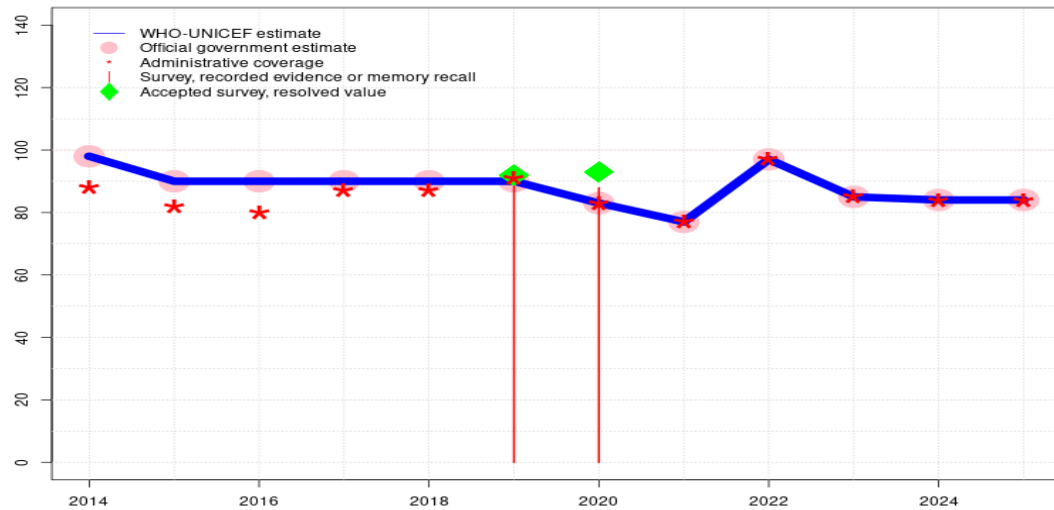
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on DTP3 coverage of 84. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: R-
- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage appears to reflect recovery following COVID-19 pandemic disruptions, despite reported four months vaccine stockout. GoC=R+ S+ D+
- 2021: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. GoC=R+ S+ D+
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Programme reports one month vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-

Eswatini - DTP3

SWZ - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	90	90	90	90	90	83	77	97	85	84	84
Estimate GoC	●●●	●●●	●●	●●●	●●●	●●●	●●●	●	●●●	●●	●●	●●
Official	98	90	90	90	90	90	83	77	97	85	84	84
Administrative	88	82	80	87	87	91	83	77	97	85	84	84
Survey	-	-	-	-	-	88	88	-	-	-	-	-

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

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

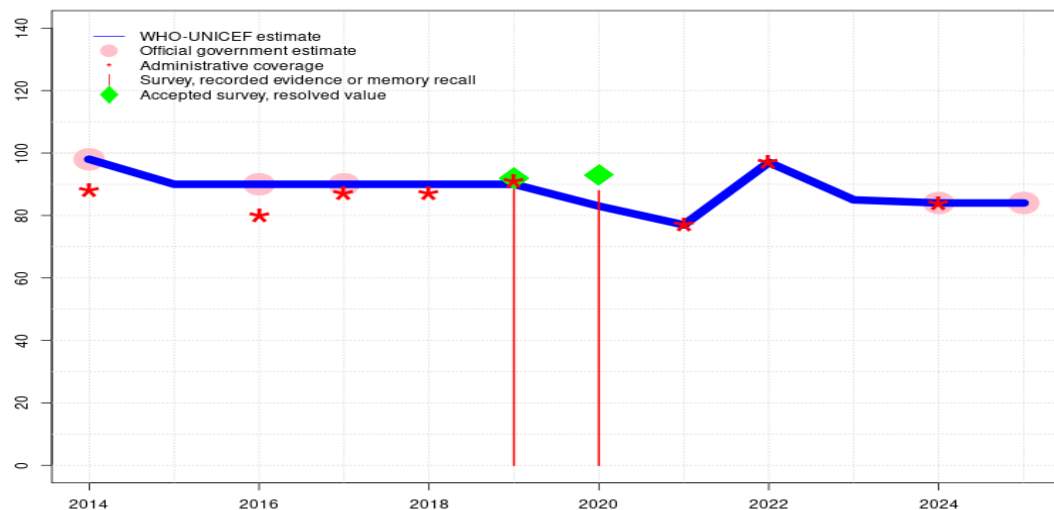
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: 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. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage appears to reflect recovery following COVID-19 pandemic disruptions, despite reported four months vaccine stockout. GoC=R+ S+ D+
- 2021: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 93 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Programme reports one month vaccine stockout at national level. GoC=R+ S+ D+
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 92 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Eswatini - HEPB3

SWZ - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	90	90	90	90	90	83	77	97	85	84	84
Estimate GoC	●●●	●●	●●	●●●	●	●	●●	●	●●●	●	●●	●●
Official	98	-	90	90	-	-	-	-	-	-	84	84
Administrative	88	-	80	87	87	91	-	77	97	-	84	-
Survey	-	-	-	-	-	88	88	-	-	-	-	-

