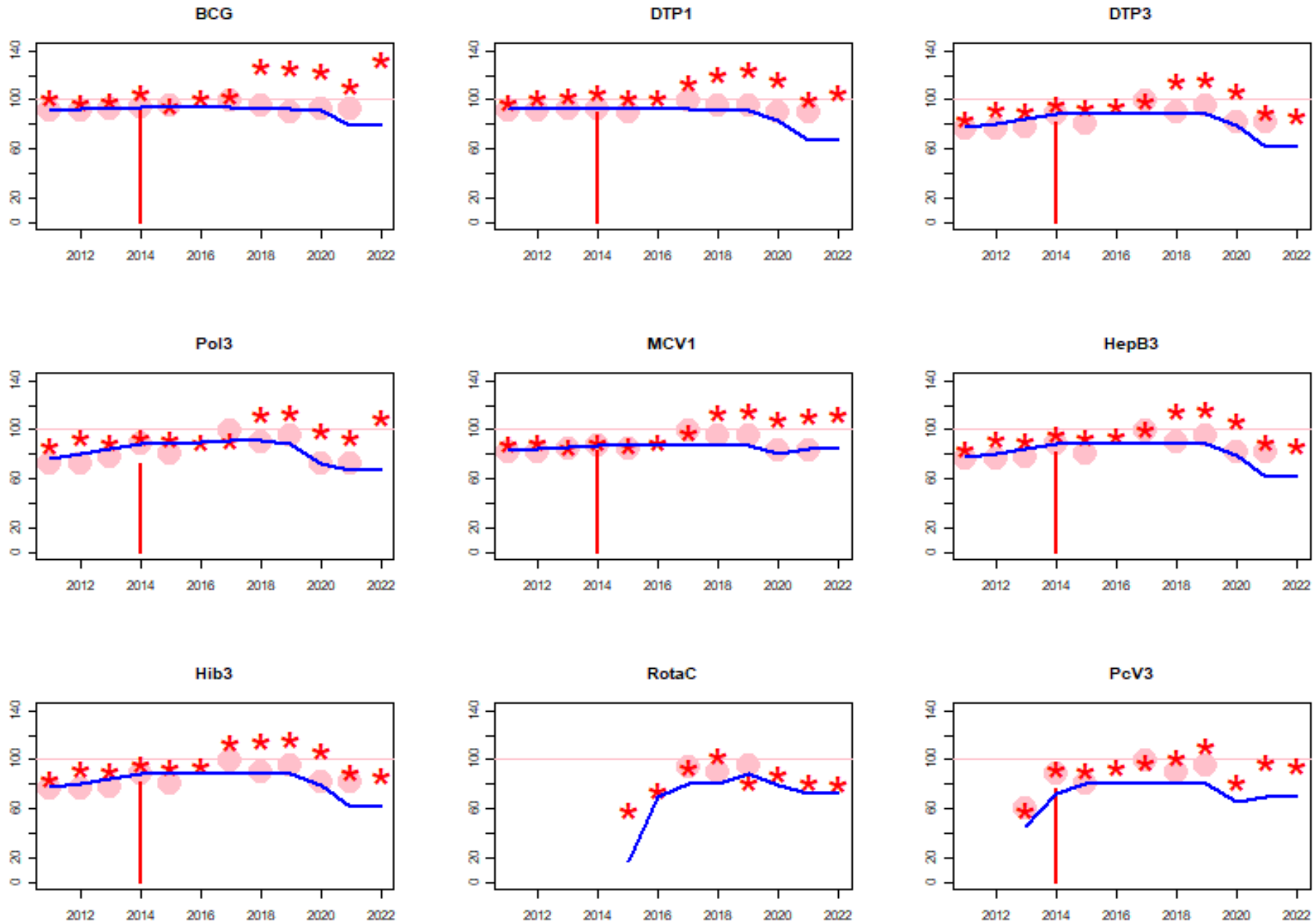


Mozambique: WHO and UNICEF estimates of immunization coverage: 2022 revision



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. 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 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.

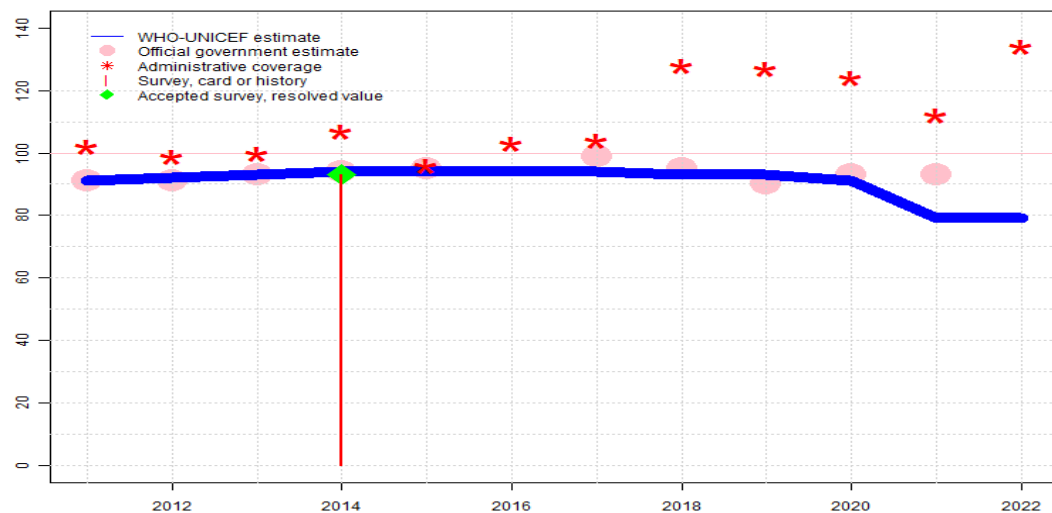
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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Mozambique - BCG

MOZ - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	91	92	93	94	94	94	94	93	93	91	79	79
Estimate GoC	•	•	•	•	••	••	••	•	•	•	•	•
Official	91	91	93	94	95	NA	99	95	90	93	93	NA
Administrative	102	99	100	107	96	103	104	128	127	124	112	134
Survey	NA	NA	NA	93	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.

