Maldives: WHO and UNICEF estimates of immunization coverage: 2022 revision

BCG

DTP1

DTP3

Pol3

MCV1

HepB3

Hib3

RotaC

No estimate for infant immunization made.

PcV3

No estimate for infant immunization made.
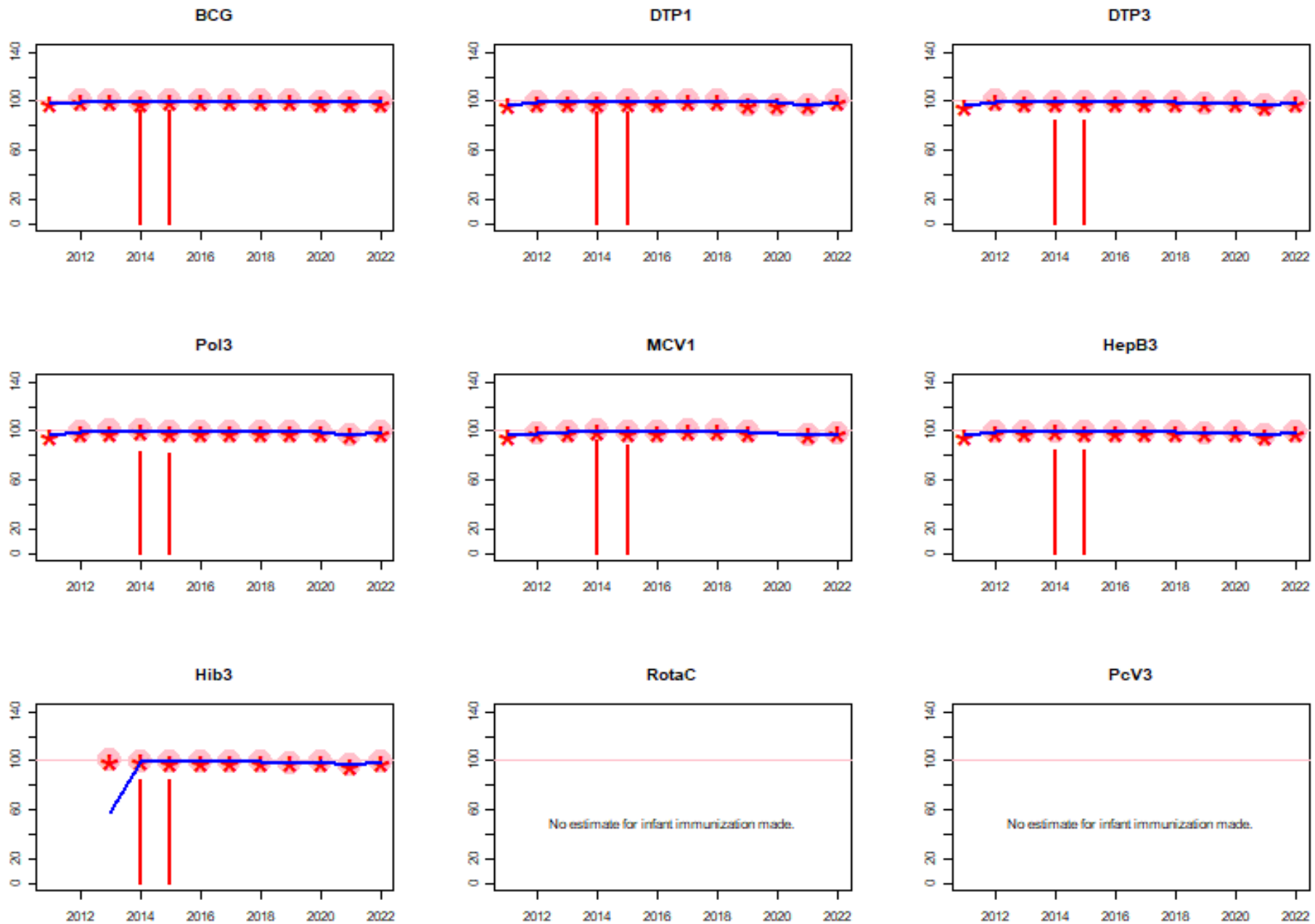
BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from the published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

 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. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.
*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.
*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

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 12-23 months 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 the period of data collection.

ABBREVIATIONS

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.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

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. Co verage 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 nor are the data represented in the accompanying graph and data table.

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.
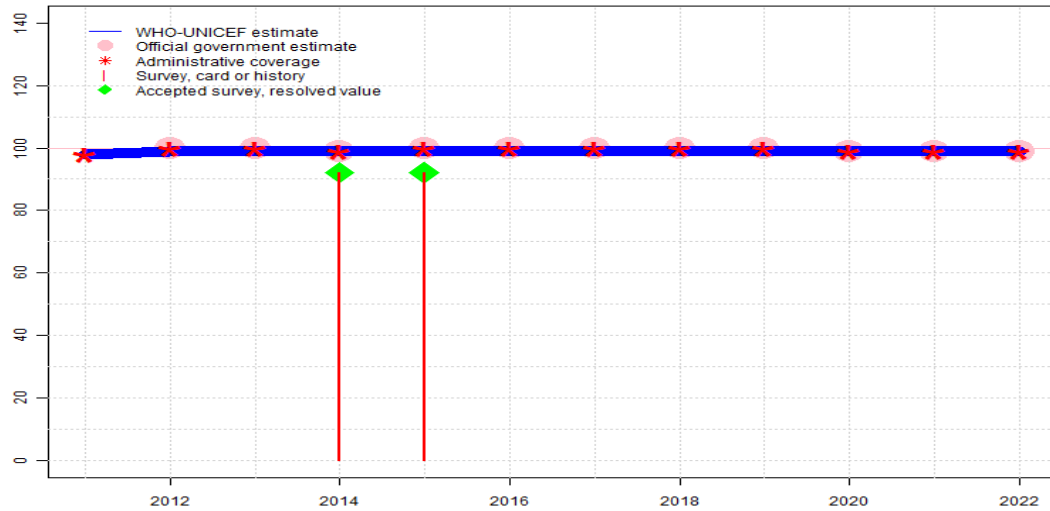
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

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.