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

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

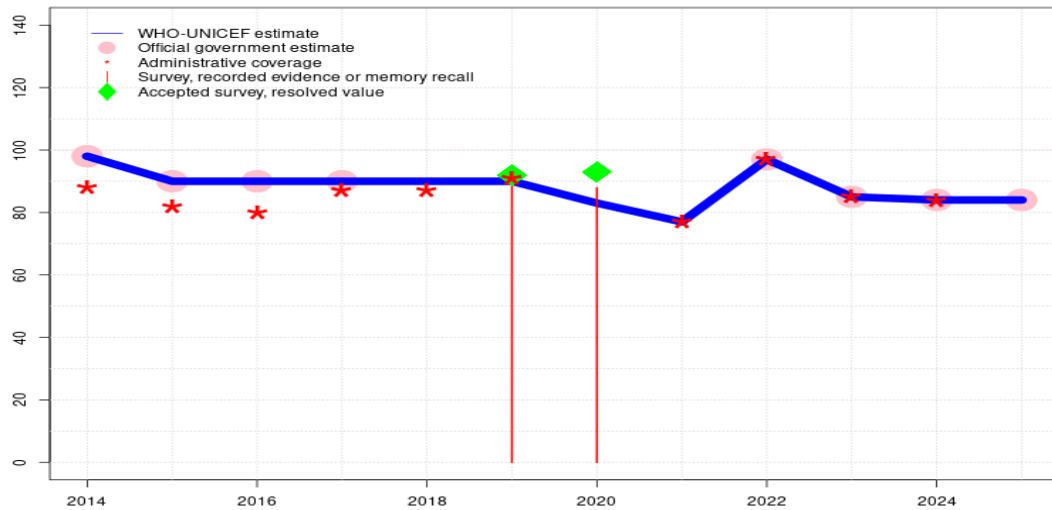
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: 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+
- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate based on DTP3 estimated coverage. Programme reports stockout of unspecified vaccines and duration. GoC=No accepted empirical data
- 2022: Estimate informed by reported administrative data. Reported coverage appears to reflect recovery following COVID-19 pandemic disruptions. GoC=R+ S+ D+
- 2021: Programme reports four months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by estimated DTP3 coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Programme reports one month vaccine stockout at national level. GoC=S+
- 2019: Estimate informed by estimated DTP3 coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Estimate challenged by: R-
- 2018: Estimate based on estimated DTP3. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. Estimate challenged by: R-
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by estimated DTP3 level. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=S+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Eswatini - HIB3

SWZ - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	90	90	90	90	90	83	77	97	85	84	84
Estimate GoC	●●●	●●●	●●	●●●	●	●	●●	●	●●●	●●	●●	●●
Official	98	90	90	90	-	-	-	-	97	85	84	84
Administrative	88	82	80	87	87	91	-	77	97	85	84	-
Survey	-	-	-	-	-	88	88	-	-	-	-	-

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

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

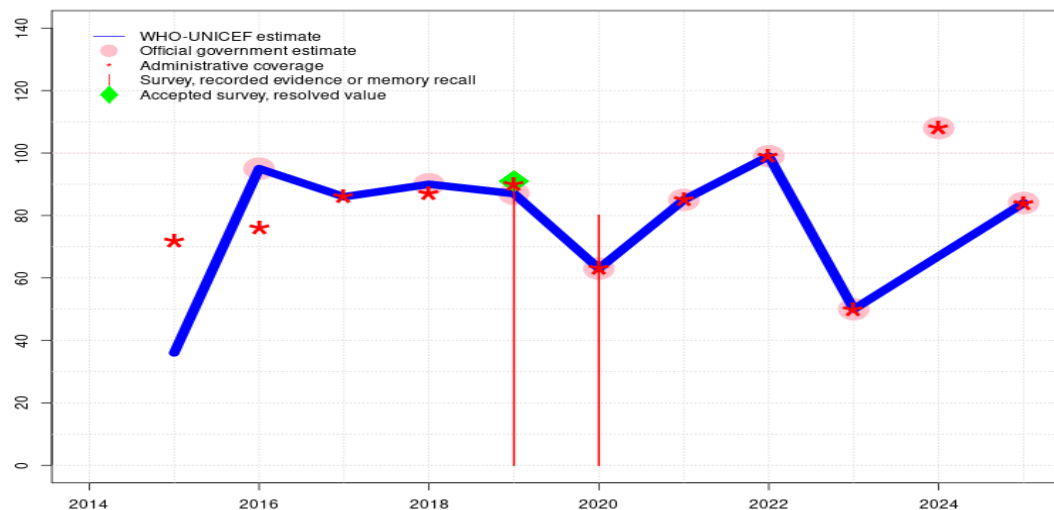
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: 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+
- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage appears to reflect recovery following COVID-19 pandemic disruptions. GoC=R+ S+ D+
- 2021: Programme reports four months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by estimated DTP3 coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 93 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Programme reports one month vaccine stockout at national level. GoC=S+
- 2019: Estimate informed by estimated DTP3 coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 92 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. Estimate challenged by: R-
- 2018: Estimate based on estimated DTP3. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. Estimate challenged by: R-
- 2017: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Eswatini - ROTAC

SWZ - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	36	95	86	90	87	63	85	99	50	67	84
Estimate GoC	-	•	•••	•••	•••	•••	•	•••	••	••	•	•
Official	-	-	95	-	90	87	63	85	99	50	108	84
Administrative	-	72	76	86	87	90	63	85	99	50	108	84
Survey	-	-	-	-	-	89	80	-	-	-	-	-

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.

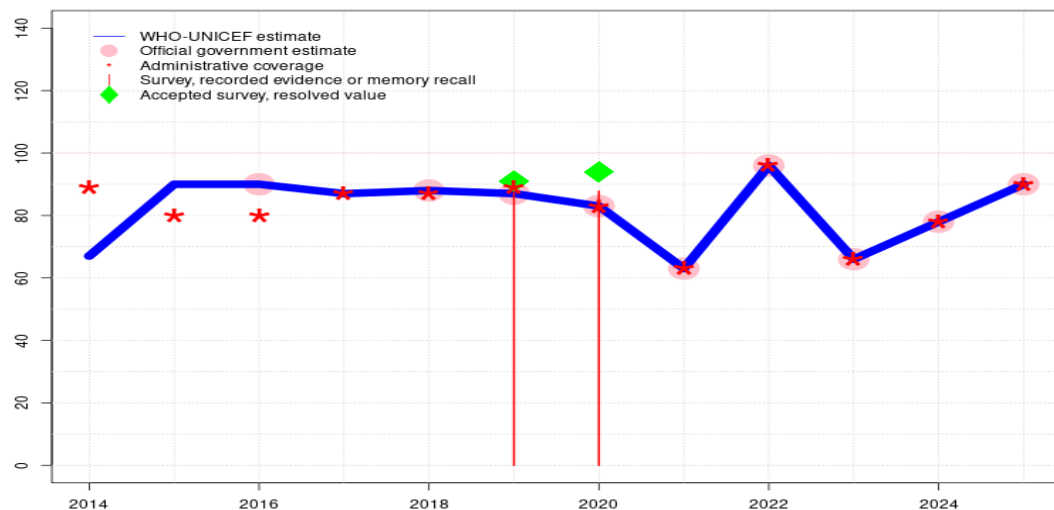
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

