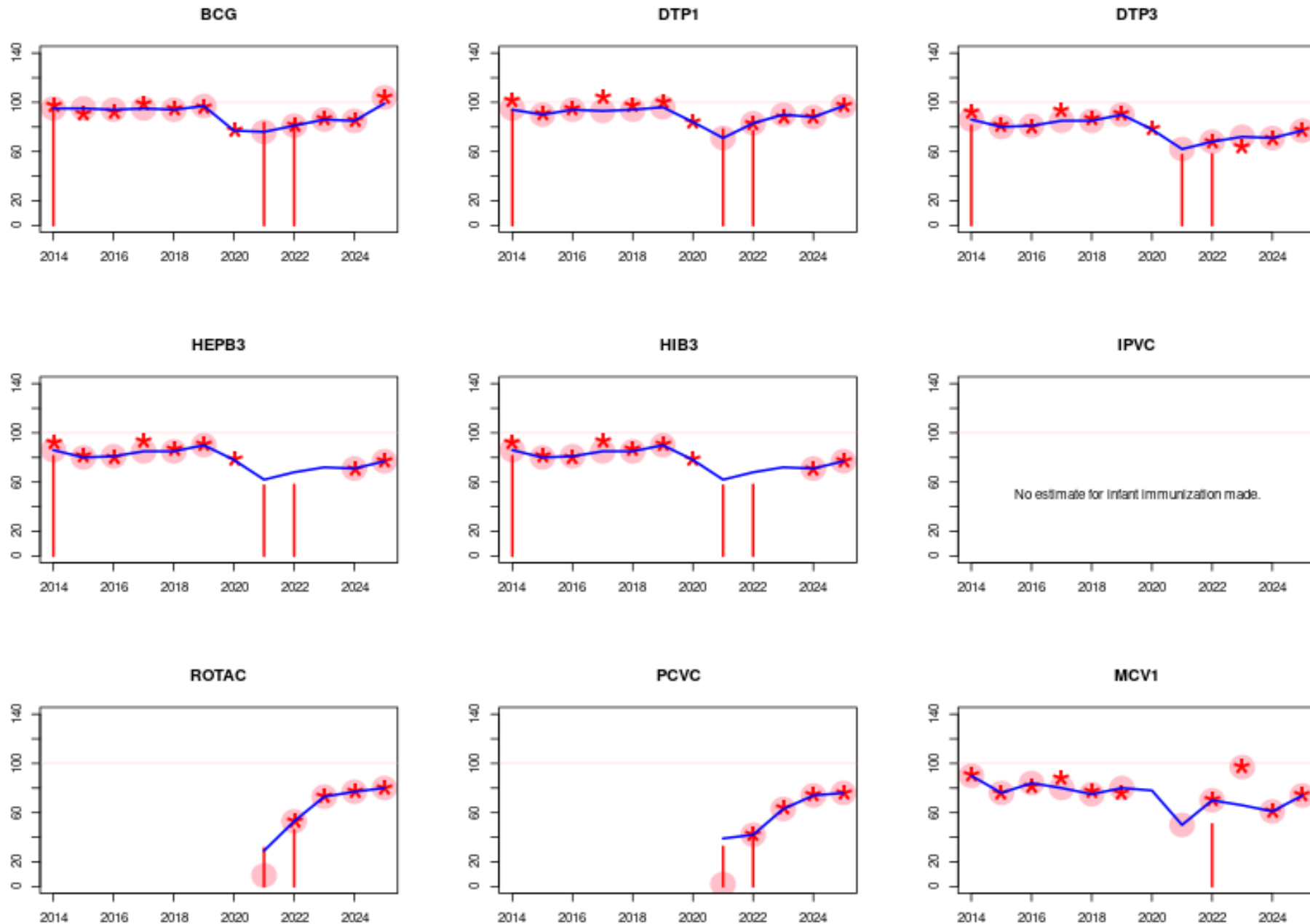




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, 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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NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture. Les estimations se réfèrent aux vaccinations administrées et documentées dans le cadre des services de vaccination de routine aux enfants de moins de 12 mois, ou à l'âge spécifié dans le calendrier vaccinal recommandé. Les vaccinations reçues dans le cadre d'activités de vaccination supplémentaires, telles que les campagnes contre la poliomyélite ou la rougeole, ne sont pas incluses.

Les estimations de l'OMS et de l'UNICEF sont spécifiques à chaque pays ; c'est-à-dire que les données de chaque pays sont examinées individuellement, et aucune donnée n'est empruntée à d'autres pays en l'absence de données. Les estimations ne reposent pas sur des ajustements ponctuels des données rapportées ; dans certains cas, des données empiriques proviennent d'une seule source, généralement les données de couverture déclarées au niveau national. Lorsqu'aucune donnée n'est disponible pour une combinaison donnée de pays/vaccin/année, les données des années précédentes et suivantes sont prises en compte et interpolées pour estimer la couverture des années manquantes. Dans les cas où les sources de données sont variées et présentent de grandes variations, une tentative est faite pour identifier l'estimation la plus probable en tenant compte des biais potentiels dans les données disponibles. Pour les méthodes, voir :

* 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.

SOURCES DE DONNÉES

Couverture ADMINISTRATIVE: Rapportée par les autorités nationales et basée sur des rapports administratifs agrégés provenant des prestataires de services de santé concernant le nombre de vaccinations administrées sur une période donnée (données du numérateur) et les données déclarées sur la population cible (données du dénominateur). Cette couverture peut être biaisée par des inexactitudes dans les données du numérateur et/ou du dénominateur.

Couverture OFFICIELLE: Estimation de la couverture rapportée par les autorités nationales, reflétant leur évaluation de la couverture la plus probable sur la base d'une combinaison de la couverture administrative, des estimations basées sur des enquêtes ou d'autres sources de données ou ajustements. Les approches pour déterminer la couverture OFFICIELLE peuvent varier d'un pays à l'autre.

Couverture par ENQUÊTE: Basée sur des estimations de couverture issues d'enquêtes menées auprès des ménages chez des enfants âgés de 6-11, 12-23 ou 24-35 mois, suivant une revue des méthodes et des résultats de l'enquête. Les informations reposent sur une combinaison de l'historique vaccinal, basé sur des preuves documentées ou le rappel des soignants. Les résultats des enquêtes sont considérés pour la cohorte de naissance appropriée en fonction de la période de collecte des données.

ABRÉVIATIONS ET DÉFINITIONS

BCG: pourcentage des naissances ayant reçu une dose du vaccin Bacillus Calmette-Guérin.

DTP1 (DTC1) / DTP3 (DTC3): pourcentage des nourrissons survivants ayant reçu respectivement la 1re / 3e dose du vaccin contenant l'anatoxine diphtérique et tétanique avec la coqueluche.

IPV1 (VPI1): pourcentage de nourrissons survivants ayant reçu la 1re dose de vaccin antipoliomyélitique inactivé (VPI).