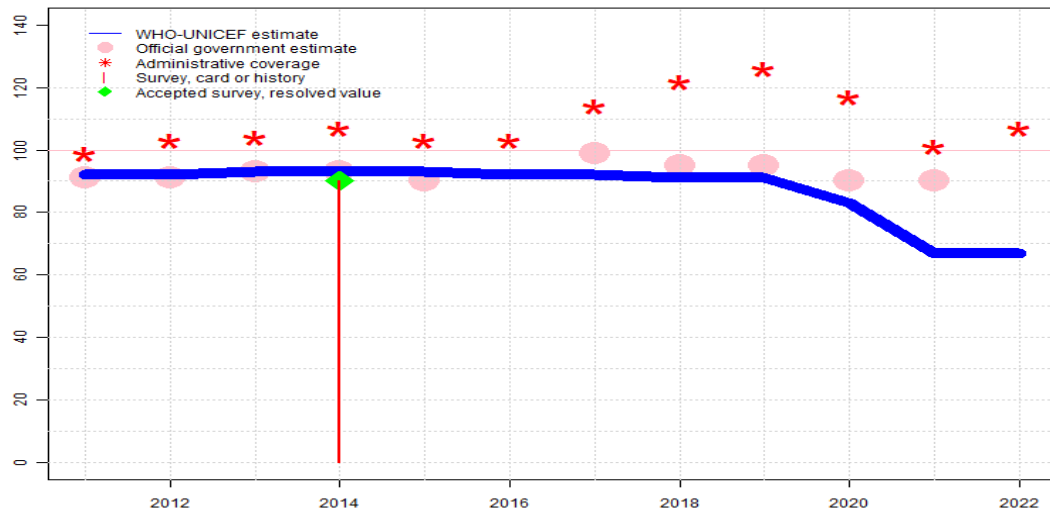
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by extrapolation from prior year. Reported data excluded because 134 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 112 level to 134 percent. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Estimate challenged by: D-R-
- 2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. Reported data excluded because 112 percent greater than 100 percent. . Estimate challenged by: D-R-
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Programme reports BCG 3-month stockout. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Reported data excluded because 103 percent greater than 100 percent. GoC=Assigned by working group. .
- 2015: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Programme reports one month vaccine stockout at national level. GoC=Assigned by working group. .
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2011: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-

Mozambique - DTP1

MOZ - DTP1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	92	92	93	93	93	92	92	91	91	83	67	67
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	91	91	93	93	90	NA	99	95	95	90	90	NA
Administrative	99	103	104	107	103	103	114	122	126	117	101	107
Survey	NA	NA	NA	90	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.

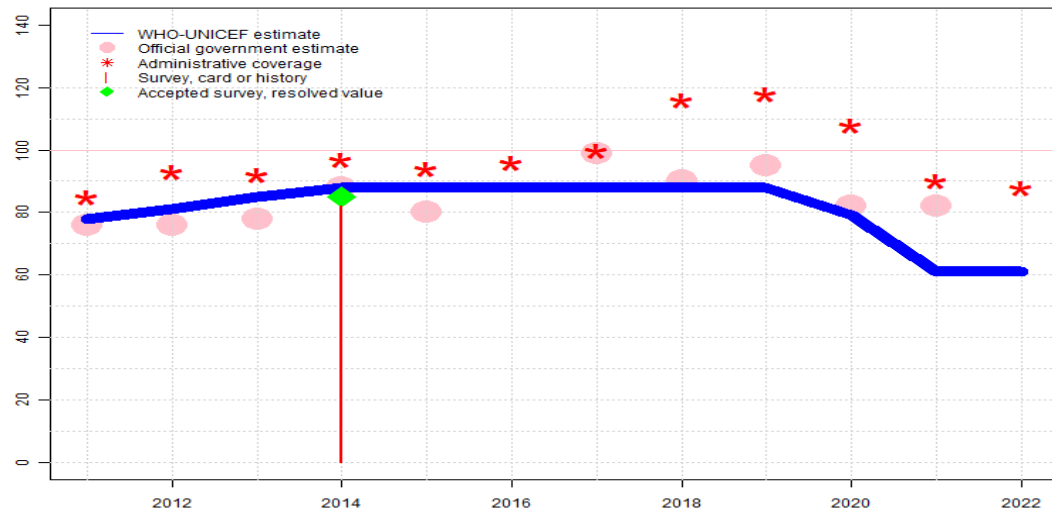
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by extrapolation from prior year. Reported data excluded because 107 percent greater than 100 percent. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Programme reports two and one-half months vaccine stockout at national level. Following a review of monthly coverage data, the increase in reported administrative coverage likely reflects intensification activities following the vaccine stockout which appears to have occurred early in the year. Estimate challenged by: D-R-
- 2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. Reported data excluded because 101 percent greater than 100 percent. Programme reports 3.8 month vaccine stockout at national and subnational levels.. Estimate challenged by: D-R-
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-
- 2016: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-
- 2015: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: D-R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2011: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-

Mozambique - DTP3

MOZ - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	78	81	85	88	88	88	88	88	88	79	61	61
Estimate GoC	•	•	•	•••	•	•	•	•	•	•	•	•
Official	76	76	78	88	80	NA	99	90	95	82	82	NA
Administrative	85	93	92	97	94	96	100	116	118	108	90	88
Survey	NA	NA	NA	82	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.