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 interpolation between reported data. Reported data excluded because 108 percent greater than 100 percent. Reported data excluded due to an increase from 50 percent to 108 percent with decrease to 84 percent. Estimate of 67 percent changed from previous revision value of 99 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a three months vaccine stockout at national and subnational levels that do not appear to have impacted reported coverage. Reported coverage may include contribution of acceleration activities. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ S+ D+
- 2020: Estimate informed by reported data. Eswatini Multiple Indicator Cluster Survey 2021-2022 results ignored by working group. Survey may not have captured declines seen in 2020. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 80 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 80 percent and 3rd dose record only coverage of 76 percent. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: S-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 89 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 85 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. Reported official coverage levels based on preliminary results from the 2014 MICS. Estimate challenged by: D-
- 2015: Programme reports 72 percent coverage in 50 percent of the national target population. Estimate informed by coverage achieved in total national annual birth cohort. Rotavirus vaccine introduced in 2015. Reported official coverage levels based on preliminary results from the 2014 MICS. Estimate challenged by: R-

Eswatini - PCVC

SWZ - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	67	90	90	87	88	87	83	63	96	66	78	90
Estimate GoC	•	•	••	•••	•••	•••	•	•	•••	••	••	•
Official	-	-	90	-	88	87	83	63	96	66	78	90
Administrative	89	80	80	87	87	89	83	63	96	66	78	90
Survey	-	-	-	-	-	88	88	-	-	-	-	-

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

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

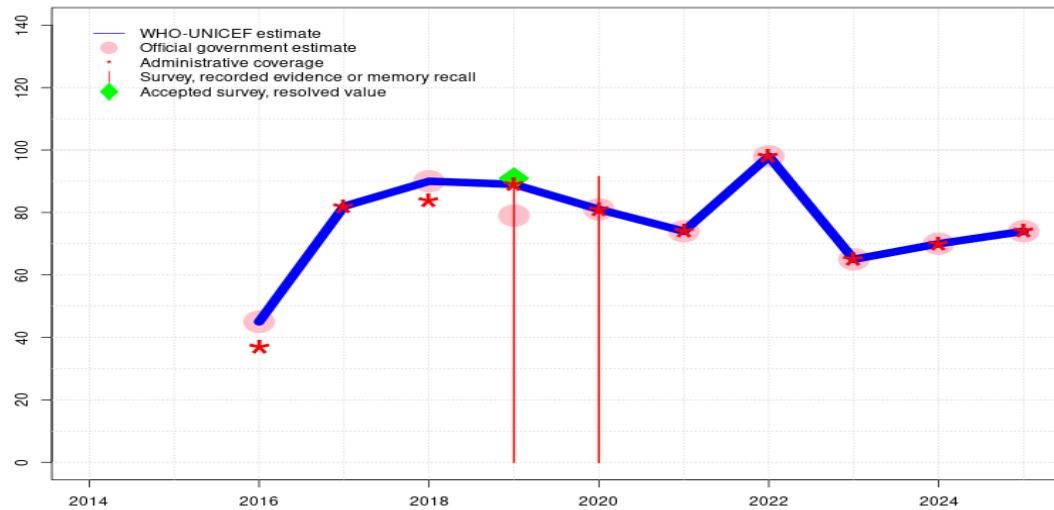
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: 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 administrative data. Programme reported 6 months vaccine stock-out at the national level. Reported coverage inconsistent with other antigens. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a five month vaccine stockout at national and subnational levels that do not appear to have impacted reported coverage. Reported coverage may include contribution of acceleration activities. GoC=R+ S+ D+
- 2021: Estimate informed by reported data. Programme reports four months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate based on reported coverage. Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 94 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 87 percent. Programme reports one month vaccine stockout at national level. Estimate challenged by: S-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Eswatini Multiple Indicator Cluster Survey 2021-2022 record or recall results of 88 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 86 percent. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by DTP3 coverage level. Reported official coverage levels based on preliminary results from the 2014 MICS. Estimate challenged by: R-
- 2014: Pneumococcal conjugate vaccine introduced in 2014. Programme achieved 89 percent coverage in 25 percent of the national target population. Estimate informed by the total national target population. Estimate challenged by: R-

Eswatini - IPV1

SWZ - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	45	82	90	89	81	74	98	65	70	74
Estimate GoC	-	-	••	•••	•••	•••	•••	•	••	••	••	••
Official	-	-	45	-	90	79	81	74	98	65	70	74
Administrative	-	-	37	82	84	89	81	74	98	65	70	74
Survey	-	-	-	-	-	91	92	-	-	-	-	-

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.