IPVC (VPIC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de VPI de la série primaire, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

MCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rougeole. Dans les pays où le calendrier national recommande la 1re dose de MCV à 12 mois ou plus, en fonction de l'épidémiologie de la maladie dans le pays, les estimations de couverture reflètent le pourcentage d'enfants ayant reçu la 1re dose de MCV conformément à la recommandation.

MCV2: pourcentage des enfants ayant reçu la 2e dose de vaccin contenant la rougeole conformément au calendrier vaccinal du pays.

RCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rubéole. Les estimations de couverture sont basées sur les estimations de l'OMS et de l'UNICEF pour la dose de vaccin contenant la rougeole qui correspond à la première combinaison vaccin rougeole-rubéole. La couverture déclarée au niveau national pour le RCV n'est pas prise en compte dans l'élaboration de cette estimation.

HEPBB (VHBN): pourcentage des naissances ayant reçu une dose de vaccin contre l'hépatite B dans les 24 heures suivant l'accouchement. Les estimations de la couverture de la dose à la naissance contre l'hépatite B sont produites uniquement pour les pays ayant une politique universelle de dose à la naissance. Aucune estimation n'est réalisée pour les pays qui recommandent une dose à la naissance uniquement pour les nourrissons nés de mères infectées par le virus de l'hépatite B, ou pour les pays où les informations sont insuffisantes pour déterminer si la vaccination a eu lieu dans les 24 heures suivant la naissance.

HEPB3 (VHB3): pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant l'hépatite B après la dose à la naissance.

HIB3: pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant Haemophilus influenzae de type b.

ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

PCVC (VPCC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de vaccin antipneumococcique conjugué, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

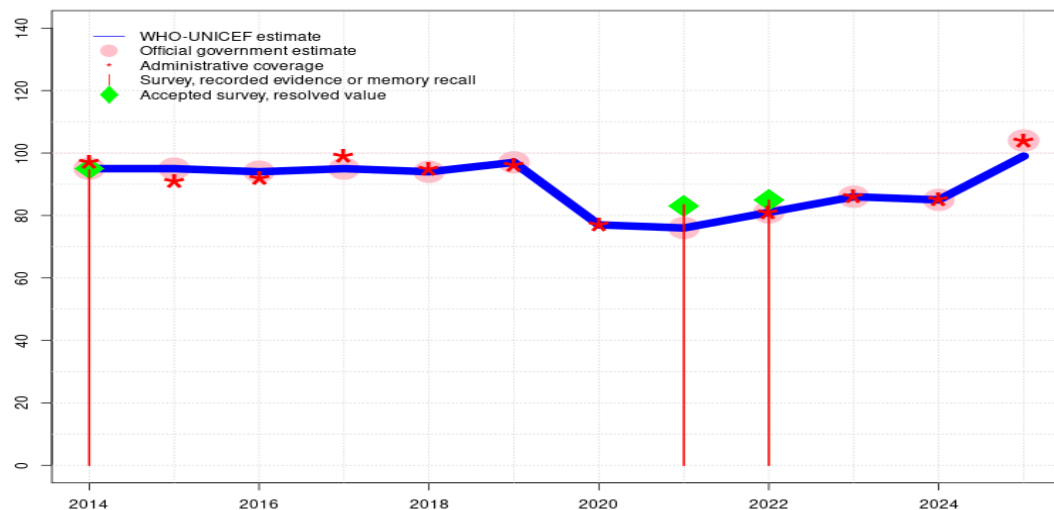
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la cohorte des nourrissons survivants.

MENGA: pourcentage des enfants ayant reçu une dose de vaccin conjugué contre le méningocoque A. Les estimations de couverture MENGA sont produites pour les pays situés dans la ceinture de la méningite en Afrique subsaharienne.

Avertissement: Toutes les précautions raisonnables ont été prises par l'Organisation mondiale de la Santé et le Fonds des Nations Unies pour l'enfance pour vérifier les informations contenues dans cette publication. Toutefois, le matériel publié est distribué sans aucune garantie, explicite ou implicite. La responsabilité de l'interprétation et de l'utilisation du matériel incombe au lecteur. En aucun cas, l'Organisation mondiale de la Santé ou le Fonds des Nations Unies pour l'enfance ne sauraient être tenus responsables des dommages résultant de son utilisation.

Vanuatu - BCG

VUT - BCG



Description:

- 2025: Estimate informed by reported data. Programme reported 1 month vaccine stock-out at the national and subnational levels. Recovery from stock-out. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported 3 months vaccine stock-out at the national and subnational levels. GoC=R+ S+ D+
- 2023: Estimate informed by reported data. GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. GoC=R+ S+ D+
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). GoC=R+ S+
- 2020: Estimate informed by reported administrative data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: S-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Survey report does not provide percent cards seen. GoC=R+ S+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	95	94	95	94	97	77	76	81	86	85	99
Estimate GoC	●●●	●●●	●●●	●●	●●	●	●●●	●●	●●●	●●●	●●●	●●
Official	95	95	94	95	94	97	-	76	81	86	85	104
Administrative	97	91	92	99	95	96	77	-	81	86	85	104
Survey	95	-	-	-	-	-	-	83	85	-	-	-

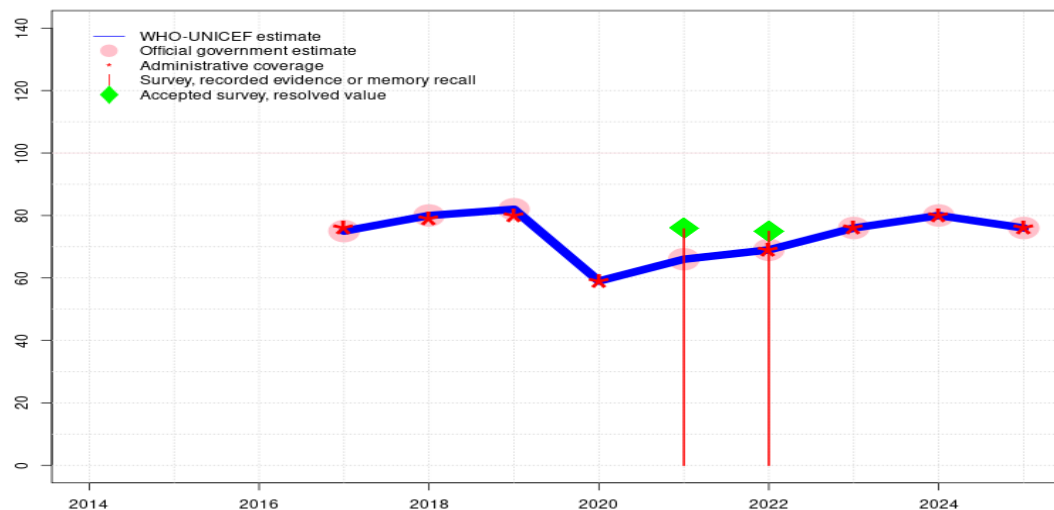
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Vanuatu - HEPBB