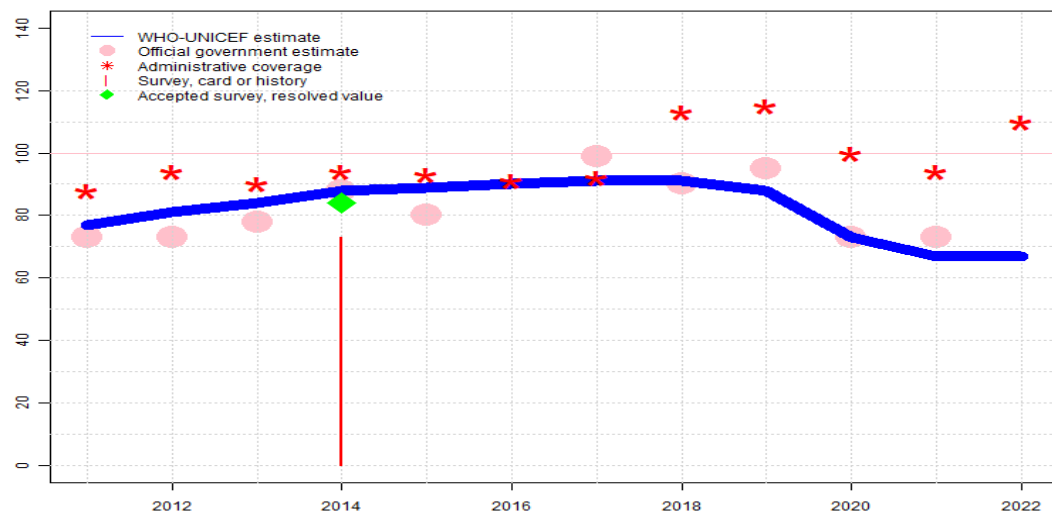
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by extrapolation from prior year. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Programme reports two and one-half months vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. Programme reports 3.8 month vaccine stockout at national and subnational levels.. Estimate challenged by: D-R-
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Estimate of 88 percent assigned by working group. Estimate is based on extrapolation from the prior survey. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Mozambique Survey of indicators on Immunization, Malaria and HIV/AIDS 2015 card or history results of 82 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 68 percent. GoC=R+ S+ D+
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2011: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-

Mozambique - Pol3

MOZ - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	77	81	84	88	89	90	91	91	88	73	67	67
Estimate GoC	•	•	•	••	••	••	••	•	•	•	•	•
Official	73	73	78	88	80	NA	99	90	95	73	73	NA
Administrative	88	94	90	94	93	91	92	113	115	100	94	110
Survey	NA	NA	NA	73	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.

Description:

- 2022: Estimate informed by extrapolation from prior year. Reported data excluded because 110 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 94 level to 110 percent. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Increase in reported coverage likely reflects intensification activities, both routine and campaign, as a result of eight identified wild type 1 polio cases as well as circulating vaccine derived polio cases during 2022. Estimate challenged by: D-R-
- 2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. Programme reports one month vaccine stockout at national and subnational levels.. Estimate challenged by: D-R-
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded due to decline in reported coverage from 95 percent to 73 percent with increase to 94 percent. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Estimate is based on extrapolation from the prior survey. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 91 percent changed from previous revision value of 88 percent. Estimate challenged by: D-
- 2017: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Programme reports OPV 1-month stockout. Estimate of 91 percent changed from previous revision value of 88 percent. GoC=R+ D+
- 2016: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 90 percent changed from previous revision value of 88 percent. GoC=Assigned by working group. .
- 2015: Estimate informed by interpolation between reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 89 percent changed from previous revision value of 88 percent. GoC=Assigned by working group. .
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Mozambique Survey of indicators on Immunization, Malaria and HIV/AIDS 2015 card or history results of 73 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 73 percent and 3rd dose card only coverage of 67 percent. GoC=Assigned by working

Mozambique - Pol3

group. .

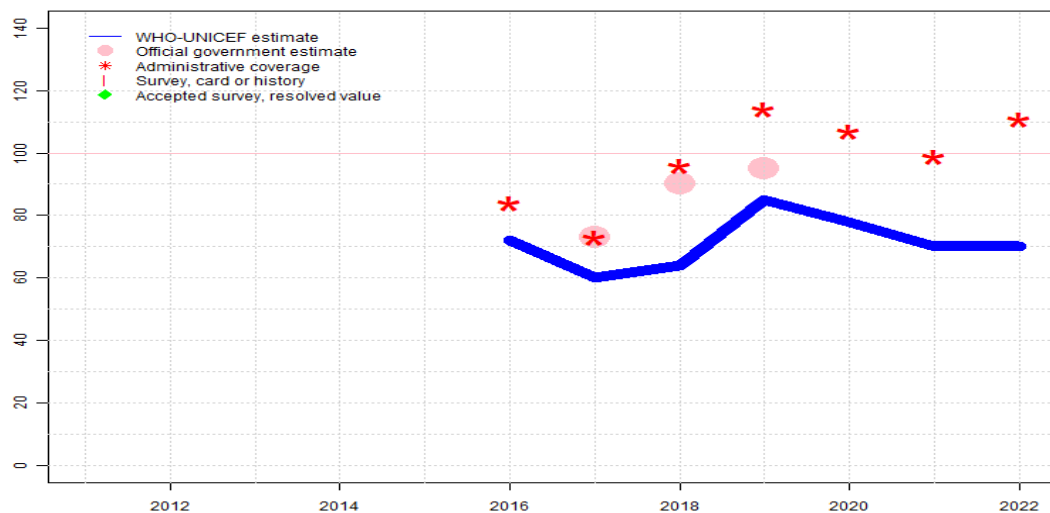
2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged
by: R-

2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged
by: R-

2011: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged
by: R-

Mozambique - IPV1

MOZ - IPV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	72	60	64	85	78	70	70
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	73	90	95	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	84	73	96	114	107	99	111
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.