Maldives - BCG

MDV - BCG

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Programme reported a one month vaccine stockout at national level. Estimate challenged by: D-

2019: Estimate informed by reported data. Estimate challenged by: D-

2018: Estimate informed by reported data. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data. GoC=R+ S+ D+

2011: Estimate informed by reported administrative data. GoC=R+ D+

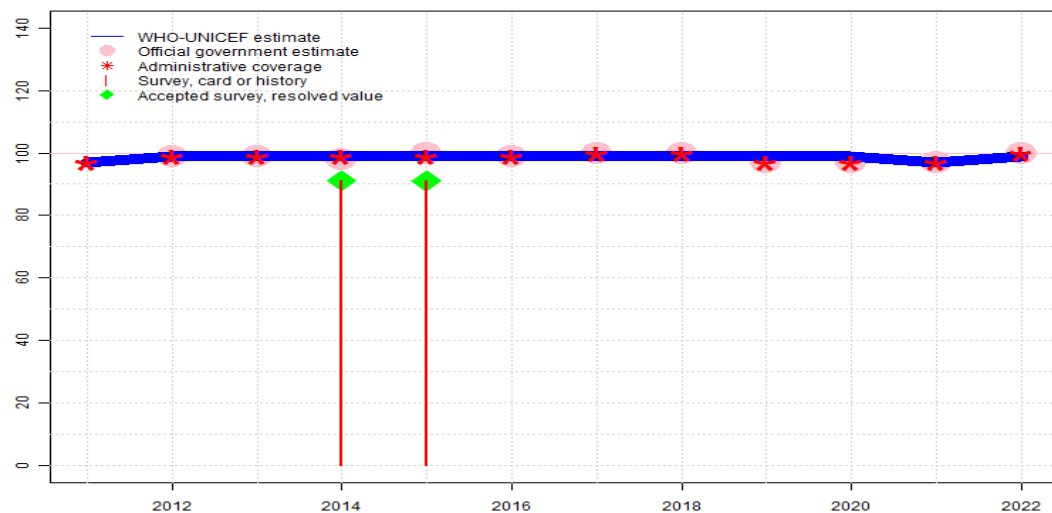|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	98	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●
Official	NA	100	100	99	100	100	100	100	100	99	99	99
Administrative	98	100	100	99	100	100	100	100	100	99	99	99
Survey	NA	NA	NA	92	92	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

Maldives - DTP1

MDV - DTP1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: DTP1 coverage estimated based on DTP3 coverage of 99. Estimate challenged by: D-R-

2019: DTP1 coverage estimated based on DTP3 coverage of 98. Estimate challenged by: D-R-

2018: Estimate informed by reported data. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). GoC=R+ S+ D+

2014: DTP1 coverage estimated based on DTP3 coverage of 99. Estimate challenged by: R-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: DTP1 coverage estimated based on DTP3 coverage of 100. Estimate challenged by: R-

2011: Estimate informed by reported administrative data. GoC=R+ D+

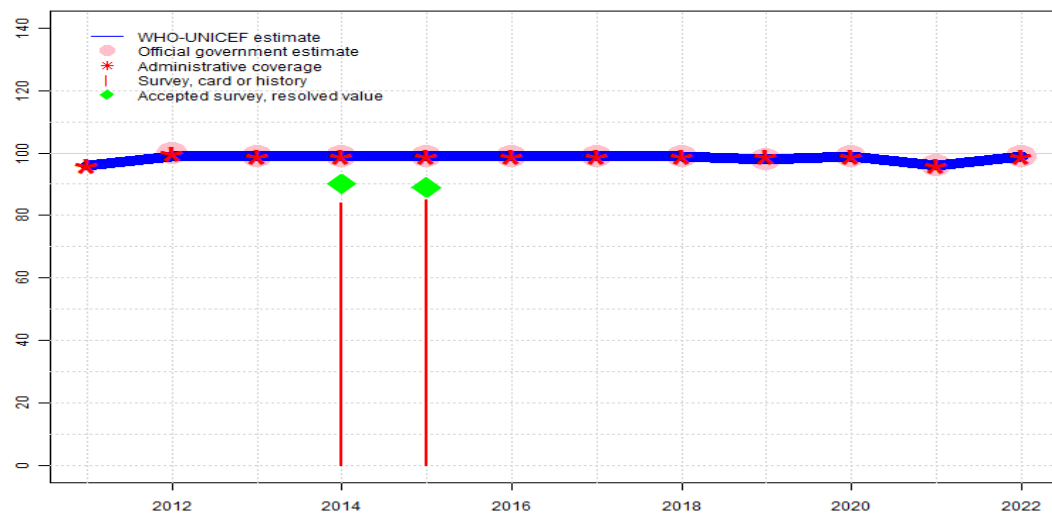|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	97	99	99	99	99	99	99	99	99	99	97	99
Estimate GoC	••	•	•	•	•••	•	•	•	•	•	•	•
Official	NA	99	99	98	100	99	100	100	97	97	97	100
Administrative	97	99	99	99	99	99	100	100	97	97	97	100
Survey	NA	NA	NA	91	91	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

Maldives - DTP3

MDV - DTP3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	99	99	99	99	99	99	99	98	99	96	99
Estimate GoC	●●	●	●	●●●	●●●	●	●	●	●	●	●	●
Official	NA	100	99	99	99	99	99	99	98	99	96	99
Administrative	96	100	99	99	99	99	99	99	99	99	96	99
Survey	NA	NA	NA	84	85	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