VUT - HEPBB



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ S+ D+
- 2023: Estimate informed by reported data. GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). GoC=R+ S+ D+
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 76 percent based on 1 survey(s). GoC=R+ S+
- 2020: Estimate informed by reported administrative data. 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. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	75	80	82	59	66	69	76	80	76
Estimate GoC	-	-	-	••	••	•••	•	••	•••	•••	•••	••
Official	-	-	-	75	80	82	-	66	69	76	80	76
Administrative	-	-	-	76	79	80	59	-	69	76	80	76
Survey	-	-	-	-	-	-	-	76	75	-	-	-

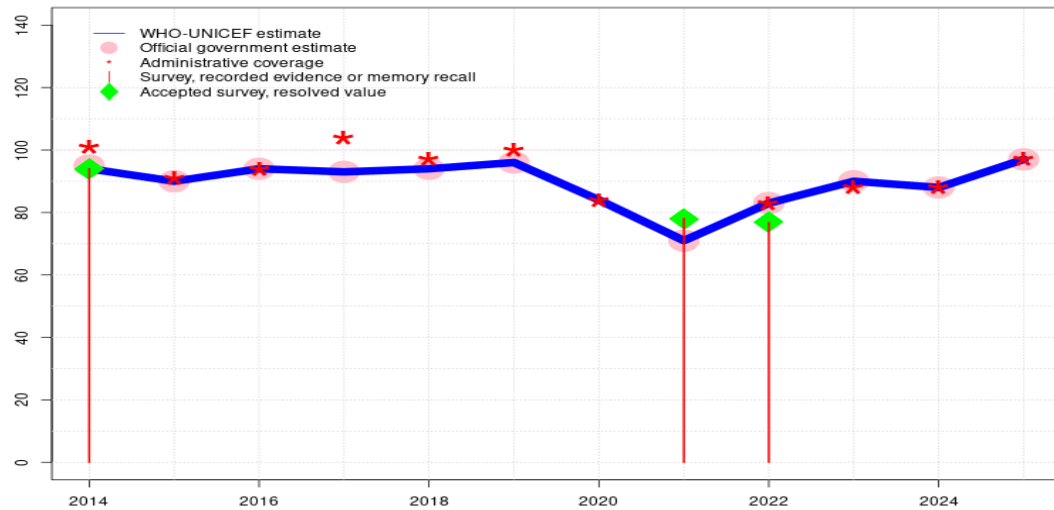
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Vanuatu - DTP1

VUT - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	94	90	94	93	94	96	84	71	83	90	88	97
Estimate GoC	•	•••	•••	•	••	•	•••	••	•••	•	•	••
Official	95	90	94	93	94	96	-	71	83	90	88	97
Administrative	101	91	94	104	97	100	84	-	83	88	88	97
Survey	94	-	-	-	-	-	-	78	77	-	-	-

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

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

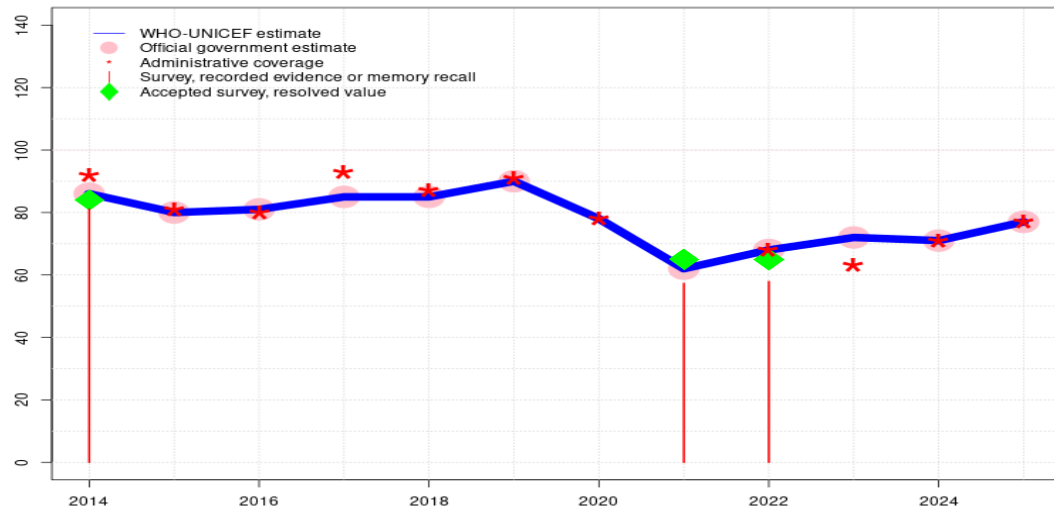
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported 2 months vaccine stock-out at the national and subnational levels. Estimate challenged by: S-
- 2023: Estimate informed by reported data. Estimate challenged by: S-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 77 percent based on 1 survey(s). Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. Estimate informed by reported coverage consistent with other antigens. GoC=R+ S+ D+
- 2021: Estimate informed by reported data supported by survey.Survey evidence of 78 percent based on 1 survey(s). Decline in reported coverage is unexplained. GoC=R+ S+
- 2020: Estimate informed by reported administrative data. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ S+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: S-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate based on official reported coverage. GoC=R+ S+ D+
- 2014: Estimate of 94 percent assigned by working group. Survey report does not provide percent cards seen. Estimate challenged by: R-

Vanuatu - DTP3

VUT - DTP3



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported 2 months vaccine stock-out at the national and subnational levels. GoC=R+ S+ D+
- 2023: Estimate informed by reported data. GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 65 percent based on 1 survey(s). Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 58 percent modified for recall bias to 65 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 58 percent and 3rd dose record only coverage of 49 percent. Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. GoC=R+ S+ D+
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 65 percent based on 1 survey(s). Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 57 percent modified for recall bias to 65 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 41 percent. Decline in reported coverage is unexplained. GoC=R+ S+
- 2020: Estimate informed by reported administrative data. 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. Estimate challenged by: S-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Survey report does not provide percent cards seen. Vanuatu Vaccination Coverage Survey 2016 record or recall results of 81 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 58 percent and 3rd dose record only coverage of 52 percent. GoC=R+ S+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	86	80	81	85	85	90	78	62	68	72	71	77
Estimate GoC	●●●	●●●	●●●	●●	●●	●	●	●●	●●●	●●●	●●●	●●
Official	86	80	81	85	85	90	-	62	68	72	71	77
Administrative	92	81	80	93	87	91	78	-	68	63	71	77
Survey	81	-	-	-	-	-	-	57	58	-	-	-