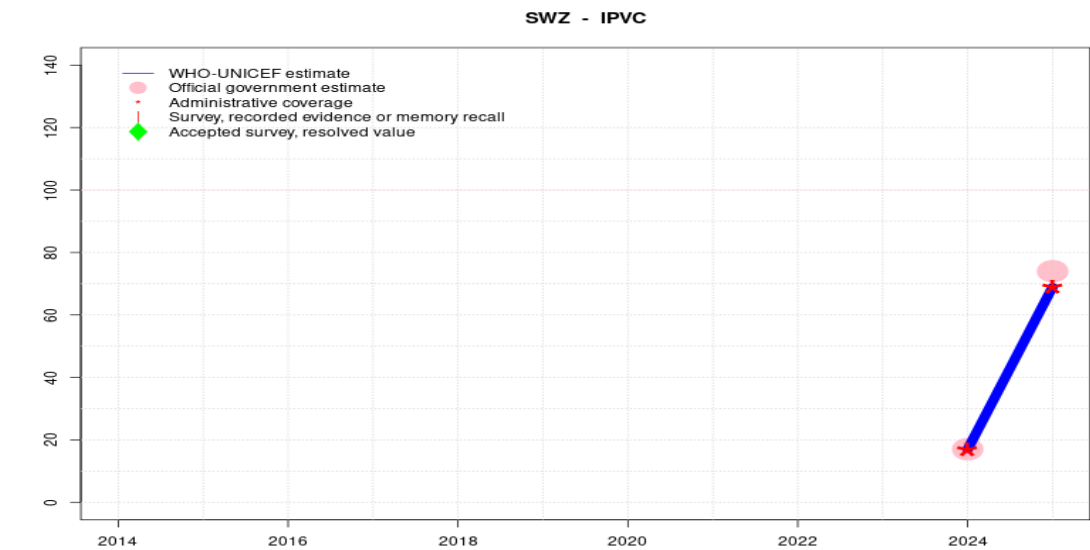
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 3 months vaccine stock-out at the national and subnational 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. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Reported coverage appears to reflect recovery following COVID-19 pandemic disruptions, despite reported three months vaccine stockout. Reported coverage may include contribution of acceleration activities. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports two and a half month vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by reported data. Eswatini Multiple Indicator Cluster Survey 2021-2022 results ignored by working group. Survey may not have captured declines seen in 2020. GoC=R+ S+ D+
- 2019: Estimate informed by reported administrative data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Estimate exceptionally based on administrative coverage as large difference with official report unexplained. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. Reported official coverage levels based on preliminary results from the 2014 MICS. Increase following introduction year. Programme reports three months vaccine stockout at national level GoC=R+ S+ D+
- 2016: Estimate informed by reported data. Inactivated polio vaccine introduced in 2016. Reporting started in 2016. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+

Eswatini - IPV



Description:

2025: Estimate informed by reported administrative data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Programme reported 3 months vaccine stock-out at the national and subnational levels. GoC=R+ D+

2024: Estimate informed by reported data. Programme reported 6 months vaccine stock-out at the national level. Second dose of IPV introduced in 2024. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	17	69
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●●	●●
Official	-	-	-	-	-	-	-	-	-	-	17	74
Administrative	-	-	-	-	-	-	-	-	-	-	17	69
Survey	-	-	-	-	-	-	-	-	-	-	-	-

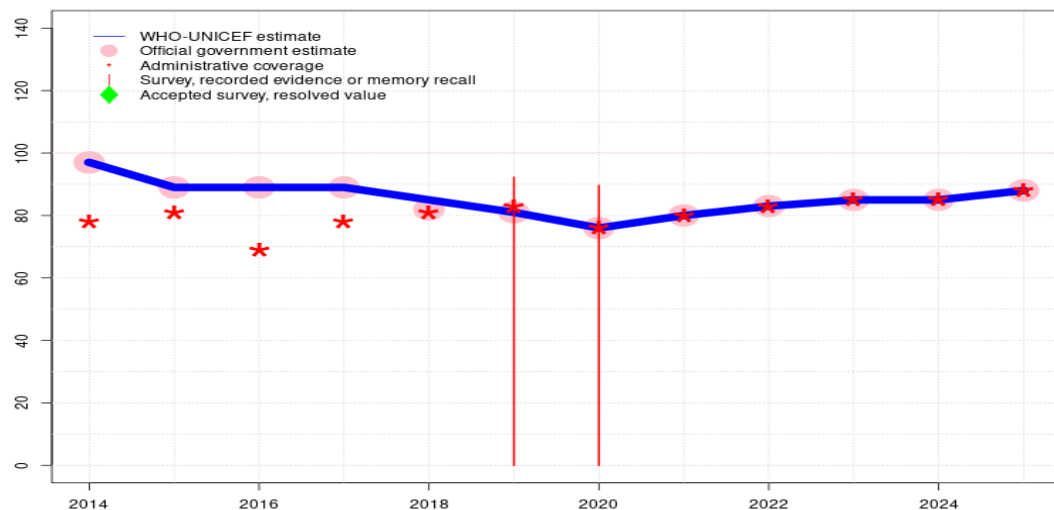
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Eswatini - MCV1

SWZ - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	97	89	89	89	85	81	76	80	83	85	85	88
Estimate GoC	•	••	•	••	••	••	••	••	••	••	••	•
Official	97	89	89	89	82	81	76	80	83	85	85	88
Administrative	78	81	69	78	81	83	76	80	83	85	85	88
Survey	-	-	-	-	-	92	90	-	-	-	-	-