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[S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.
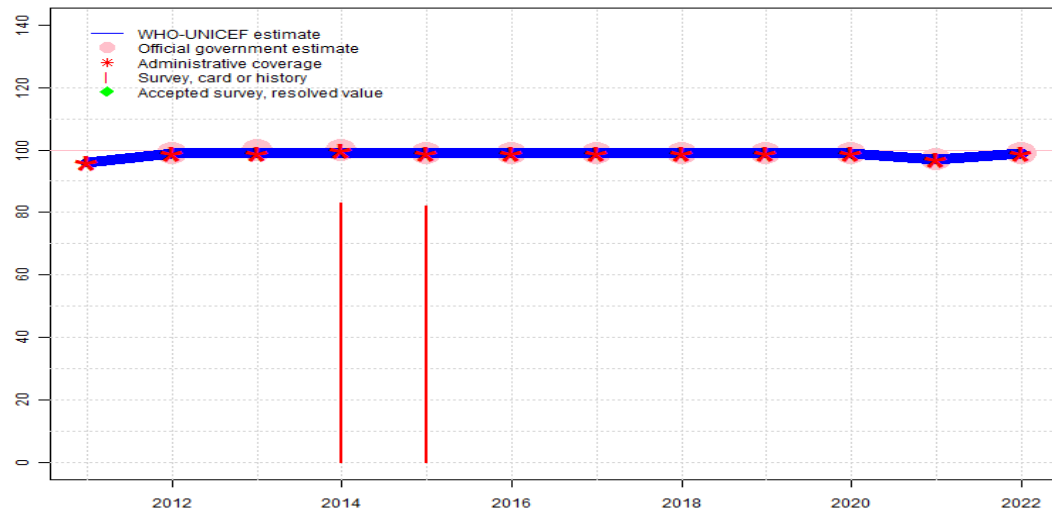
In all cases these estimates should be used with caution and should be assessed in light
of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. No nationally representative household survey within
the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. Estimate challenged by: D-

2018: Estimate informed by reported data. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent
based on 1 survey(s). Maldives Demographic and Health Survey 2016-2017 card or history results of 85 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage of 78 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent
based on 1 survey(s). Maldives Demographic and Health Survey 2016-2017 card or history results of 84 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 75 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Estimate challenged by: D-

2011: Estimate informed by reported administrative data. GoC=R+ D+

Maldives - Pol3

MDV - Pol3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	99	99	99	99	99	99	99	99	99	97	99
Estimate GoC	●●	●	●	●●	●●	●	●	●	●	●	●	●
Official	NA	99	100	100	99	99	99	99	99	99	97	99
Administrative	96	99	99	100	99	99	99	99	99	99	97	99
Survey	NA	NA	NA	83	82	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

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[S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.
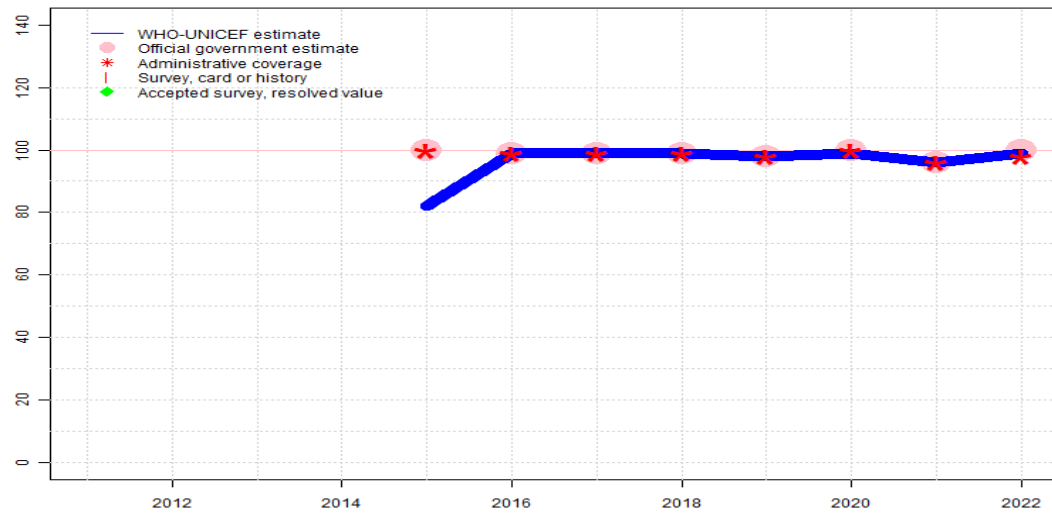
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of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. Estimate challenged by: D-

2018: Estimate informed by reported data. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data. Maldives Demographic and Health Survey 2016-2017 results ignored by working group. Survey results for polio are inconsistent with those for DTP3.Maldives Demographic and Health Survey 2016-2017 card or history results of 82 percent modifed for recall bias to 86 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage of 76 percent. GoC=R+ D+

2014: Estimate informed by reported data. Maldives Demographic and Health Survey 2016-2017 results ignored by working group. Survey results for polio are inconsistent with those for DTP3.Maldives Demographic and Health Survey 2016-2017 card or history results of 83 percent modifed for recall bias to 88 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 74 percent. GoC=R+ D+

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Estimate challenged by: D-

2011: Estimate informed by reported administrative data. GoC=R+ D+

MDV - IPV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

Description:

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. GoC=R+

2018: Estimate informed by reported data. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Inactivated polio vaccine during March 2015.Programme reports 99 percent coverage in 82 percent of national birth cohort. Estimate challenged by: R-