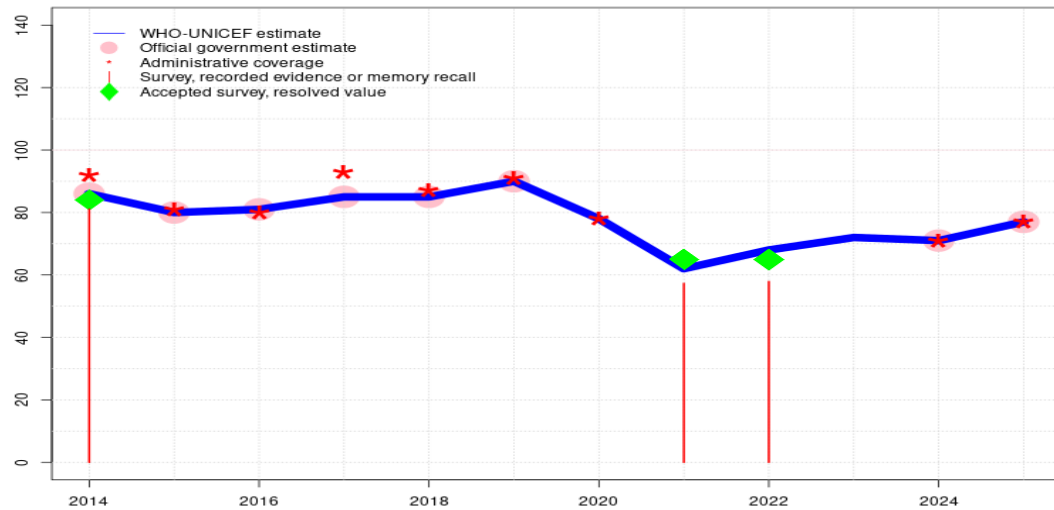
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Vanuatu - HEPB3

VUT - HEPB3



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported 2 months vaccine stock-out at the national and subnational levels. GoC=R+ S+ D+
- 2023: Estimate informed by estimated DTP3 coverage. GoC=S+
- 2022: Estimate based on estimated DTP3 coverage. Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 58 percent modified for recall bias to 65 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 58 percent and 3rd dose record only coverage of 49 percent. Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. GoC=S+
- 2021: Estimate based on estimated DTP3 coverage. Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 57 percent modified for recall bias to 65 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 41 percent. GoC=S+
- 2020: Estimate based on estimated DTP3 coverage. 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. Estimate challenged by: S-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Survey report does not provide percent cards seen. Vanuatu Vaccination Coverage Survey 2016 record or recall results of 81 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 58 percent and 3rd dose record only coverage of 52 percent. GoC=R+ S+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	86	80	81	85	85	90	78	62	68	72	71	77
Estimate GoC	●●●	●●●	●●●	●●	●●	●	●	●●	●●	●●	●●●	●●
Official	86	80	81	85	85	90	-	-	-	-	71	77
Administrative	92	81	80	93	87	91	78	-	-	-	71	77
Survey	81	-	-	-	-	-	-	57	58	-	-	-

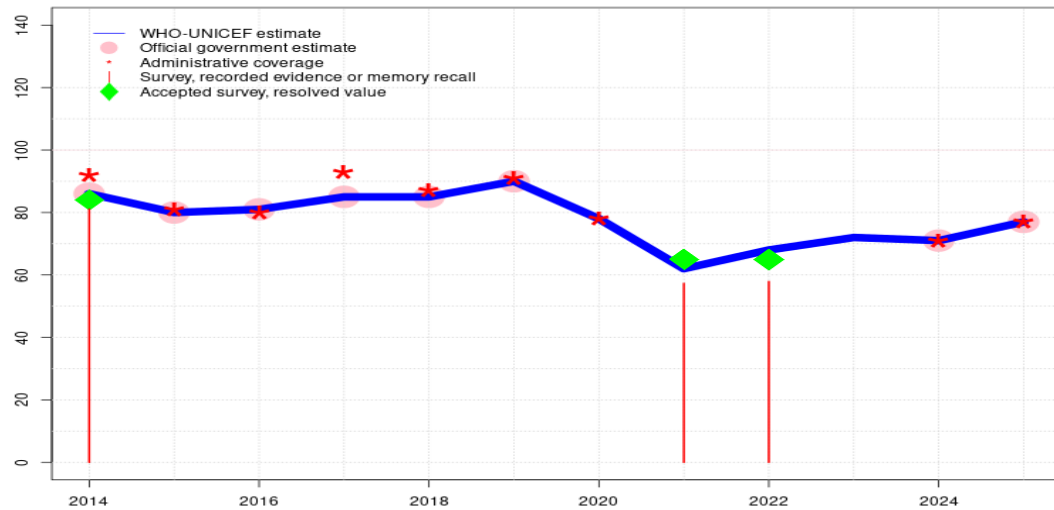
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Vanuatu - HIB3

VUT - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	86	80	81	85	85	90	78	62	68	72	71	77
Estimate GoC	●●●	●●●	●●●	●●	●●	●	●	●●	●●	●●	●●●	●●
Official	86	80	81	85	85	90	-	-	-	-	71	77
Administrative	92	81	80	93	87	91	78	-	-	-	71	77
Survey	81	-	-	-	-	-	-	57	58	-	-	-

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

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

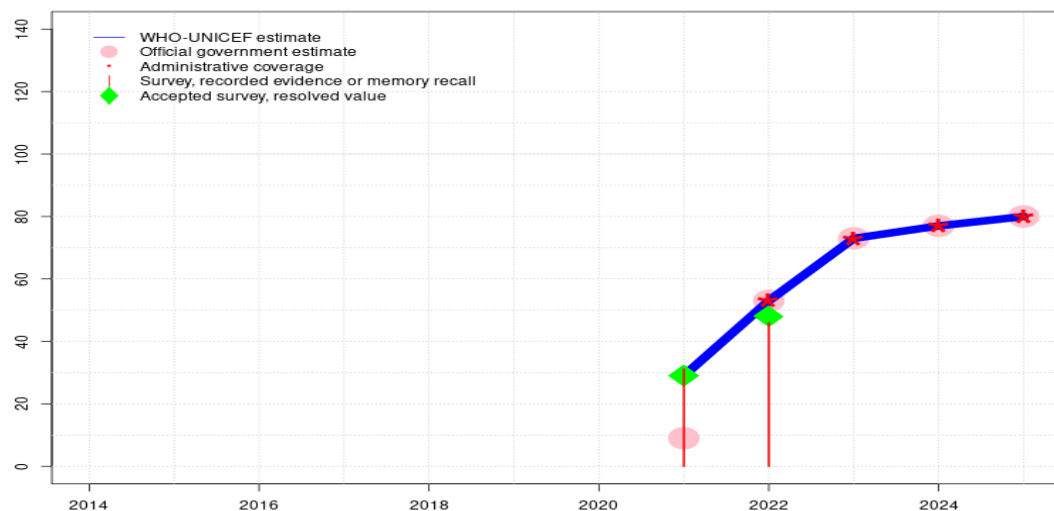
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported 2 months vaccine stock-out at the national and subnational levels. GoC=R+ S+ D+
- 2023: Estimate informed by estimated DTP3 coverage. GoC=S+
- 2022: Estimate based on estimated DTP3 coverage. Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 58 percent modified for recall bias to 65 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 58 percent and 3rd dose record only coverage of 49 percent. Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. GoC=S+
- 2021: Estimate based on estimated DTP3 coverage. Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 57 percent modified for recall bias to 65 percent based on 1st dose record or recall coverage of 78 percent, 1st dose record only coverage of 49 percent and 3rd dose record only coverage of 41 percent. GoC=S+
- 2020: Estimate based on estimated DTP3 coverage. 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. Estimate challenged by: S-
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Vanuatu Vaccination Coverage Survey 2016 record or recall results of 81 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 58 percent and 3rd dose record only coverage of 52 percent. GoC=R+ S+ D+