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

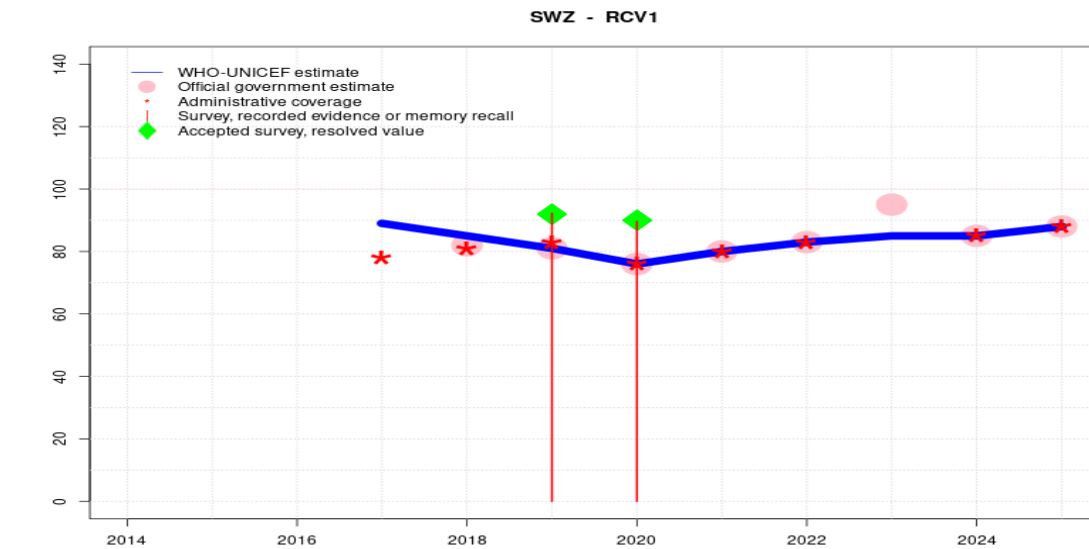
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported data. 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. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a five month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Increase in reported coverage may partially reflect MR follow-up campaign activities. GoC=R+ D+
- 2020: Estimate informed by reported data. Eswatini Multiple Indicator Cluster Survey 2021-2022 results ignored by working group. Survey may include catch-up doses administered to older children. Programme reports four months vaccine stockout at national and subnational levels. GoC=R+ D+
- 2019: Estimate informed by reported data. Eswatini Multiple Indicator Cluster Survey 2021-2022 results ignored by working group. Survey may include catch-up doses administered to older children. GoC=R+ D+
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Reported decline in administrative coverage appears to be due to an increase in the reported target population. Number of children vaccinated increased between 2017 and 2018. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme reports two months vaccine stockout at national level Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports three months vaccine stockout at national level Reported official coverage levels based on preliminary results from the 2014 MICS. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-

Eswatini - RCV1



Description:

- 2025: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. Introduction of MR at 9 and 18 months in 2016. Reporting started in 2017. Programme reports two months vaccine stockout at national level. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	89	85	81	76	80	83	85	85	88
Estimate GoC	-	-	-	••	••	••	••	••	••	••	••	•
Official	-	-	-	-	82	81	76	80	83	95	85	88
Administrative	-	-	-	78	81	83	76	80	83	-	85	88
Survey	-	-	-	-	-	92	90	-	-	-	-	-

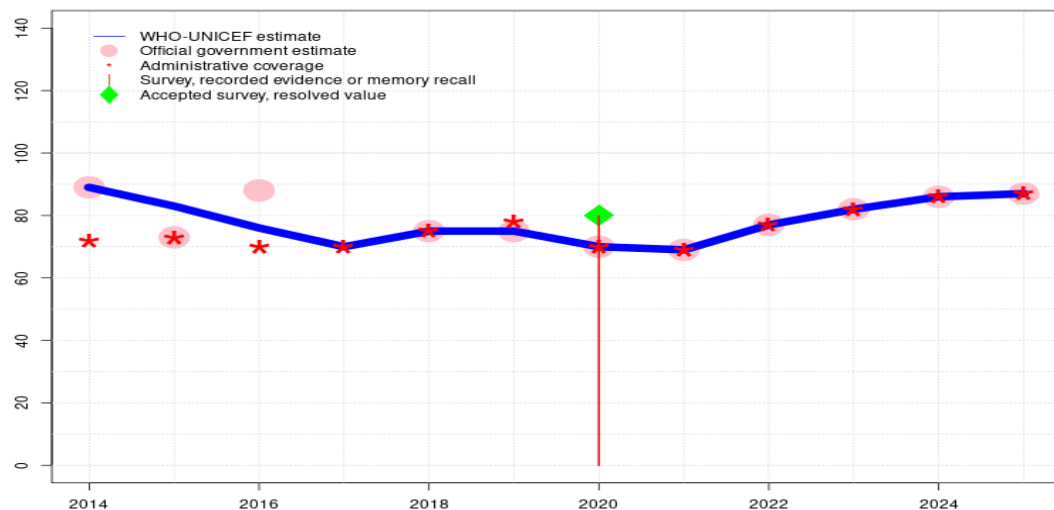
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Eswatini - MCV2

SWZ - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	89	83	76	70	75	75	70	69	77	82	86	87
Estimate GoC	●	●●	●●	●●	●●●	●●●	●●●	●	●●●	●●	●●	●
Official	89	73	88	-	75	75	70	69	77	82	86	87
Administrative	72	73	70	70	75	78	70	69	77	82	86	87
Survey	-	-	-	-	-	-	80	-	-	-	-	-

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. Programme reported 6 months vaccine stock-out at the national level. GoC=R+ D+
- 2023: Estimate informed by reported data. Programme reports stockout of unspecified vaccines and duration. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a five month vaccine stockout at national and subnational levels. GoC=R+ S+ D+
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Estimate challenged by: S-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 80 percent based on 1 survey(s). Programme reports four months vaccine stockout at national and subnational levels. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported administrative data. Programme reports two months vaccine stockout at national level. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 73 percent to 88 percent with decrease to 70 percent. Programme reports three months vaccine stockout at national level. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded due to decline in reported coverage from 89 percent to 73 percent with increase to 88 percent. Reported official coverage levels based on preliminary results from the 2014 MICS. GoC=R+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-