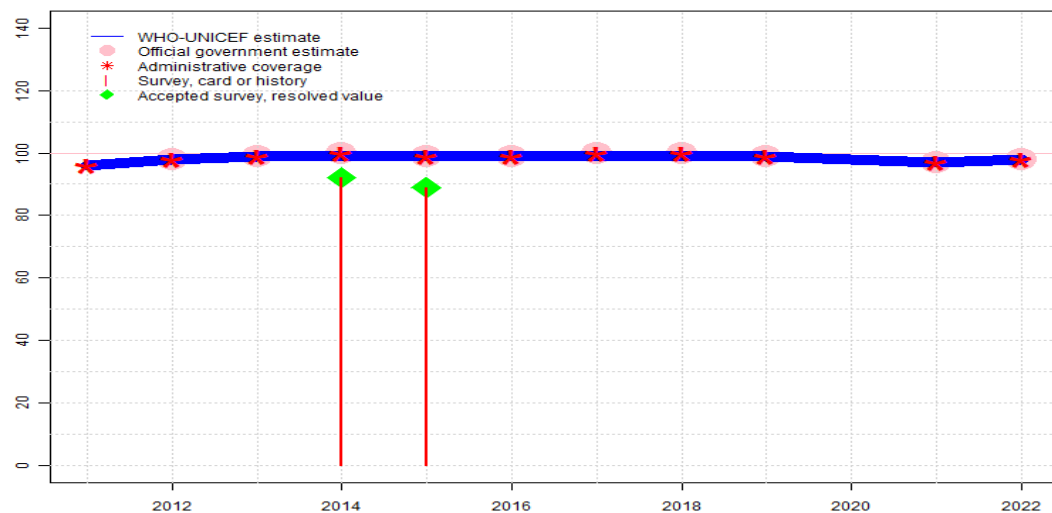|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	82	99	99	99	98	99	96	99
Estimate GoC	NA	NA	NA	NA	●	●	●	●	●●	●	●	●
Official	NA	NA	NA	NA	100	99	99	99	98	100	96	100
Administrative	NA	NA	NA	NA	100	99	99	99	98	100	96	98
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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Maldives - MCV1

MDV - MCV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

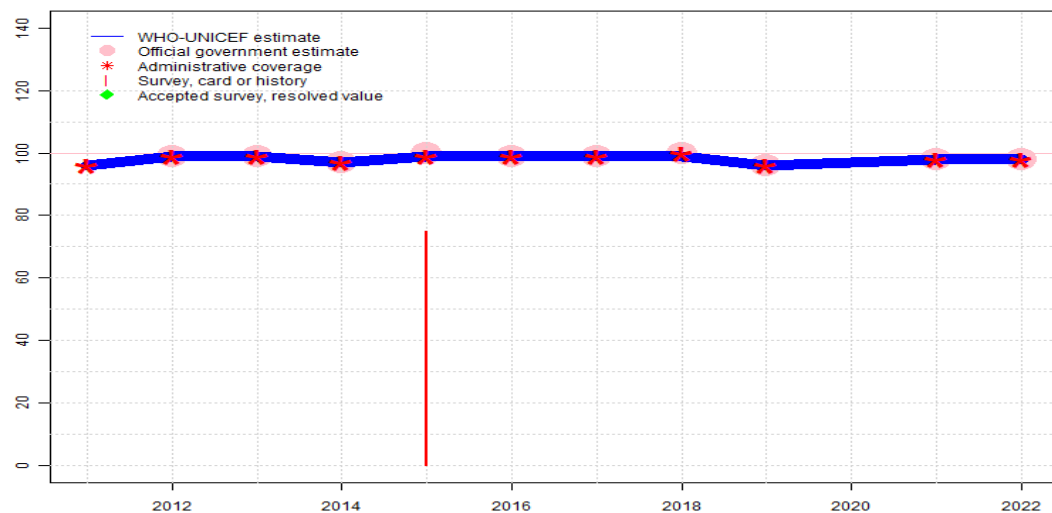|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	98	99	99	99	99	99	99	99	98	97	98
Estimate GoC	●●	●●●	●●●	●	●●●	●	●	●	●	●	●	●
Official	NA	98	99	100	99	99	100	100	99	155	97	98
Administrative	96	98	99	100	99	99	100	100	99	155	97	98
Survey	NA	NA	NA	92	89	NA	NA	NA	NA	NA	NA	NA

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

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● 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:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 97 percent changed from previous revision value of 99 percent. Estimate challenged by: D-

2020: Estimate informed by interpolation between reported data. Reported data excluded because 155 percent greater than 100 percent. Reported data excluded due to an increase from 99 percent to 155 percent with decrease 97 percent. Reported doses likely include MR vaccination to children over the target age group as part of outbreak response activities. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: D-

2019: Estimate informed by reported data. Estimate challenged by: D-

2018: Estimate informed by reported data. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-S-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Estimate challenged by: S-