Vanuatu - ROTAC

VUT - ROTAC



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimate challenged by: S-
- 2023: Estimate informed by reported data. Estimate challenged by: S-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 48 percent based on 1 survey(s). Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 46 percent modified for recall bias to 48 percent based on 1st dose record or recall coverage of 57 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 35 percent. Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. Estimate challenged by: S-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 29 percent based on 1 survey(s). Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 31 percent modified for recall bias to 29 percent based on 1st dose record or recall coverage of 45 percent, 1st dose record only coverage of 23 percent and 3rd dose record only coverage of 15 percent. Rotavirus vaccine introduced in 2021. Reporting started in 2021. Estimate challenged by: R-S-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	29	53	73	77	80
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●●
Official	-	-	-	-	-	-	-	9	53	73	77	80
Administrative	-	-	-	-	-	-	-	-	53	73	77	80
Survey	-	-	-	-	-	-	-	31	46	-	-	-

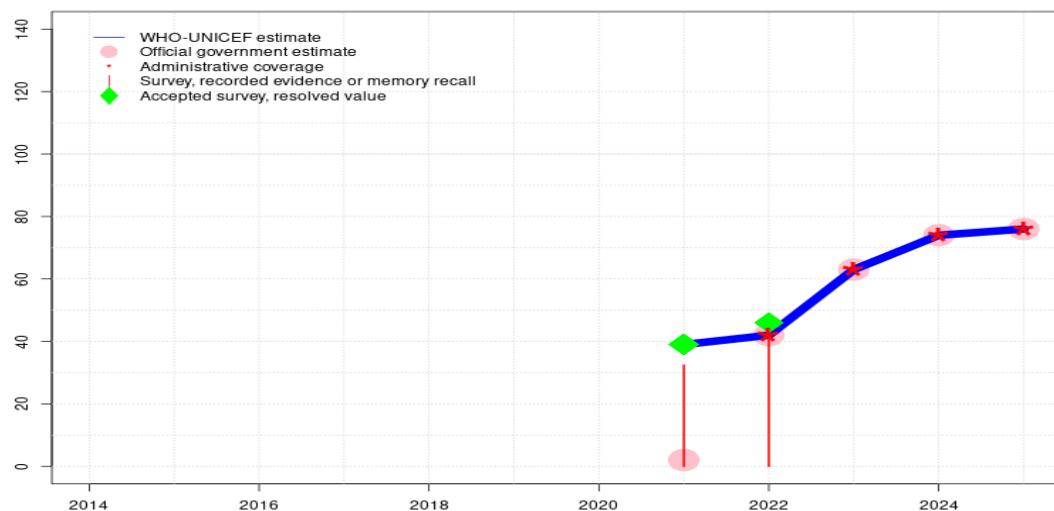
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Vanuatu - PCVC

VUT - PCVC



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. Estimate challenged by: S-
- 2023: Estimate informed by reported data. Estimate challenged by: S-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 46 percent based on 1 survey(s). Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 41 percent modified for recall bias to 46 percent based on 1st dose record or recall coverage of 61 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 34 percent. Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. GoC=R+ S+ D+
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 39 percent based on 1 survey(s). Vanuatu Multiple Indicator Cluster Survey 2023 record or recall results of 32 percent modified for recall bias to 39 percent based on 1st dose record or recall coverage of 52 percent, 1st dose record only coverage of 27 percent and 3rd dose record only coverage of 20 percent. Pneumococcal conjugate vaccine introduced in 2021. Reporting started in 2021. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	39	42	63	74	76
Estimate GoC	-	-	-	-	-	-	-	•	•••	•	•	••
Official	-	-	-	-	-	-	-	2	42	63	74	76
Administrative	-	-	-	-	-	-	-	-	42	63	74	76
Survey	-	-	-	-	-	-	-	32	41	-	-	-

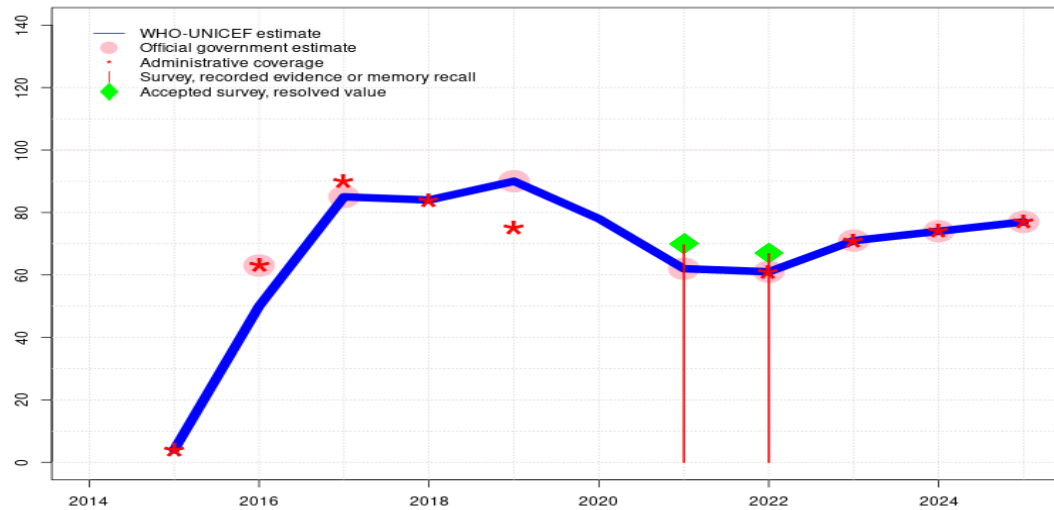
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Vanuatu - IPV1