Eswatini - Survey Details

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

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

2020 Eswatini Multiple Indicator Cluster Survey 2021-2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	7.4	12-23 m	419	88
BCG	Record	87.3	12-23 m	419	88
BCG	Record or Recall	94.8	12-23 m	419	88
BCG	Record or Recall<12m	94.8	12-23 m	419	88
DTP1	Recall	7.2	12-23 m	419	88
DTP1	Record	86.3	12-23 m	419	88
DTP1	Record or Recall	93.5	12-23 m	419	88
DTP1	Record or Recall<12m	93.1	12-23 m	419	88
DTP3	Recall	2.9	12-23 m	419	88
DTP3	Record	85	12-23 m	419	88
DTP3	Record or Recall	87.9	12-23 m	419	88
DTP3	Record or Recall<12m	86.8	12-23 m	419	88
HEPB1	Recall	7.2	12-23 m	419	88
HEPB1	Record	86.3	12-23 m	419	88
HEPB1	Record or Recall	93.5	12-23 m	419	88
HEPB1	Record or Recall<12m	93.1	12-23 m	419	88
HEPB3	Recall	2.9	12-23 m	419	88
HEPB3	Record	85	12-23 m	419	88
HEPB3	Record or Recall	87.9	12-23 m	419	88

HEPB3	Record or Recall<12m	86.8	12-23 m	419	88
HIB1	Recall	7.2	12-23 m	419	88
HIB1	Record	86.3	12-23 m	419	88
HIB1	Record or Recall	93.5	12-23 m	419	88
HIB1	Record or Recall<12m	93.1	12-23 m	419	88
HIB3	Recall	2.9	12-23 m	419	88
HIB3	Record	85	12-23 m	419	88
HIB3	Record or Recall	87.9	12-23 m	419	88
HIB3	Record or Recall<12m	86.8	12-23 m	419	88
IPV1	Recall	6.4	12-23 m	419	88
IPV1	Record	85.1	12-23 m	419	88
IPV1	Record or Recall	91.5	12-23 m	419	88
IPV1	Record or Recall<12m	90.6	12-23 m	419	88
MCV1	Recall	6.5	12-23 m	419	88
MCV1	Record	83.1	12-23 m	419	88
MCV1	Record or Recall	89.6	12-23 m	419	88
MCV1	Record or Recall<12m	87.7	12-23 m	419	88
MCV2	Recall	3.7	24-35 m	452	89
MCV2	Record	76.2	24-35 m	452	89
MCV2	Record or Recall	79.9	24-35 m	452	89
MCV2	Record or Recall<12m	78	24-35 m	452	89
PCV1	Recall	6.5	12-23 m	419	88
PCV1	Record	87.2	12-23 m	419	88
PCV1	Record or Recall	93.7	12-23 m	419	88
PCV1	Record or Recall<12m	93.4	12-23 m	419	88
PCVC	Recall	0.9	12-23 m	419	88
PCVC	Record	86.9	12-23 m	419	88
PCVC	Record or Recall	87.8	12-23 m	419	88
PCVC	Record or Recall<12m	87.1	12-23 m	419	88
RCV1	Recall	6.5	12-23 m	419	88
RCV1	Record	83.1	12-23 m	419	88
RCV1	Record or Recall	89.6	12-23 m	419	88
RCV1	Record or Recall<12m	87.7	12-23 m	419	88
ROTAC	Recall	4.1	12-23 m	419	88
ROTAC	Record	76	12-23 m	419	88
ROTAC	Record or Recall	80.1	12-23 m	419	88
ROTAC	Record or Recall<12m	78.8	12-23 m	419	88

2019 Eswatini Multiple Indicator Cluster Survey 2021-2022

Eswatini - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9	24-35 m	452	89
BCG	Record	86.7	24-35 m	452	89
BCG	Record or Recall	95.7	24-35 m	452	89
BCG	Record or Recall<12m	95.7	24-35 m	452	89
DTP1	Recall	7	24-35 m	452	89
DTP1	Record	85.5	24-35 m	452	89
DTP1	Record or Recall	92.5	24-35 m	452	89
DTP1	Record or Recall<12m	92.1	24-35 m	452	89
DTP3	Recall	3.2	24-35 m	452	89
DTP3	Record	85.2	24-35 m	452	89
DTP3	Record or Recall	88.4	24-35 m	452	89
DTP3	Record or Recall<12m	86.9	24-35 m	452	89
HEPB1	Recall	7	24-35 m	452	89
HEPB1	Record	85.5	24-35 m	452	89
HEPB1	Record or Recall	92.5	24-35 m	452	89
HEPB1	Record or Recall<12m	92.1	24-35 m	452	89
HEPB3	Recall	3.2	24-35 m	452	89
HEPB3	Record	85.2	24-35 m	452	89
HEPB3	Record or Recall	88.4	24-35 m	452	89
HEPB3	Record or Recall<12m	86.9	24-35 m	452	89
HIB1	Recall	7	24-35 m	452	89
HIB1	Record	85.5	24-35 m	452	89
HIB1	Record or Recall	92.5	24-35 m	452	89
HIB1	Record or Recall<12m	92.1	24-35 m	452	89
HIB3	Recall	3.2	24-35 m	452	89
HIB3	Record	85.2	24-35 m	452	89
HIB3	Record or Recall	88.4	24-35 m	452	89
HIB3	Record or Recall<12m	86.9	24-35 m	452	89
IPV1	Recall	7.8	24-35 m	452	89
IPV1	Record	83.2	24-35 m	452	89
IPV1	Record or Recall	90.9	24-35 m	452	89
IPV1	Record or Recall<12m	89.5	24-35 m	452	89
MCV1	Recall	7.2	24-35 m	452	89
MCV1	Record	85.1	24-35 m	452	89
MCV1	Record or Recall	92.2	24-35 m	452	89
MCV1	Record or Recall<12m	88.4	24-35 m	452	89
PCV1	Recall	5.6	24-35 m	452	89
PCV1	Record	86.6	24-35 m	452	89