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 extrapolation from prior year. Reported data excluded because 111 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 99 level to 111 percent. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Increase in reported coverage likely reflects intensification activities, both routine and campaign, as a result of eight identified wild type 1 polio cases as well as circulating vaccine derived polio cases during 2022. Estimate challenged by: D-R-

2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. Programme reports 2.5 month vaccine stockout at national and subnational levels.. Estimate challenged by: D-R-

2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded because 107 percent greater than 100 percent. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2019: Estimate is based on relative relationship between estimated and reported administrative coverage for DTP3 applied to IPV1 reported administrative. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-

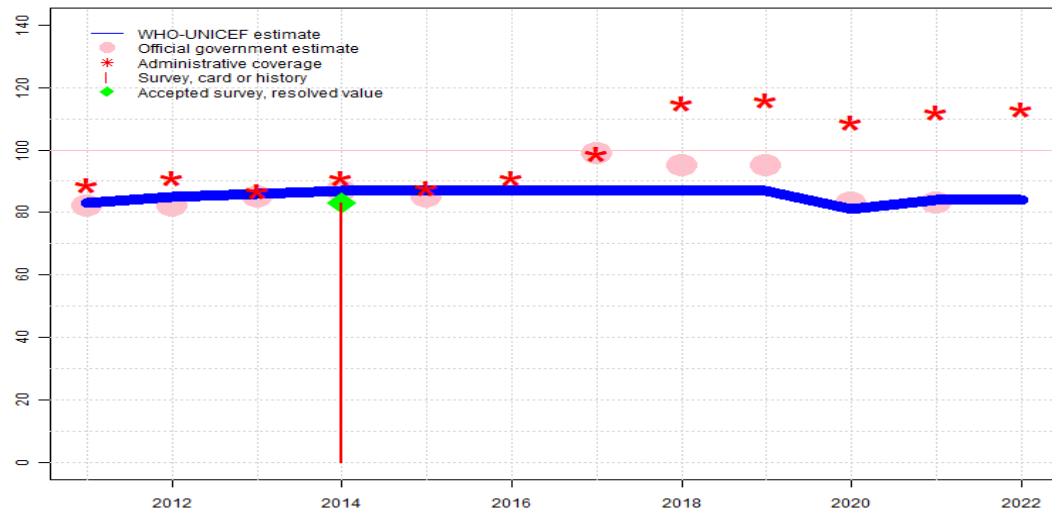
2018: Estimate based on reported data adjusted for the difference between administrative and estimated coverage for DTP3. Estimate challenged by: D-R-

2017: Estimate based on relative decline in doses administered applied to previous year estimated coverage. Programme reports vaccine 4-month stockout. Reported data excluded due to decline in reported coverage from 84 percent to 73 percent with increase to 90 percent. Estimate challenged by: D-R-

2016: Estimate based on relation between reported DTP3 and estimated coverage. IPV vaccine introduced in 2015. Reporting started in 2016. Estimate challenged by: D-R-

Mozambique - MCV1

MOZ - MCV1



Description:

- 2022: Estimate informed by extrapolation from prior year. Reported data excluded because 113 percent greater than 100 percent. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Estimate challenged by: D-R-
- 2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. Reported data excluded because 112 percent greater than 100 percent. . Estimate challenged by: D-R-
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded due to decline in reported coverage from 95 percent to 83 percent with increase to 112 percent. Estimate challenged by: D-R-
- 2019: Estimate is based on extrapolation from the prior survey. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-
- 2017: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-
- 2016: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. GoC=Assigned by working group. .
- 2015: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. GoC=Assigned by working group. .
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). GoC=Assigned by working group. .
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2011: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	83	85	86	87	87	87	87	87	87	81	84	84
Estimate GoC	•	•	•	••	••	••	•	•	•	•	•	•
Official	82	82	85	87	85	NA	99	95	95	83	83	NA
Administrative	89	91	87	91	88	91	99	115	116	109	112	113
Survey	NA	NA	NA	83	NA	NA	NA	NA	NA	NA	NA	NA

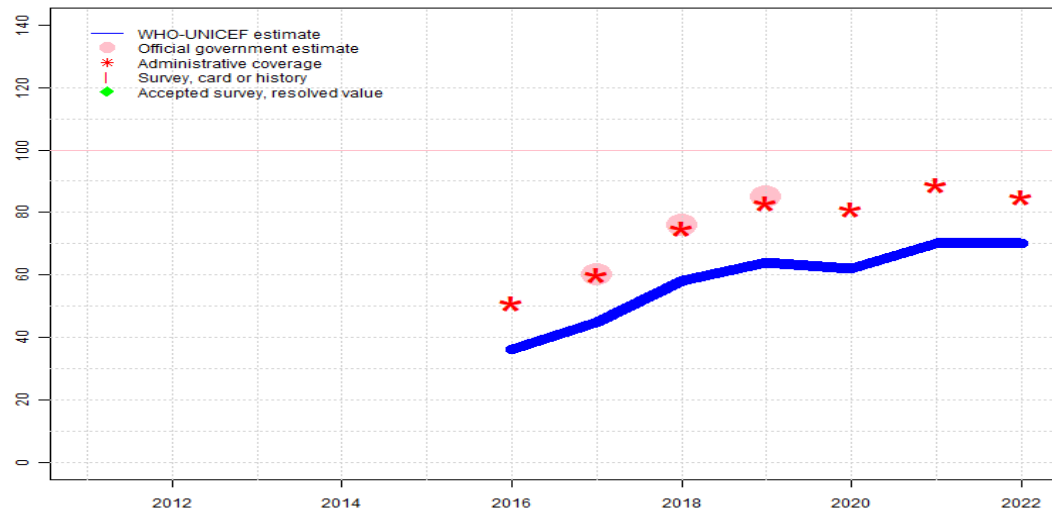
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mozambique - MCV2

MOZ - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	36	45	58	64	62	70	70
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	60	76	85	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	51	60	75	83	81	89	85
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.