VUT - IPV1



Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ S+ D+
- 2023: Estimate informed by reported data. GoC=R+ S+ D+
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 67 percent based on 1 survey(s). Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. GoC=R+ S+ D+
- 2021: Estimate informed by reported data supported by survey. Survey evidence of 70 percent based on 1 survey(s). GoC=R+ S+
- 2020: Estimate informed by estimated DTP3 coverage. 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. Estimate challenged by: D-S-
- 2018: Estimate informed by reported administrative data. GoC=R+ D+
- 2017: Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2016: Roll out of IPV in the entire country. Estimate informed by adjustment to DTP3 based on relative relationship between the reported number of children vaccinated with DTP3 and IPV1. Estimate challenged by: D-R-
- 2015: Inactivated polio vaccine introduced in December 2015. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	4	50	85	84	90	78	62	61	71	74	77
Estimate GoC	-	•	•	•	••	•	•	••	•••	•••	•••	••
Official	-	-	63	85	-	90	-	62	61	71	74	77
Administrative	-	4	63	90	84	75	-	-	61	71	74	77
Survey	-	-	-	-	-	-	-	70	67	-	-	-

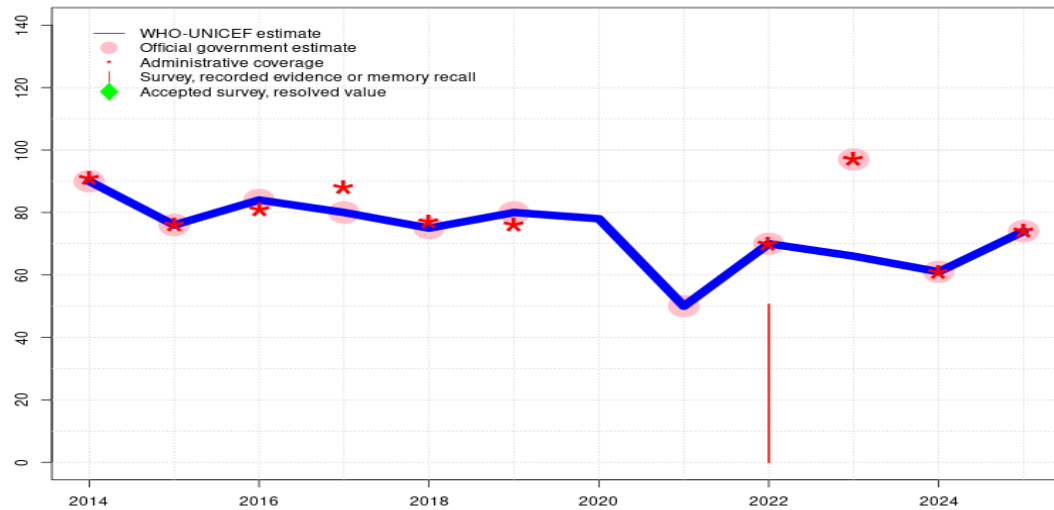
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Vanuatu - MCV1

VUT - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	76	84	80	75	80	78	50	70	66	61	74
Estimate GoC	●	●●●	●●	●●	●●	●●	●	●●	●●	●	●●	●●
Official	90	76	84	80	75	80	-	50	70	97	61	74
Administrative	91	76	81	88	77	76	-	-	70	97	61	74
Survey	-	-	-	-	-	-	-	-	51	-	-	-

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.

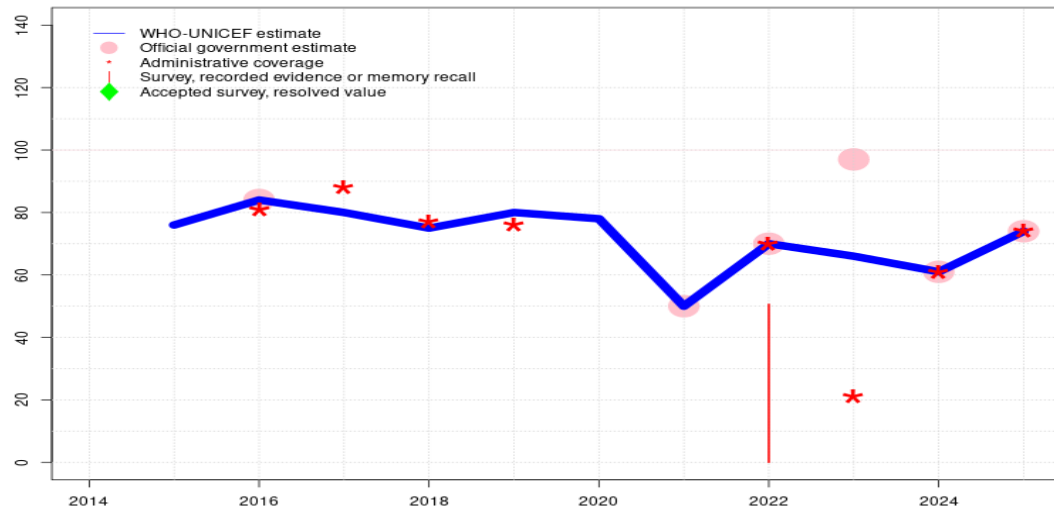
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 70 percent to 97 percent with decrease to 61 percent. Transition from MR to MMR during 2023. Estimate of 66 percent changed from previous revision value of 70 percent. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Vanuatu Multiple Indicator Cluster Survey 2023 results ignored by working group. Survey results inconsistent with other antigens. Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. Estimate informed by reported coverage consistent with other antigens. GoC=R+ D+
- 2021: Estimate informed by reported data. GoC=R+
- 2020: Estimate informed by estimated DTP3 coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. GoC=R+ D+
- 2016: Estimate informed by reported data. GoC=R+ D+
- 2015: Unexplained changes in reported MCV1 coverage, yet official data accepted for consistency with other vaccines. GoC=R+ S+ D+
- 2014: Estimate of 90 percent assigned by working group. Unexplained changes in reported MCV1 coverage, yet official data accepted for consistency with other vaccines. Reported data excluded due to an increase from 65 percent to 90 percent with decrease to 76 percent. Estimate challenged by: R-

Vanuatu - RCV1

VUT - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	76	84	80	75	80	78	50	70	66	61	74
Estimate GoC	-	●●●	●●	●●	●●	●●	●	●●	●●	●	●●	●●
Official	-	-	84	-	-	-	-	50	70	97	61	74
Administrative	-	-	81	88	77	76	-	-	70	21	61	74
Survey	-	-	-	-	-	-	-	-	51	-	-	-