PCV1	Record or Recall	92.2	24-35 m	452	89
PCV1	Record or Recall<12m	91.8	24-35 m	452	89
PCVC	Recall	1.7	24-35 m	452	89
PCVC	Record	85.9	24-35 m	452	89
PCVC	Record or Recall	87.5	24-35 m	452	89
PCVC	Record or Recall<12m	87	24-35 m	452	89
RCV1	Recall	7.2	24-35 m	452	89
RCV1	Record	85.1	24-35 m	452	89
RCV1	Record or Recall	92.2	24-35 m	452	89
RCV1	Record or Recall<12m	88.4	24-35 m	452	89
ROTAC	Recall	4.7	24-35 m	452	89
ROTAC	Record	84.7	24-35 m	452	89
ROTAC	Record or Recall	89.4	24-35 m	452	89
ROTAC	Record or Recall<12m	89	24-35 m	452	89

2013 Swaziland Multiple Indicator Cluster Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	88.9	12-23 m	533	89
BCG	Record or Recall	98.4	12-23 m	533	89
BCG	Record or Recall<12m	97.5	12-23 m	533	89
DTP1	Record	88.3	12-23 m	533	89
DTP1	Record or Recall	96.8	12-23 m	533	89
DTP1	Record or Recall<12m	96.4	12-23 m	533	89
DTP3	Record	86.9	12-23 m	533	89
DTP3	Record or Recall	91.6	12-23 m	533	89
DTP3	Record or Recall<12m	90.1	12-23 m	533	89
HEPB1	Record	88.3	12-23 m	533	89
HEPB1	Record or Recall	96.8	12-23 m	533	89
HEPB1	Record or Recall<12m	96.4	12-23 m	533	89
HEPB3	Record	86.9	12-23 m	533	89
HEPB3	Record or Recall	91.6	12-23 m	533	89
HEPB3	Record or Recall<12m	90.1	12-23 m	533	89
HIB1	Record	88.3	12-23 m	533	89
HIB1	Record or Recall	96.8	12-23 m	533	89
HIB1	Record or Recall<12m	96.4	12-23 m	533	89
HIB3	Record	86.9	12-23 m	533	89
HIB3	Record or Recall	91.6	12-23 m	533	89
HIB3	Record or Recall<12m	90.1	12-23 m	533	89

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MCV1	Record	81.1	12-23 m	533	89
MCV1	Record or Recall	91.4	12-23 m	533	89
MCV1	Record or Recall<12m	89.3	12-23 m	533	89
PCV1	Record	7.6	12-23 m	533	89
PCV1	Record or Recall	19.2	12-23 m	533	89
PCV1	Record or Recall<12m	16.7	12-23 m	533	89
PCVC	Record	4.8	12-23 m	533	89
PCVC	Record or Recall	5.8	12-23 m	533	89
PCVC	Record or Recall<12m	5.1	12-23 m	533	89

2012 Swaziland Multiple Indicator Cluster Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	80.4	24-35 m	594	-
BCG	Record or Recall	95.4	24-35 m	594	-
BCG	Record or Recall<12m	94.8	24-35 m	594	-
DTP1	Record	81.2	24-35 m	594	-
DTP1	Record or Recall	95.4	24-35 m	594	-
DTP1	Record or Recall<12m	94.4	24-35 m	594	-
DTP3	Record	79.2	24-35 m	594	-
DTP3	Record or Recall	89.6	24-35 m	594	-
DTP3	Record or Recall<12m	87.5	24-35 m	594	-
HEPB1	Record	81.2	24-35 m	594	-
HEPB1	Record or Recall	95.4	24-35 m	594	-
HEPB1	Record or Recall<12m	94.4	24-35 m	594	-
HEPB3	Record	79.2	24-35 m	594	-
HEPB3	Record or Recall	89.6	24-35 m	594	-
HEPB3	Record or Recall<12m	87.5	24-35 m	594	-
HIB1	Record	81.2	24-35 m	594	-
HIB1	Record or Recall	95.4	24-35 m	594	-
HIB1	Record or Recall<12m	94.4	24-35 m	594	-
HIB3	Record	79.2	24-35 m	594	-
HIB3	Record or Recall	89.6	24-35 m	594	-
HIB3	Record or Recall<12m	87.5	24-35 m	594	-
MCV1	Record	77.6	24-35 m	594	-
MCV1	Record or Recall	93.3	24-35 m	594	-
MCV1	Record or Recall<12m	86.2	24-35 m	594	-
PCV1	Record	4.7	24-35 m	594	-
PCV1	Record or Recall	18.1	24-35 m	594	-

PCV1	Record or Recall<12m	17	24-35 m	594	-
PCVC	Record	4.3	24-35 m	594	-
PCVC	Record or Recall	5.8	24-35 m	594	-
PCVC	Record or Recall<12m	5.2	24-35 m	594	-

2011 Kingdom of Swaziland Immunization Coverage Survey 2013 Final Report

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	84.4	24-35 m	-	85
BCG	Record or Recall	91.3	24-35 m	482	85
DTP1	Record	84.4	24-35 m	-	85
DTP1	Record or Recall	89.2	24-35 m	482	85
DTP3	Record	83.6	24-35 m	-	85
DTP3	Record or Recall	88.4	24-35 m	482	85
HEPB1	Record	84.4	24-35 m	-	85
HEPB1	Record or Recall	89.2	24-35 m	482	85
HEPB3	Record	83.6	24-35 m	-	85
HEPB3	Record or Recall	88.4	24-35 m	482	85
HIB1	Record	84.4	24-35 m	-	85
HIB1	Record or Recall	89.2	24-35 m	482	85
HIB3	Record	83.6	24-35 m	-	85
HIB3	Record or Recall	88.4	24-35 m	482	85
MCV1	Record	82.1	24-35 m	-	85
MCV1	Record or Recall	86.9	24-35 m	482	85
MCV2	Record	75.9	24-35 m	-	85
MCV2	Record or Recall	80.5	24-35 m	482	85