Description:

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

2022: Estimate informed by extrapolation from prior year. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Estimate challenged by: D-R-

2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. Estimate challenged by: D-R-

2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Estimate challenged by: D-R-

2019: Estimate based on calibration from 2017 while awaiting for new empirical data. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-

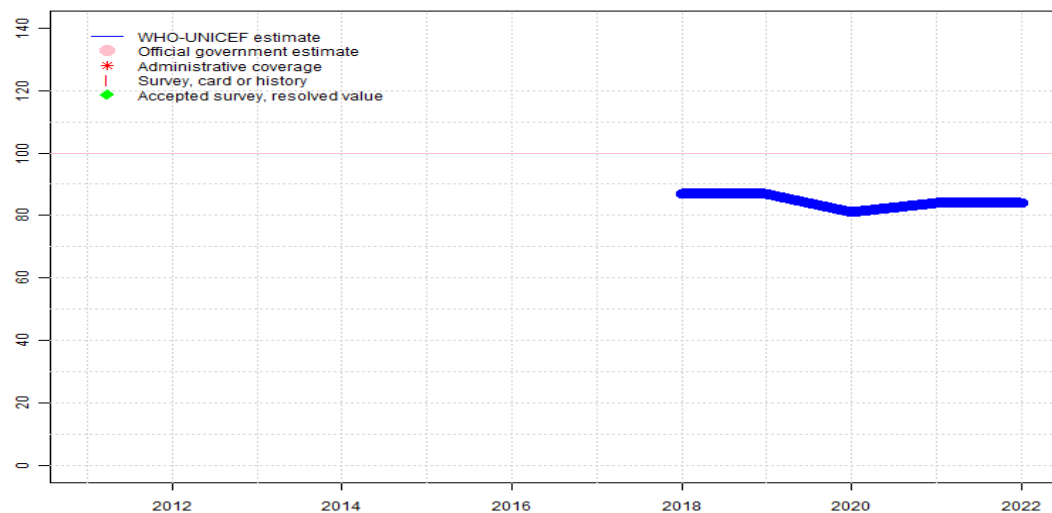
2018: Estimate based on reported data adjusted for the difference between administrative and estimated coverage for MCV1. Estimate challenged by: D-R-

2017: Estimate based on relation between reported MCV1 and estimated coverage. Estimate challenged by: D-R-

2016: Estimate based on relation between reported MCV1 and estimated coverage. Second dose of measles vaccine was introduced in November 2015 reporting started in 2016. Estimate challenged by: D-R-

Mozambique - RCV1

MOZ - RCV1



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 informed by extrapolation from prior year. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Estimate challenged by: D-R-
- 2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. . Estimate challenged by: D-R-
- 2020: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2019: Estimate based on estimated MCV1. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Estimate based on estimated MCV1. Rubella containing vaccine introduced in April 2018. Estimate is likely overestimated during period of introduction. Estimate challenged by: D-

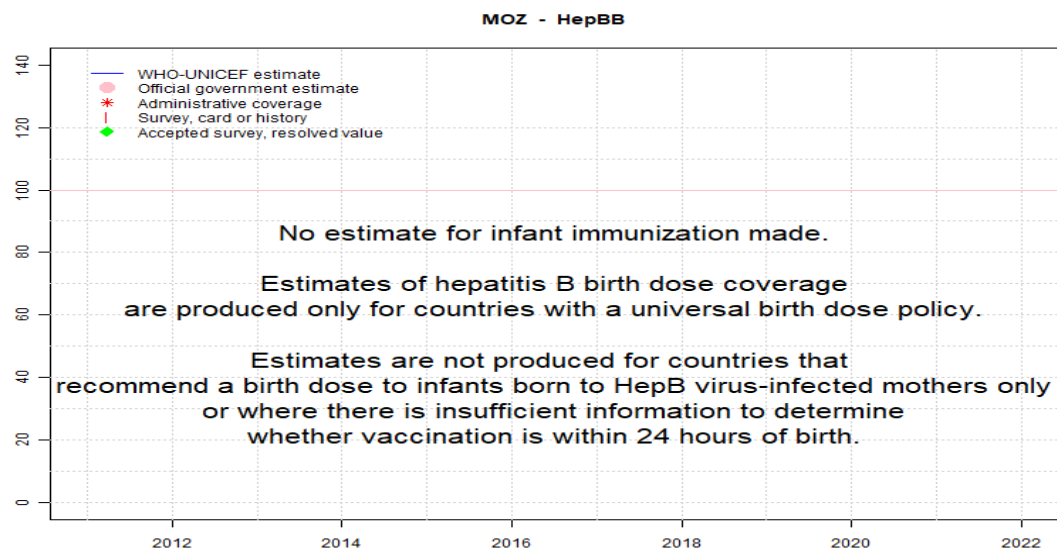
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	87	87	81	84	84
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Mozambique - HepBB



	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

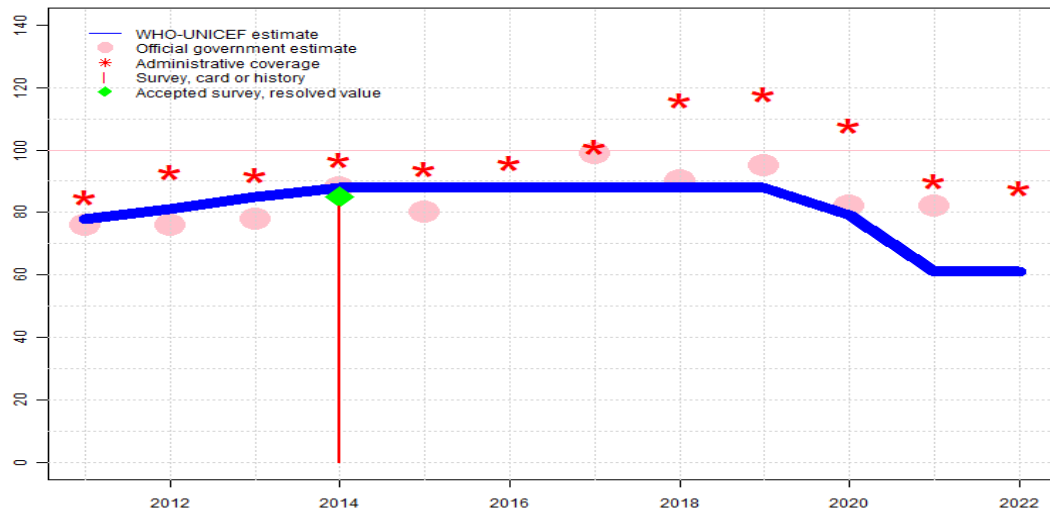
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mozambique - HepB3