2013: Estimate informed by reported data. GoC=R+ S+ D+

2012: Estimate informed by reported data. GoC=R+ S+ D+

2011: Estimate informed by reported administrative data. GoC=R+ D+

MDV - MCV2

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

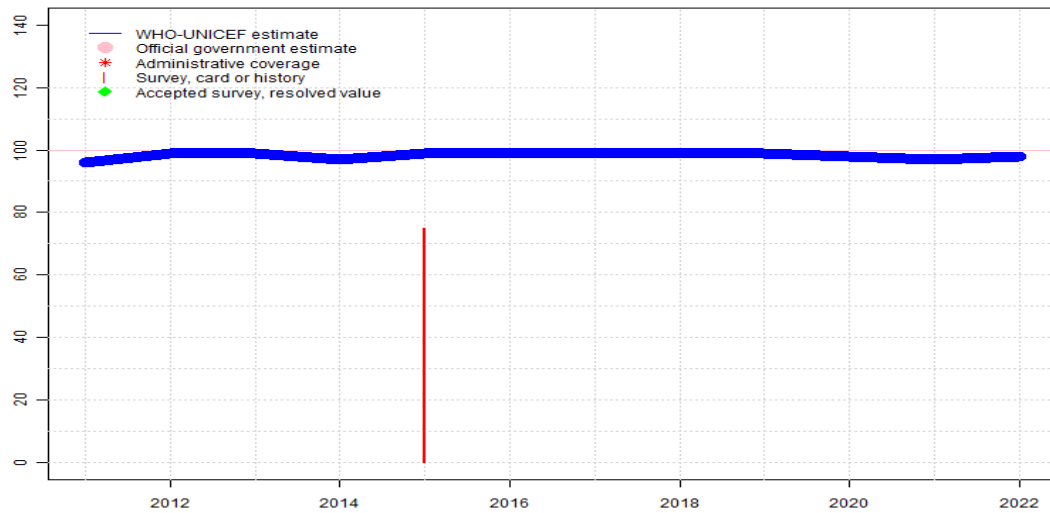|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	99	99	97	99	99	99	99	96	97	98	98
Estimate GoC	••	•	••	••	••	•	••	•	••	•	•	•
Official	NA	99	99	97	100	99	99	100	96	156	98	98
Administrative	96	99	99	97	99	99	99	100	96	156	98	98
Survey	NA	NA	NA	NA	75	NA	NA	NA	NA	NA	NA	NA

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
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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:

Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate of 98 percent changed from previous revision value of 96 percent. Estimate challenged by: D-

2020: Estimate informed by interpolation between reported data. Reported data excluded because 156 percent greater than 100 percent. Reported data excluded due to an increase from 96 percent to 156 percent with decrease 98 percent. Reported doses likely include MR vaccination to children over the target age group as part of outbreak response activities. Estimate of 97 percent changed from previous revision value of 96 percent. Estimate challenged by: D-

2019: Estimate informed by reported data. GoC=R+ D+

2018: Estimate informed by reported data. Estimate challenged by: D-

2017: Estimate informed by reported data. GoC=R+ D+

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data. Maldives Demographic and Health Survey 2016-2017 results ignored by working group. Survey results are not consistent with other evidence suggesting that number of administered MCV2 doses are similar to that for MCV1. GoC=R+ D+

2014: Estimate informed by reported data. GoC=R+ D+

2013: Estimate informed by reported data. GoC=R+ D+

2012: Estimate informed by reported data. Estimate challenged by: D-

2011: Estimate informed by reported administrative data. GoC=R+ D+

MDV - RCV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	99	99	97	99	99	99	99	99	98	97	98
Estimate GoC	●●	●	●●	●●	●●	●	●	●	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	75	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.
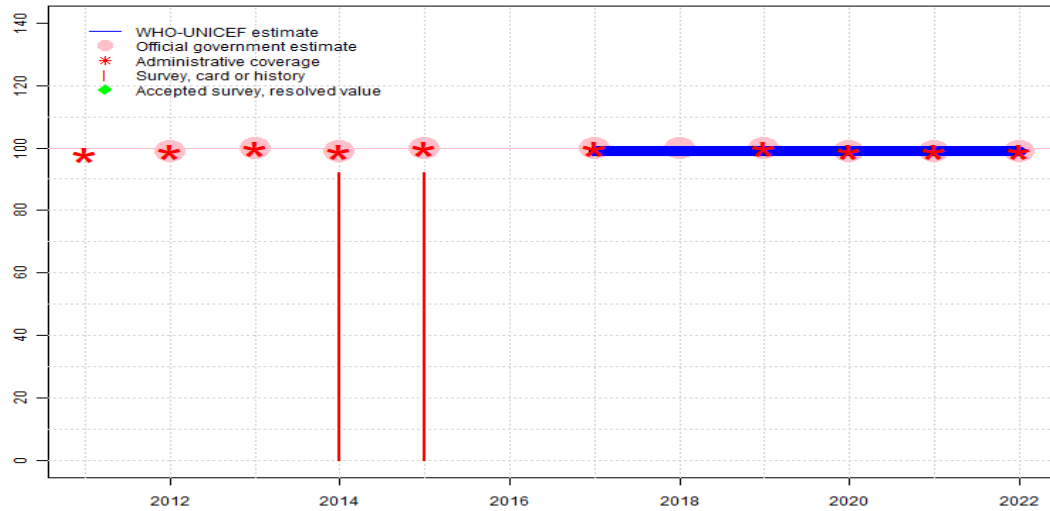
Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

2022: Estimate based on estimated MCV1. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Estimate of 97 percent changed from previous revision value of 99 percent. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. Estimate of 98 percent changed from previous revision value of 99 percent. Estimate challenged by: D-

2019: Estimate based on estimated MCV1. Estimate challenged by: D-

2018: Estimate based on estimated MCV1. Estimate challenged by: D-

2017: Estimate based on estimated MCV1. First dose of rubella containing vaccine administered with first dose of measles containing vaccine since April 2017. Estimate challenged by: D-S-

2016: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-

2015: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Maldives Demographic and Health Survey 2016-2017 results ignored by working group. Rubella containing vaccine is delivered with MCV2. Survey results not consistent with other evidence suggesting that number of administered MCV2 doses are similar to levels for MCV1. GoC=R+ D+

2014: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate GoC=R+ D+

2013: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate GoC=R+ D+

2012: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate Estimate challenged by: D-

2011: First dose of rubella vaccine given with second dose of measles containing vaccine. Estimate based on MCV2 estimate GoC=R+ D+

Maldives - HepBB

MDV - HepBB

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. Estimate challenged by: D-

2018: Estimate informed by reported data. GoC=R+

2017: Estimate informed by reported data. Prior to 2017 delivery in 24 hours was not confirmed. Estimate challenged by: D-