2009 Swaziland Multiple Indicator Cluster Survey 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	10.6	12-23 m	521	88
BCG	Record	87.6	12-23 m	521	88
BCG	Record or Recall	98.2	12-23 m	521	88
BCG	Record or Recall<12m	97.9	12-23 m	521	88
DTP1	Recall	10.1	12-23 m	521	88
DTP1	Record	87.8	12-23 m	521	88
DTP1	Record or Recall	97.8	12-23 m	521	88

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DTP1	Record or Recall<12m	96.4	12-23 m	521	88
DTP3	Recall	6.5	12-23 m	521	88
DTP3	Record	84.1	12-23 m	521	88
DTP3	Record or Recall	90.6	12-23 m	521	88
DTP3	Record or Recall<12m	89.4	12-23 m	521	88
HEPB1	Recall	10.1	12-23 m	521	88
HEPB1	Record	87.8	12-23 m	521	88
HEPB1	Record or Recall	97.8	12-23 m	521	88
HEPB1	Record or Recall<12m	96.4	12-23 m	521	88
HEPB3	Recall	6.5	12-23 m	521	88
HEPB3	Record	84.1	12-23 m	521	88
HEPB3	Record or Recall	90.6	12-23 m	521	88
HEPB3	Record or Recall<12m	89.4	12-23 m	521	88
HIB1	Recall	10.1	12-23 m	521	88
HIB1	Record	87.8	12-23 m	521	88
HIB1	Record or Recall	97.8	12-23 m	521	88
HIB1	Record or Recall<12m	96.4	12-23 m	521	88
HIB3	Recall	6.5	12-23 m	521	88
HIB3	Record	84.1	12-23 m	521	88
HIB3	Record or Recall	90.6	12-23 m	521	88
HIB3	Record or Recall<12m	89.4	12-23 m	521	88
MCV1	Recall	13.1	12-23 m	521	88
MCV1	Record	84.7	12-23 m	521	88
MCV1	Record or Recall	97.8	12-23 m	521	88
MCV1	Record or Recall<12m	93.9	12-23 m	521	88

2008 Swaziland 2008 National Nutrition Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall<12m	8	9-11 m	-	-
MCV1	Record or Recall<12m	71.6	9-11 m	-	-
MCV1	Record<12m	63.6	9-11 m	-	-

2007 Swaziland 2008 National Nutrition Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	10.8	12-23 m	754	-

MCV1	Record	83.9	12-23 m	754	-
MCV1	Record or Recall	94.7	12-23 m	754	-

2005 Swaziland Demographic and Health Survey 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13.3	12-23 m	531	84
BCG	Record	83.9	12-23 m	531	84
BCG	Record or Recall	97.2	12-23 m	531	84
BCG	Record or Recall<12m	97	12-23 m	531	84
DTP1	Recall	12.2	12-23 m	531	84
DTP1	Record	83.7	12-23 m	531	84
DTP1	Record or Recall	96	12-23 m	531	84
DTP1	Record or Recall<12m	95.4	12-23 m	531	84
DTP3	Recall	9.2	12-23 m	531	84
DTP3	Record	82.4	12-23 m	531	84
DTP3	Record or Recall	91.7	12-23 m	531	84
DTP3	Record or Recall<12m	90.2	12-23 m	531	84
HEPB1	Recall	12.4	12-23 m	531	84
HEPB1	Record	83.1	12-23 m	531	84
HEPB1	Record or Recall	95.5	12-23 m	531	84
HEPB1	Record or Recall<12m	95.2	12-23 m	531	84
HEPB3	Recall	9	12-23 m	531	84
HEPB3	Record	82.1	12-23 m	531	84
HEPB3	Record or Recall	91.1	12-23 m	531	84
HEPB3	Record or Recall<12m	89.6	12-23 m	531	84
MCV1	Recall	12.1	12-23 m	531	84
MCV1	Record	79.4	12-23 m	531	84
MCV1	Record or Recall	91.5	12-23 m	531	84
MCV1	Record or Recall<12m	82.7	12-23 m	531	84

2005 Swaziland measles post campaing evaluation and EPI coverage survey reports, July 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	99.6	12-23 m	581	79
BCG	Record or Recall	99.7	12-23 m	581	79

DTP1	Record	98.3	12-23 m	581	79
DTP1	Record or Recall	97.4	12-23 m	581	79
DTP3	Record	95.7	12-23 m	581	79
DTP3	Record or Recall	95.2	12-23 m	581	79
HEPB1	Record	98.3	12-23 m	581	79
HEPB1	Record or Recall	97.4	12-23 m	581	79
HEPB3	Record	95.7	12-23 m	581	79
HEPB3	Record or Recall	95.2	12-23 m	581	79
MCV1	Record	89.2	12-23 m	581	79
MCV1	Record or Recall	91.2	12-23 m	581	79

2002 Swaziland, Report on National EPI Review, 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
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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>

BCG	Record or Recall	97.6	12-23 m	209	94
DTP1	Record or Recall	98.1	12-23 m	209	94
DTP3	Record or Recall	97.1	12-23 m	209	94
HEPB3	Record or Recall	95.6	12-23 m	209	94
MCV1	Record or Recall	95.6	12-23 m	209	94

1999 Swaziland Multiple Indicator Cluster Survey 2000, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	94.1	12-23 m	-	86
DTP1	Record or Recall<12m	92.6	12-23 m	-	86
DTP3	Record or Recall<12m	77.7	12-23 m	-	86
MCV1	Record or Recall<12m	72.3	12-23 m	-	86