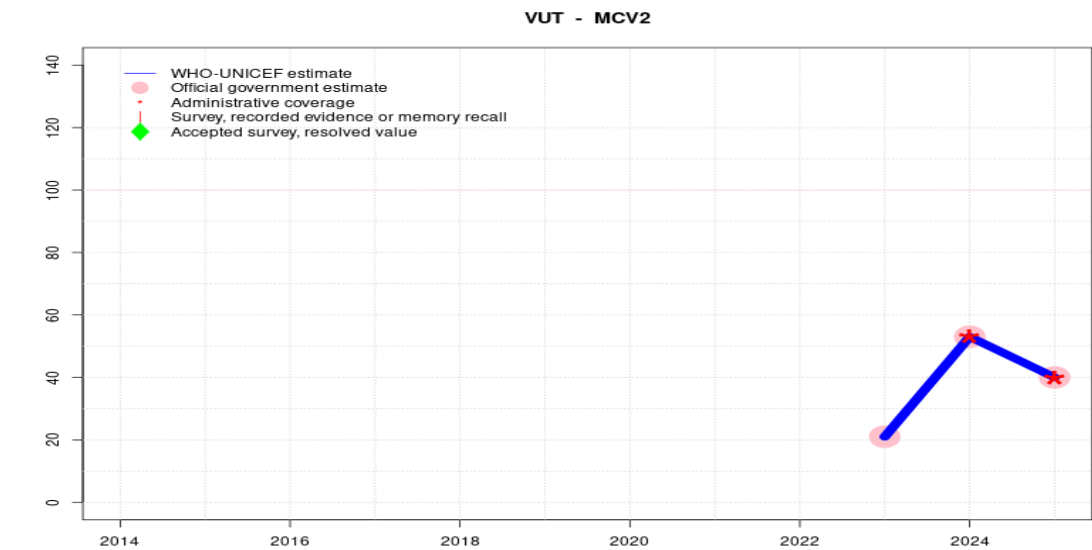
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Description:

- 2025: Estimate based on estimated MCV1. Reported data excluded due to sudden change in coverage from 61 to 74 percent. GoC=R+ D+
- 2024: Estimate based on estimated MCV1. Reported data excluded due to decline in reported coverage from 97 percent to 61 percent with increase to 74 percent. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Reported data excluded due to an increase from 70 percent to 97 percent with decrease to 61 percent. Estimate of 66 percent changed from previous revision value of 70 percent. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Vanuatu Multiple Indicator Cluster Survey 2023 results ignored by working group. Survey results inconsistent with other antigens. Reported administrative coverage reflects incomplete reporting (reports received from 59 percent of expected subnational units). Programme reported vaccine stock-out at the subnational level. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+
- 2020: Estimate informed by estimated MCV1 coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=No accepted empirical data
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ S+ D+



Description:

2025: Estimate informed by reported data. GoC=R+ D+
2024: Estimate informed by reported data. Vaccine in introduction phase. GoC=R+ D+
2023: Estimate informed by reported data. Second dose of measles containing vaccine, as MMR, recommended for administration at 18 months of age, introduced in 2023. GoC=R+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	21	53	40
Estimate GoC	-	-	-	-	-	-	-	-	-	●●	●●	●●
Official	-	-	-	-	-	-	-	-	-	21	53	40
Administrative	-	-	-	-	-	-	-	-	-	-	53	40
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.

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Vanuatu - 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.

2022 Vanuatu Multiple Indicator Cluster Survey 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	20	12-23 m	388	71
BCG	Record	64.9	12-23 m	388	71
BCG	Record or Recall	84.9	12-23 m	388	71
BCG	Record or Recall<12m	84.8	12-23 m	388	71
DTP1	Recall	18.8	12-23 m	388	71
DTP1	Record	58	12-23 m	388	71
DTP1	Record or Recall	76.8	12-23 m	388	71
DTP1	Record or Recall<12m	74.9	12-23 m	388	71
DTP3	Recall	8.7	12-23 m	388	71
DTP3	Record	49.3	12-23 m	388	71
DTP3	Record or Recall	57.9	12-23 m	388	71
DTP3	Record or Recall<12m	54.1	12-23 m	388	71
HEPB1	Recall	18.8	12-23 m	388	71
HEPB1	Record	58	12-23 m	388	71
HEPB1	Record or Recall	76.8	12-23 m	388	71
HEPB1	Record or Recall<12m	74.9	12-23 m	388	71
HEPB3	Recall	8.7	12-23 m	388	71
HEPB3	Record	49.3	12-23 m	388	71
HEPB3	Record or Recall	57.9	12-23 m	388	71

HEPB3	Record or Recall<12m	54.1	12-23 m	388	71
HEPBB	Recall	21.2	12-23 m	388	71
HEPBB	Record	53.8	12-23 m	388	71
HEPBB	Record or Recall	74.9	12-23 m	388	71
HEPBB	Record or Recall<12m	74.9	12-23 m	388	71
HIB1	Recall	18.8	12-23 m	388	71
HIB1	Record	58	12-23 m	388	71
HIB1	Record or Recall	76.8	12-23 m	388	71
HIB1	Record or Recall<12m	74.9	12-23 m	388	71
HIB3	Recall	8.7	12-23 m	388	71
HIB3	Record	49.3	12-23 m	388	71
HIB3	Record or Recall	57.9	12-23 m	388	71
HIB3	Record or Recall<12m	54.1	12-23 m	388	71
IPV1	Recall	17.7	12-23 m	388	71
IPV1	Record	49.1	12-23 m	388	71
IPV1	Record or Recall	66.8	12-23 m	388	71
IPV1	Record or Recall<12m	65	12-23 m	388	71
MCV1	Recall	23.7	24-35 m	392	60
MCV1	Record	26.9	24-35 m	392	60
MCV1	Record or Recall	50.6	24-35 m	392	60
MCV1	Record or Recall<12m	25.2	24-35 m	392	60
PCV1	Recall	16	12-23 m	388	71
PCV1	Record	44.7	12-23 m	388	71
PCV1	Record or Recall	60.7	12-23 m	388	71
PCV1	Record or Recall<12m	59.9	12-23 m	388	71
PCVC	Recall	6.9	12-23 m	388	71
PCVC	Record	34.4	12-23 m	388	71
PCVC	Record or Recall	41.3	12-23 m	388	71
PCVC	Record or Recall<12m	38.2	12-23 m	388	71
RCV1	Recall	23.7	24-35 m	392	60
RCV1	Record	26.9	24-35 m	392	60
RCV1	Record or Recall	50.6	24-35 m	392	60
RCV1	Record or Recall<12m	25.2	24-35 m	392	60
ROTAC	Recall	11.3	12-23 m	388	71
ROTAC	Record	34.7	12-23 m	388	71
ROTAC	Record or Recall	46	12-23 m	388	71
ROTAC	Record or Recall<12m	43.4	12-23 m	388	71