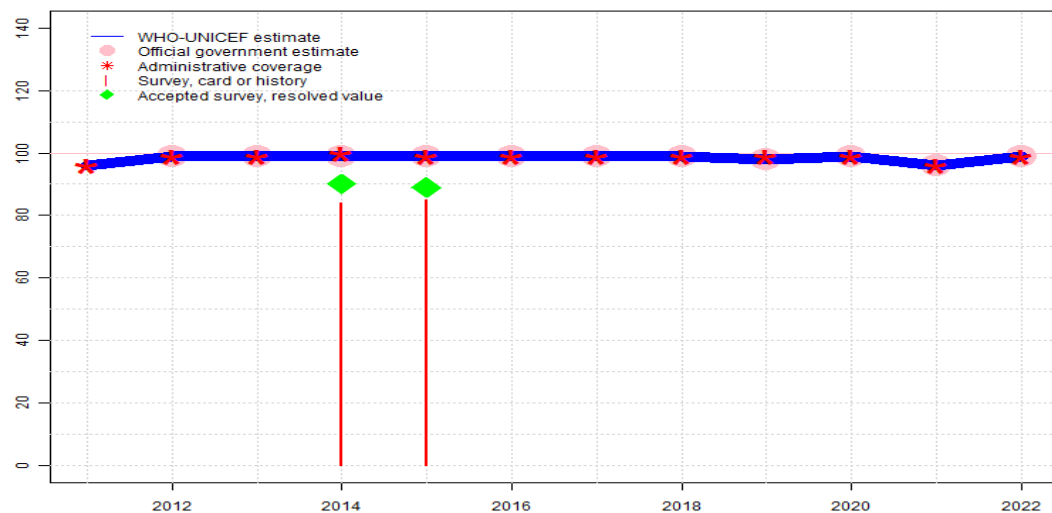|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	99	99	99	99	99	99
Estimate GoC	NA	NA	NA	NA	NA	NA	●	●●	●	●	●	●
Official	NA	99	100	99	100	NA	100	100	100	99	99	99
Administrative	98	99	100	99	100	NA	100	NA	100	99	99	99
Survey	NA	NA	NA	92	92	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

Maldives - HepB3

MDV - HepB3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	99	99	99	99	99	99	99	98	99	96	99
Estimate GoC	●●	●	●	●●●	●●●	●	●	●	●	●	●	●
Official	NA	99	99	99	99	99	99	99	98	99	96	99
Administrative	96	99	99	100	99	99	99	99	99	99	96	99
Survey	NA	NA	NA	84	85	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.
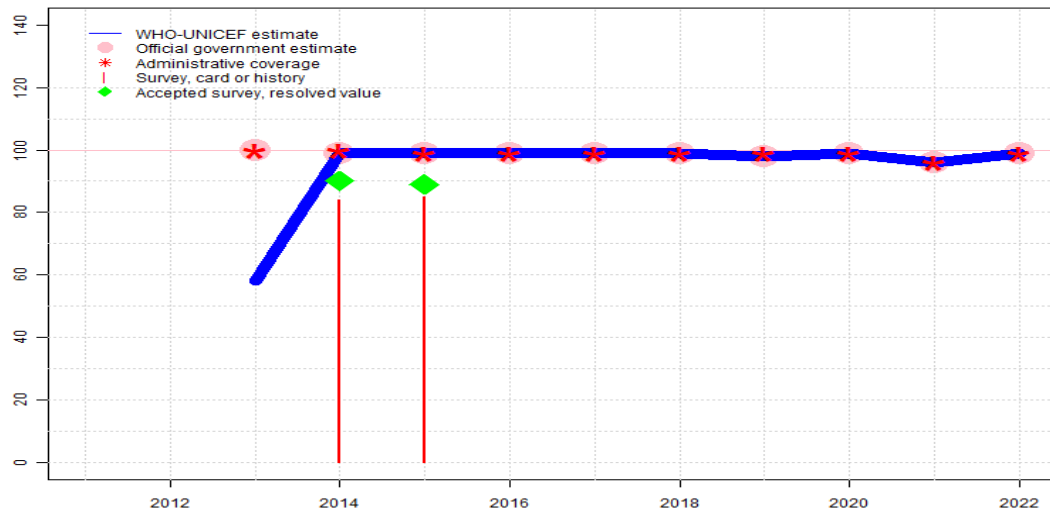
In all cases these estimates should be used with caution and should be assessed in light
of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. No nationally representative household survey within
the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. Estimate challenged by: D-

2018: Estimate informed by reported data. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent
based on 1 survey(s). Maldives Demographic and Health Survey 2016-2017 card or history results of 85 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage of 78 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent
based on 1 survey(s). Maldives Demographic and Health Survey 2016-2017 card or history results of 84 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 75 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Estimate challenged by: D-

2011: Estimate informed by reported administrative data. GoC=R+ D+

Maldives - Hib3

MDV - Hib3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	58	99	99	99	99	99	98	99	96	99
Estimate GoC	NA	NA	●	●●●	●●●	●	●	●	●	●	●	●
Official	NA	NA	100	99	99	99	99	99	98	99	96	99
Administrative	NA	NA	100	100	99	99	99	99	99	99	96	99
Survey	NA	NA	NA	84	85	NA	NA	NA	NA	NA	NA	NA