MOZ - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	78	81	85	88	88	88	88	88	88	79	61	61
Estimate GoC	•	•	•	•••	•	•	•	•	•	•	•	•
Official	76	76	78	88	80	NA	99	90	95	82	82	NA
Administrative	85	93	92	97	94	96	101	116	118	108	90	88
Survey	NA	NA	NA	82	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.

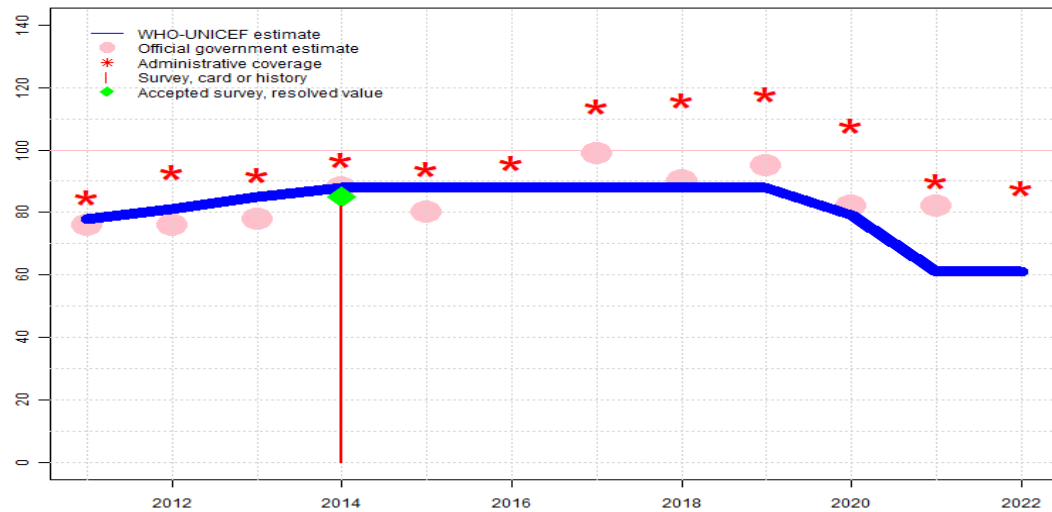
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by extrapolation from prior year. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Programme reports two and one-half months vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. . Estimate challenged by: D-R-
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Estimate of 88 percent assigned by working group. Estimate is based on extrapolation from the prior survey. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Mozambique Survey of indicators on Immunization, Malaria and HIV/AIDS 2015 card or history results of 82 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 68 percent. GoC=R+ S+ D+
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2011: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-

Mozambique - Hib3

MOZ - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	78	81	85	88	88	88	88	88	88	79	61	61
Estimate GoC	●	●	●	●●●	●	●	●	●	●	●	●	●
Official	76	76	78	88	80	NA	99	90	95	82	82	NA
Administrative	85	93	92	97	94	96	114	116	118	108	90	88
Survey	NA	NA	NA	82	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.

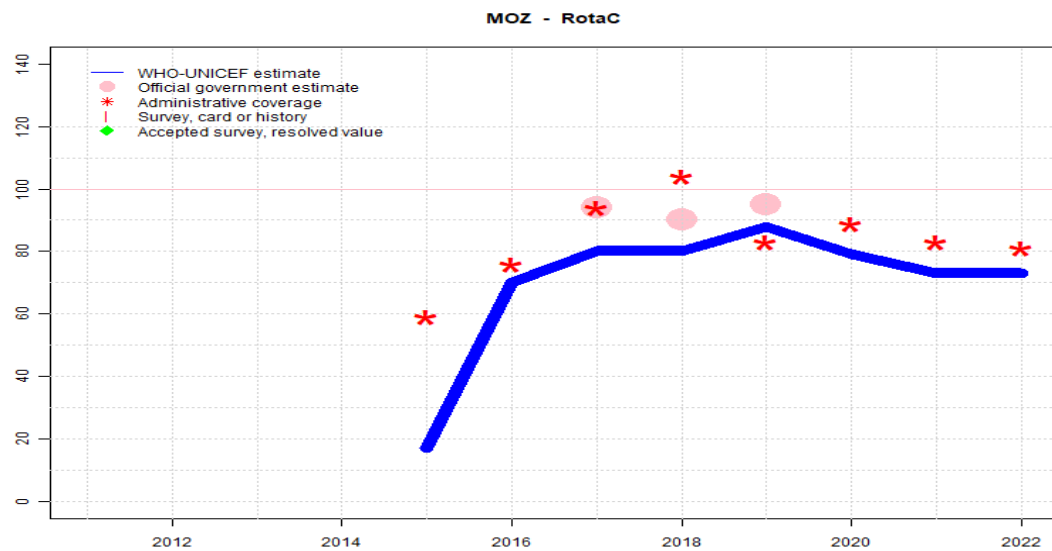
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.