2021 Vanuatu Multiple Indicator Cluster Survey 2023

Vanuatu - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.2	24-35 m	392	60
BCG	Record	55.2	24-35 m	392	60
BCG	Record or Recall	83.4	24-35 m	392	60
BCG	Record or Recall<12m	81.8	24-35 m	392	60
DTP1	Recall	28.9	24-35 m	392	60
DTP1	Record	49.2	24-35 m	392	60
DTP1	Record or Recall	78.1	24-35 m	392	60
DTP1	Record or Recall<12m	74.2	24-35 m	392	60
DTP3	Recall	16.6	24-35 m	392	60
DTP3	Record	40.8	24-35 m	392	60
DTP3	Record or Recall	57.3	24-35 m	392	60
DTP3	Record or Recall<12m	52.7	24-35 m	392	60
HEPB1	Recall	28.9	24-35 m	392	60
HEPB1	Record	49.2	24-35 m	392	60
HEPB1	Record or Recall	78.1	24-35 m	392	60
HEPB1	Record or Recall<12m	74.2	24-35 m	392	60
HEPB3	Recall	16.6	24-35 m	392	60
HEPB3	Record	40.8	24-35 m	392	60
HEPB3	Record or Recall	57.3	24-35 m	392	60
HEPB3	Record or Recall<12m	52.7	24-35 m	392	60
HEPBB	Recall	27.6	24-35 m	392	60
HEPBB	Record	48.1	24-35 m	392	60
HEPBB	Record or Recall	75.7	24-35 m	392	60
HEPBB	Record or Recall<12m	75.7	24-35 m	392	60
HIB1	Recall	28.9	24-35 m	392	60
HIB1	Record	49.2	24-35 m	392	60
HIB1	Record or Recall	78.1	24-35 m	392	60
HIB1	Record or Recall<12m	74.2	24-35 m	392	60
HIB3	Recall	16.6	24-35 m	392	60
HIB3	Record	40.8	24-35 m	392	60
HIB3	Record or Recall	57.3	24-35 m	392	60
HIB3	Record or Recall<12m	52.7	24-35 m	392	60
IPV1	Recall	27	24-35 m	392	60
IPV1	Record	42.6	24-35 m	392	60
IPV1	Record or Recall	69.6	24-35 m	392	60
IPV1	Record or Recall<12m	63.2	24-35 m	392	60
PCV1	Recall	24.9	24-35 m	392	60
PCV1	Record	27.2	24-35 m	392	60

PCV1	Record or Recall	52.1	24-35 m	392	60
PCV1	Record or Recall<12m	42.7	24-35 m	392	60
PCVC	Recall	12.7	24-35 m	392	60
PCVC	Record	19.6	24-35 m	392	60
PCVC	Record or Recall	32.4	24-35 m	392	60
PCVC	Record or Recall<12m	24.5	24-35 m	392	60
ROTAC	Recall	16.2	24-35 m	392	60
ROTAC	Record	14.8	24-35 m	392	60
ROTAC	Record or Recall	31.1	24-35 m	392	60
ROTAC	Record or Recall<12m	21.8	24-35 m	392	60

2014 Vanuatu Vaccination Coverage Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	57.1	12-23 m	1185	-
BCG	Record or Recall	94.6	12-23 m	1185	-
DTP1	Record	57.7	12-23 m	1185	-
DTP1	Record or Recall	94	12-23 m	1185	-
DTP3	Record	52.4	12-23 m	1185	-
DTP3	Record or Recall	81.1	12-23 m	1185	-
HEPB1	Record	57.7	12-23 m	1185	-
HEPB1	Record or Recall	94	12-23 m	1185	-
HEPB3	Record	52.4	12-23 m	1185	-
HEPB3	Record or Recall	81.1	12-23 m	1185	-
HIB1	Record	57.7	12-23 m	1185	-
HIB1	Record or Recall	94	12-23 m	1185	-
HIB3	Record	52.4	12-23 m	1185	-
HIB3	Record or Recall	81.1	12-23 m	1185	-

2013 Vanuatu Vaccination Coverage Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record	41.3	24-35 m	1028	-
MCV1	Record or Recall	84	24-35 m	1028	-
RCV1	Record	41.3	24-35 m	1028	-
RCV1	Record or Recall	84	24-35 m	1028	-

2012 Vanuatu Demographic and Health Survey 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	21.5	12-23 m	129	57
BCG	Record	51.4	12-23 m	174	57
BCG	Record or Recall	72.9	12-23 m	303	57
BCG	Record or Recall<12m	72.5	12-23 m	303	57
DTP1	Recall	20	12-23 m	129	57
DTP1	Record	56.2	12-23 m	174	57
DTP1	Record or Recall	76.2	12-23 m	303	57
DTP1	Record or Recall<12m	75.4	12-23 m	303	57
DTP3	Recall	8	12-23 m	129	57
DTP3	Record	47.1	12-23 m	174	57
DTP3	Record or Recall	55.1	12-23 m	303	57
DTP3	Record or Recall<12m	48.8	12-23 m	303	57
HEPB1	Recall	20	12-23 m	129	57
HEPB1	Record	56.2	12-23 m	174	57
HEPB1	Record or Recall	76.2	12-23 m	303	57
HEPB1	Record or Recall<12m	75.4	12-23 m	303	57
HEPB3	Recall	8	12-23 m	129	57
HEPB3	Record	47.1	12-23 m	174	57
HEPB3	Record or Recall	55.1	12-23 m	303	57
HEPB3	Record or Recall<12m	48.8	12-23 m	303	57
HIB1	Recall	20	12-23 m	129	57
HIB1	Record	56.2	12-23 m	174	57
HIB1	Record or Recall	76.2	12-23 m	303	57
HIB1	Record or Recall<12m	75.4	12-23 m	303	57
HIB3	Recall	8	12-23 m	129	57
HIB3	Record	47.1	12-23 m	174	57
HIB3	Record or Recall	55.1	12-23 m	303	57
HIB3	Record or Recall<12m	48.8	12-23 m	303	57
MCV1	Recall	18	12-23 m	129	57
MCV1	Record	34.6	12-23 m	174	57

MCV1	Record or Recall	52.6	12-23 m	303	57
MCV1	Record or Recall<12m	12.1	12-23 m	303	57

2006 Vanuatu Multiple Indicator Cluster Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	12.6	12-23 m	359	69
BCG	Record	68	12-23 m	359	69
BCG	Record or Recall	80.6	12-23 m	359	69
BCG	Record or Recall<12m	79.1	12-23 m	359	69
DTP1	Recall	11.4	12-23 m	359	69
DTP1	Record	67.1	12-23 m	359	69
DTP1	Record or Recall	78.5	12-23 m	359	69
DTP1	Record or Recall<12m	74.3	12-23 m	359	69
DTP3	Recall	5.3	12-23 m	359	69
DTP3	Record	58.1	12-23 m	359	69
DTP3	Record or Recall	63.4	12-23 m	359	69
DTP3	Record or Recall<12m	58.3	12-23 m	359	69
HEPB1	Recall	0	12-23 m	359	69
HEPB1	Record	65.8	12-23 m	359	69
HEPB1	Record or Recall	65.8	12-23 m	359	69
HEPB1	Record or Recall<12m	65.3	12-23 m	359	69
HEPB3	Recall	0	12-23 m	359	69
HEPB3	Record	59.2	12-23 m	359	69
HEPB3	Record or Recall	59.2	12-23 m	359	69
HEPB3	Record or Recall<12m	55.3	12-23 m	359	69
MCV1	Recall	8.9	12-23 m	359	69
MCV1	Record	43.6	12-23 m	359	69
MCV1	Record or Recall	52.5	12-23 m	359	69
MCV1	Record or Recall<12m	37.2	12-23 m	359	69

Further information and estimates for previous years are available at:

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

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