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
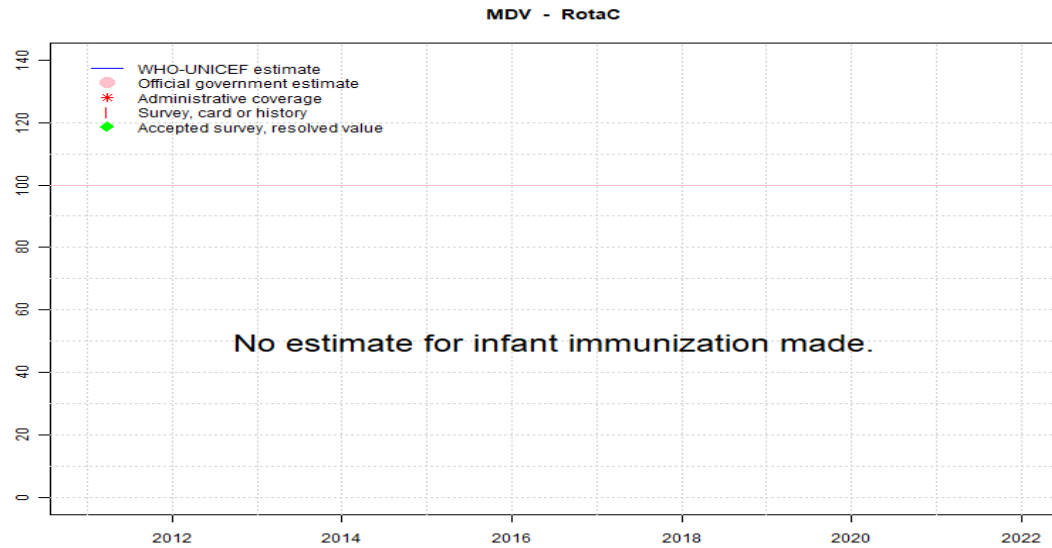not a judgment of the quality of data reported by national authorities.

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator
from the World Population Prospects: 2022 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:

2022: Estimate informed by reported data. No nationally representative household survey within
the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported data. Estimate challenged by: D-

2018: Estimate informed by reported data. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data. Estimate challenged by: D-

2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent
based on 1 survey(s). Maldives Demographic and Health Survey 2016-2017 card or history results of 85 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage of 78 percent. GoC=R+ S+ D+

2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent
based on 1 survey(s). Maldives Demographic and Health Survey 2016-2017 card or history results of 84 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 75 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+

2013: Pentavalent DTP-HepB-Hib vaccine introduced in May 2013. Annualized coverage is equal
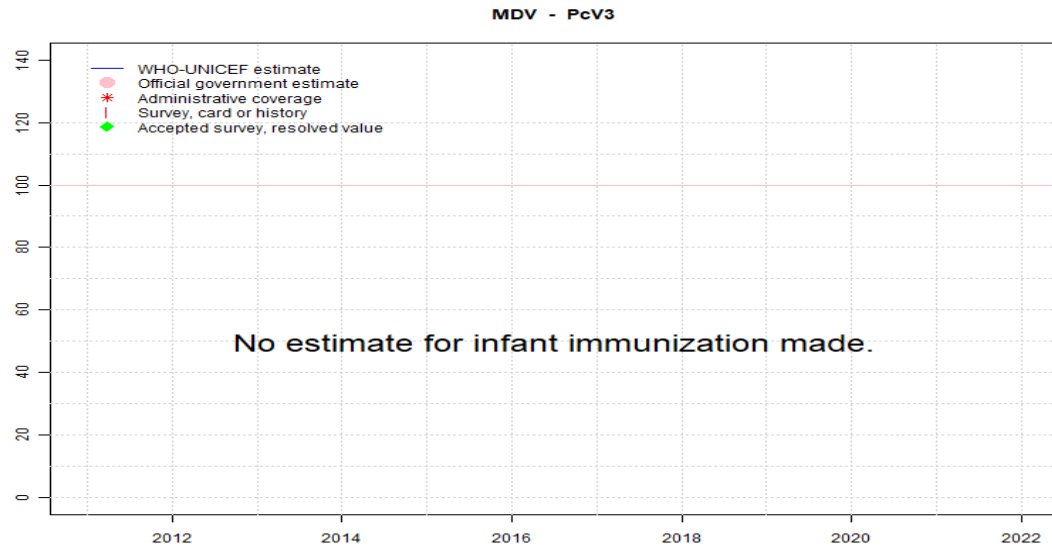to 58 percent. Estimate challenged by: R-S-

Maldives - RotaC

MDV - RotaC

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

Maldives - PcV3

MDV - PcV3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

No estimate for infant immunization made.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 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 to 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 1 or 2 years prior to the survey field work.

2015 Maldives Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	91.6	12-23 m	518	81
BCG	Card	80.5	12-23 m	418	81
BCG	Card or History	91.8	12-23 m	518	81
BCG	History	11.2	12-23 m	100	81
DTP1	C or H <12 months	90.8	12-23 m	518	81
DTP1	Card	79.9	12-23 m	418	81
DTP1	Card or History	90.8	12-23 m	518	81
DTP1	History	10.8	12-23 m	100	81
DTP3	C or H <12 months	85	12-23 m	518	81
DTP3	Card	78.4	12-23 m	418	81
DTP3	Card or History	85	12-23 m	518	81
DTP3	History	6.6	12-23 m	100	81
HepB1	C or H <12 months	90.8	12-23 m	518	81
HepB1	Card	79.9	12-23 m	418	81
HepB1	Card or History	90.8	12-23 m	518	81
HepB1	History	10.8	12-23 m	100	81
HepB3	C or H <12 months	85	12-23 m	518	81
HepB3	Card	78.4	12-23 m	418	81
HepB3	Card or History	85	12-23 m	518	81
HepB3	History	6.6	12-23 m	100	81
HepBB	C or H <12 months	91.3	12-23 m	518	81
HepBB	Card	80.2	12-23 m	418	81
HepBB	Card or History	91.5	12-23 m	518	81
HepBB	History	11.2	12-23 m	100	81
Hib1	C or H <12 months	90.8	12-23 m	518	81
Hib1	Card	79.9	12-23 m	418	81
Hib1	Card or History	90.8	12-23 m	518	81
Hib1	History	10.8	12-23 m	100	81
Hib3	C or H <12 months	85	12-23 m	518	81
Hib3	Card	78.4	12-23 m	418	81
Hib3	Card or History	85	12-23 m	518	81
Hib3	History	6.6	12-23 m	100	81
MCV1	C or H <12 months	88.8	12-23 m	518	81
MCV1	Card	79.3	12-23 m	418	81
MCV1	Card or History	89.1	12-23 m	518	81
MCV1	History	9.8	12-23 m	100	81
MCV2	C or H <24 months	74.4	24-35 m	512	81
MCV2	Card	71.5	24-35 m	393	81
MCV2	Card or History	75.3	24-35 m	512	81
MCV2	History	3.9	24-35 m	118	81
Pol1	C or H <12 months	91.1	12-23 m	518	81
Pol1	Card	80.3	12-23 m	418	81
Pol1	Card or History	91.4	12-23 m	518	81
Pol1	History	11.1	12-23 m	100	81
Pol3	C or H <12 months	81.6	12-23 m	518	81
Pol3	Card	75.5	12-23 m	418	81
Pol3	Card or History	81.8	12-23 m	518	81
Pol3	History	6.3	12-23 m	100	81