Description:

- 2022: Estimate informed by extrapolation from prior year. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Programme reports two and one-half months vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. . Estimate challenged by: D-R-
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Estimate of 88 percent assigned by working group. Estimate is based on extrapolation from the prior survey. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2019 levels. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate challenged by: D-R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Mozambique Survey of indicators on Immunization, Malaria and HIV/AIDS 2015 card or history results of 82 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 68 percent. GoC=R+ S+ D+
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-
- 2011: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-

Mozambique - RotaC



Description:

- 2022: Estimate informed by extrapolation from prior year. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-
- 2021: Estimate exceptionally based on the difference between administrative coverage 2020 to 2021 applied to the 2020 estimated coverage level. Estimate challenged by: R-
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Estimate challenged by: R-
- 2019: Estimate is based on estimated DTP3 level. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2017: Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2016: Estimate based on relation between reported DTP3 and estimated coverage. Increase in coverage due to national roll out. Estimate challenged by: R-
- 2015: Rotavirus vaccine was introduced in September 2015. Programme reports 88 percent coverage in 29 percent of the national target population. Estimate is based on total annual national target population. Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	17	70	80	80	88	79	73	73
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	94	90	95	NA	NA	NA
Administrative	NA	NA	NA	NA	59	76	94	104	83	89	83	81
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

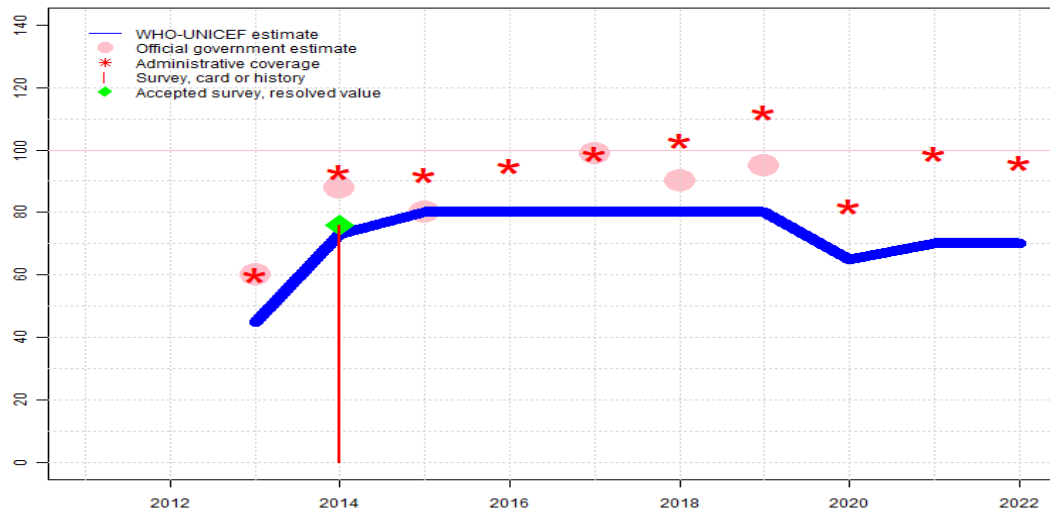
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mozambique - PcV3

MOZ - PcV3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	45	73	80	80	80	80	80	65	70	70
Estimate GoC	NA	NA	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	60	88	80	NA	99	90	95	NA	NA	NA
Administrative	NA	NA	60	93	92	95	99	103	112	82	99	96
Survey	NA	NA	NA	76	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.

Description:

- 2022: Estimate informed by extrapolation from prior year. WHO and UNICEF are aware of an ongoing DHS survey and await the results. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data. Estimate challenged by: D-R-
- 2021: Estimate based on the difference between administrative coverage for PcV3 and DTP3 in 2021 applied to the 2021 estimated coverage for DTP3. Estimate challenged by: D-R-
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded due to decline in reported coverage from 95 percent to 82 percent with increase to 99 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2017: Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2016: Estimate of 80 percent assigned by working group. PcV3 coverage based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2015: Estimate is based on reported data. Estimate challenged by: D-
- 2014: Estimate of 73 percent assigned by working group. Estimate is based on relationship between DTP3 and PcV3 administrative coverage levels and the adjustment on estimate for DTP3. Estimate challenged by: D-R-
- 2013: Forty five percent coverage was achieved in 67 percent of target population. Pneumococcal conjugate vaccine introduced in April. Estimate challenged by: R-S-

Mozambique - survey details

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.

2014 Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique (IMASIDA) 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.2	12-23 m	1131	74
BCG	Card	73.5	12-23 m	840	74
BCG	Card or History	92.8	12-23 m	1131	74
BCG	History	19.3	12-23 m	291	74
DTP1	C or H <12 months	88.7	12-23 m	1131	74
DTP1	Card	72.5	12-23 m	840	74
DTP1	Card or History	90	12-23 m	1131	74
DTP1	History	17.5	12-23 m	291	74
DTP3	C or H <12 months	77.9	12-23 m	1131	74
DTP3	Card	67.9	12-23 m	840	74
DTP3	Card or History	81.6	12-23 m	1131	74
DTP3	History	13.8	12-23 m	291	74
HepB1	C or H <12 months	88.7	12-23 m	1131	74
HepB1	Card	72.5	12-23 m	840	74
HepB1	Card or History	90	12-23 m	1131	74
HepB1	History	17.5	12-23 m	291	74
HepB3	C or H <12 months	77.9	12-23 m	1131	74
HepB3	Card	67.9	12-23 m	840	74
HepB3	Card or History	81.6	12-23 m	1131	74
HepB3	History	13.8	12-23 m	291	74
Hib1	C or H <12 months	88.7	12-23 m	1131	74
Hib1	Card	72.5	12-23 m	840	74
Hib1	Card or History	90	12-23 m	1131	74

Hib1	History	17.5	12-23 m	291	74
Hib3	C or H <12 months	77.9	12-23 m	1131	74
Hib3	Card	67.9	12-23 m	840	74
Hib3	Card or History	81.6	12-23 m	1131	74
Hib3	History	13.8	12-23 m	291	74
MCV1	C or H <12 months	71.8	12-23 m	1131	74
MCV1	Card	64.7	12-23 m	840	74
MCV1	Card or History	82.7	12-23 m	1131	74
MCV1	History	18	12-23 m	291	74
PCV1	Card or History	84.4	12-23 m	1131	74
PCV3	Card or History	75.7	12-23 m	1131	74
Pol1	C or H <12 months	90.7	12-23 m	1131	74
Pol1	Card	72.6	12-23 m	840	74
Pol1	Card or History	91.8	12-23 m	1131	74
Pol1	History	19.2	12-23 m	291	74
Pol3	C or H <12 months	70.3	12-23 m	1131	74
Pol3	Card	67.4	12-23 m	840	74
Pol3	Card or History	73.3	12-23 m	1131	74
Pol3	History	5.8	12-23 m	291	74