2014 Maldives Demographic and Health Survey 2016-2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.1	24-35 m	512	81
BCG	Card	76.3	24-35 m	393	81
BCG	Card or History	92.3	24-35 m	512	81
BCG	History	16	24-35 m	118	81
DTP1	C or H <12 months	90.2	24-35 m	512	81
DTP1	Card	75.4	24-35 m	393	81
DTP1	Card or History	90.8	24-35 m	512	81
DTP1	History	15.3	24-35 m	118	81
DTP3	C or H <12 months	83.3	24-35 m	512	81
DTP3	Card	74.5	24-35 m	393	81
DTP3	Card or History	84.3	24-35 m	512	81

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	History	9.8	24-35 m	118	81
HepB1	C or H <12 months	90.2	24-35 m	512	81
HepB1	Card	75.4	24-35 m	393	81
HepB1	Card or History	90.8	24-35 m	512	81
HepB1	History	15.3	24-35 m	118	81
HepB3	C or H <12 months	83.3	24-35 m	512	81
HepB3	Card	74.5	24-35 m	393	81
HepB3	Card or History	84.3	24-35 m	512	81
HepB3	History	9.8	24-35 m	118	81
HepBB	C or H <12 months	91.5	24-35 m	512	81
HepBB	Card	75.9	24-35 m	393	81
HepBB	Card or History	91.8	24-35 m	512	81
HepBB	History	15.9	24-35 m	118	81
Hib1	C or H <12 months	90.2	24-35 m	512	81
Hib1	Card	75.4	24-35 m	393	81
Hib1	Card or History	90.8	24-35 m	512	81
Hib1	History	15.3	24-35 m	118	81
Hib3	C or H <12 months	83.3	24-35 m	512	81
Hib3	Card	74.5	24-35 m	393	81
Hib3	Card or History	84.3	24-35 m	512	81
Hib3	History	9.8	24-35 m	118	81
MCV1	C or H <12 months	88.3	24-35 m	512	81
MCV1	Card	76.9	24-35 m	393	81
MCV1	Card or History	91.7	24-35 m	512	81
MCV1	History	14.8	24-35 m	118	81
Pol1	C or H <12 months	92	24-35 m	512	81
Pol1	Card	76.8	24-35 m	393	81
Pol1	Card or History	92.5	24-35 m	512	81
Pol1	History	15.7	24-35 m	118	81
Pol3	C or H <12 months	82	24-35 m	512	81
Pol3	Card	74.3	24-35 m	393	81
Pol3	Card or History	83.2	24-35 m	512	81
Pol3	History	8.8	24-35 m	118	81

2008 Maldives Demographic and Health Survey 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	99.2	12-23 m	822	89
BCG	Card	89	12-23 m	822	89
BCG	Card or History	99.4	12-23 m	822	89
BCG	History	10.3	12-23 m	822	89
DTP1	C or H <12 months	98.7	12-23 m	822	89
DTP1	Card	89	12-23 m	822	89
DTP1	Card or History	98.8	12-23 m	822	89
DTP1	History	9.8	12-23 m	822	89
DTP3	C or H <12 months	96.2	12-23 m	822	89
DTP3	Card	88.6	12-23 m	822	89
DTP3	Card or History	97.9	12-23 m	822	89
DTP3	History	9.2	12-23 m	822	89
HepB1	C or H <12 months	98.7	12-23 m	822	89
HepB1	Card	89	12-23 m	822	89
HepB1	Card or History	99	12-23 m	822	89
HepB1	History	10	12-23 m	822	89
HepB3	C or H <12 months	91.9	12-23 m	822	89
HepB3	Card	88.1	12-23 m	822	89
HepB3	Card or History	96.9	12-23 m	822	89
HepB3	History	8.9	12-23 m	822	89
MCV1	C or H <12 months	91.3	12-23 m	822	89
MCV1	Card	85.9	12-23 m	822	89
MCV1	Card or History	94.5	12-23 m	822	89
MCV1	History	8.7	12-23 m	822	89
Pol1	C or H <12 months	98.6	12-23 m	822	89
Pol1	Card	89	12-23 m	822	89
Pol1	Card or History	98.7	12-23 m	822	89
Pol1	History	9.7	12-23 m	822	89
Pol3	C or H <12 months	95.4	12-23 m	822	89
Pol3	Card	88.7	12-23 m	822	89
Pol3	Card or History	97	12-23 m	822	89
Pol3	History	8.3	12-23 m	822	89

2000 Maldives Multiple Indicator Cluster Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	95.6	12-23 m	158	-
DTP1	Card or History	95.6	12-23 m	158	-
DTP3	Card or History	90.5	12-23 m	158	-
HepB1	Card or History	94.9	12-23 m	158	-
HepB3	Card or History	93	12-23 m	158	-

MCV1	Card or History	92.4	12-23 m	158	-		Pol3	Card or History	93	12-23 m	158	-
Pol1	Card or History	94.9	12-23 m	158	-						

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