2010 Moçambique Inquérito Demográfico e de Saúde 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.3	12-23 m	2325	83
BCG	Card	79.6	12-23 m	1931	83
BCG	Card or History	91.1	12-23 m	2325	83
BCG	History	11.6	12-23 m	394	83
DTP1	C or H <12 months	89.9	12-23 m	2325	83
DTP1	Card	79.7	12-23 m	1931	83
DTP1	Card or History	91.3	12-23 m	2325	83
DTP1	History	11.6	12-23 m	394	83
DTP3	C or H <12 months	70.9	12-23 m	2325	83
DTP3	Card	69	12-23 m	1931	83
DTP3	Card or History	76.2	12-23 m	2325	83
DTP3	History	7.2	12-23 m	394	83
HepB1	C or H <12 months	89.9	12-23 m	2325	83
HepB1	Card	79.7	12-23 m	1931	83
HepB1	Card or History	91.3	12-23 m	2325	83
HepB1	History	11.6	12-23 m	394	83

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HepB3	C or H <12 months	70.9	12-23 m	2325	83
HepB3	Card	69	12-23 m	1931	83
HepB3	Card or History	76.2	12-23 m	2325	83
HepB3	History	7.2	12-23 m	394	83
Hib1	C or H <12 months	89.9	12-23 m	2325	83
Hib1	Card	79.7	12-23 m	1931	83
Hib1	Card or History	91.3	12-23 m	2325	83
Hib1	History	11.6	12-23 m	394	83
Hib3	C or H <12 months	70.9	12-23 m	2325	83
Hib3	Card	69	12-23 m	1931	83
Hib3	Card or History	76.2	12-23 m	2325	83
Hib3	History	7.2	12-23 m	394	83
MCV1	C or H <12 months	66.2	12-23 m	2325	83
MCV1	Card	70.4	12-23 m	1931	83
MCV1	Card or History	81.5	12-23 m	2325	83
MCV1	History	11	12-23 m	394	83
Pol1	C or H <12 months	90.5	12-23 m	2325	83
Pol1	Card	80.3	12-23 m	1931	83
Pol1	Card or History	91.8	12-23 m	2325	83
Pol1	History	11.6	12-23 m	394	83
Pol3	C or H <12 months	67.7	12-23 m	2325	83
Pol3	Card	71	12-23 m	1931	83
Pol3	Card or History	73.2	12-23 m	2325	83
Pol3	History	2.2	12-23 m	394	83

2007 Mozambique Multiple Indicator Cluster Survey 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	86.7	12-23 m	2449	85
BCG	Card	78.1	12-23 m	2449	85
BCG	Card or History	87.5	12-23 m	2449	85
BCG	History	9.3	12-23 m	2449	85
DTP1	C or H <12 months	86.9	12-23 m	2449	85
DTP1	Card	79.2	12-23 m	2449	85
DTP1	Card or History	88.1	12-23 m	2449	85
DTP1	History	8.8	12-23 m	2449	85
DTP3	C or H <12 months	70.4	12-23 m	2449	85
DTP3	Card	71.2	12-23 m	2449	85
DTP3	Card or History	74.1	12-23 m	2449	85

DTP3	History	2.9	12-23 m	2449	85
MCV1	C or H <12 months	63.9	12-23 m	2449	85
MCV1	Card	65.8	12-23 m	2449	85
MCV1	Card or History	74.1	12-23 m	2449	85
MCV1	History	8.3	12-23 m	2449	85
Pol1	C or H <12 months	86.2	12-23 m	2449	85
Pol1	Card	79.1	12-23 m	2449	85
Pol1	Card or History	87.3	12-23 m	2449	85
Pol1	History	8.2	12-23 m	2449	85
Pol3	C or H <12 months	69.5	12-23 m	2449	85
Pol3	Card	71.3	12-23 m	2449	85
Pol3	Card or History	73.3	12-23 m	2449	85
Pol3	History	2.1	12-23 m	2449	85

2003 Inquérito Demográfico e de Saúde 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	86	12-23 m	1933	78
BCG	Card	74.8	12-23 m	1933	78
BCG	Card or history	87.4	12-23 m	1933	78
BCG	History	12.6	12-23 m	1933	78
DTP1	C or H <12 months	85.2	12-23 m	1933	78
DTP1	Card	76.1	12-23 m	1933	78
DTP1	Card or history	87.6	12-23 m	1933	78
DTP1	History	11.5	12-23 m	1933	78
DTP3	C or H <12 months	66.6	12-23 m	1933	78
DTP3	Card	65.7	12-23 m	1933	78
DTP3	Card or history	71.6	12-23 m	1933	78
DTP3	History	5.9	12-23 m	1933	78
MCV1	C or H <12 months	63	12-23 m	1933	78
MCV1	Card	65.7	12-23 m	1933	78
MCV1	Card or history	76.7	12-23 m	1933	78
MCV1	History	11	12-23 m	1933	78
Pol1	C or H <12 months	84.6	12-23 m	1933	78
Pol1	Card	75.8	12-23 m	1933	78
Pol1	Card or history	87.1	12-23 m	1933	78
Pol1	History	11.3	12-23 m	1933	78
Pol3	C or H <12 months	64.6	12-23 m	1933	78
Pol3	Card	65.6	12-23 m	1933	78

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Pol3	Card or history	69.6	12-23 m	1933	78
Pol3	History	4	12-23 m	1933	78

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Further information and estimates for previous years are available at:

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

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