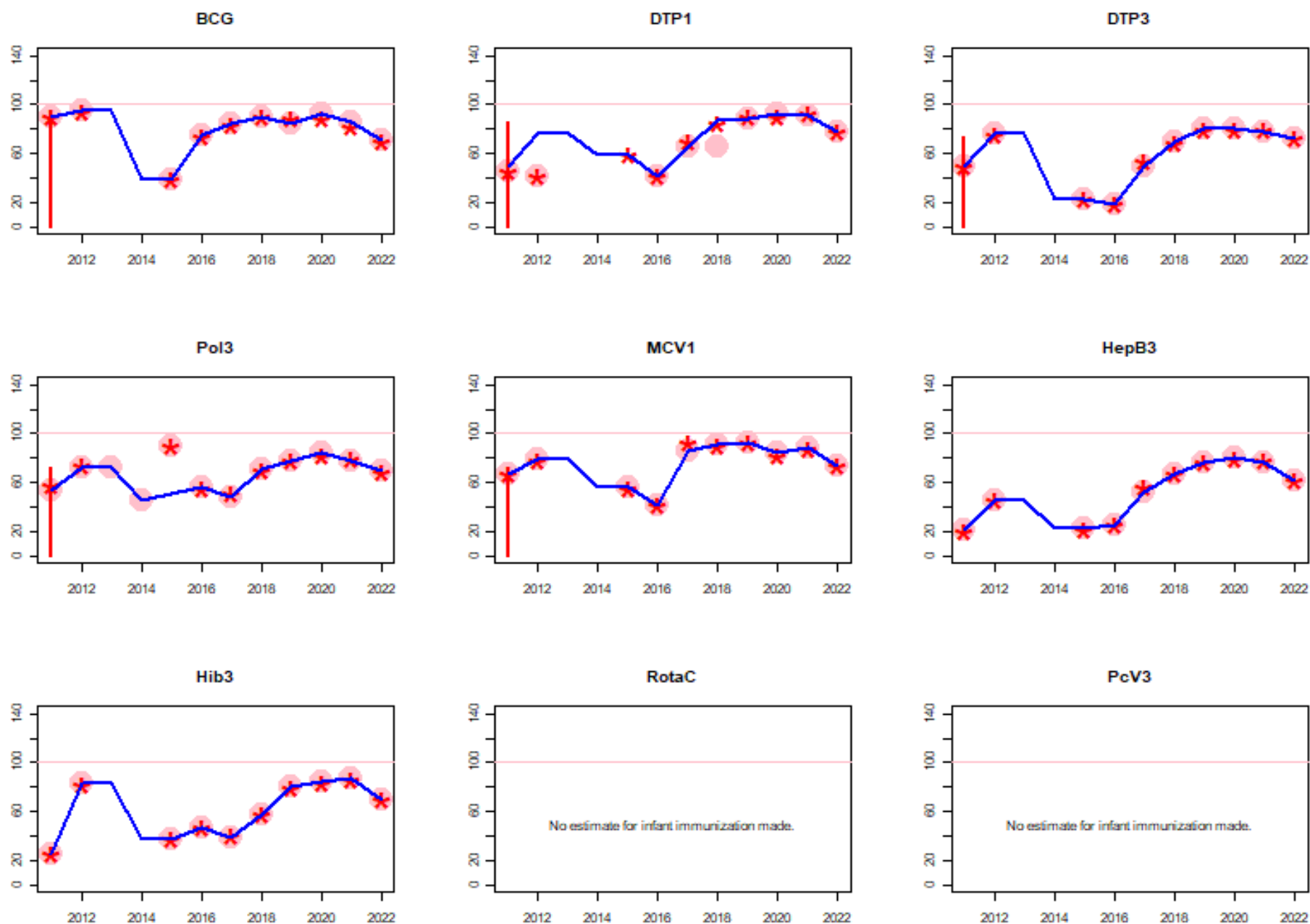




BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from the published and grey literature. Based on these data, with due consideration to potential biases and the views of local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

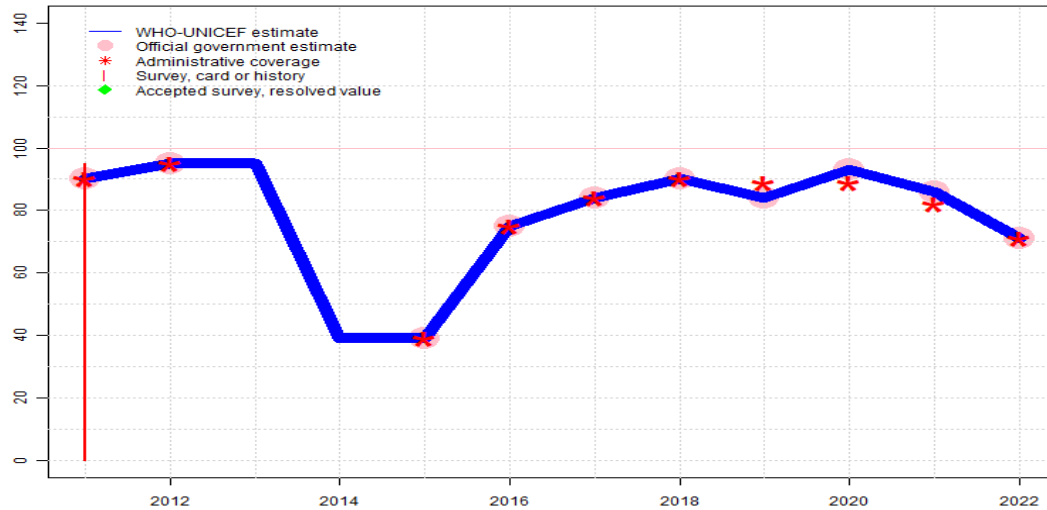
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

Ukraine - BCG

UKR - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	95	95	39	39	75	84	90	84	93	86	71
Estimate GoC	●●	●●	●	●	●●	●●	●●	●	●●	●	●	●
Official	90	95	NA	NA	39	75	84	90	84	93	86	71
Administrative	90	95	NA	NA	39	75	84	90	89	89	82	71
Survey	95	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.

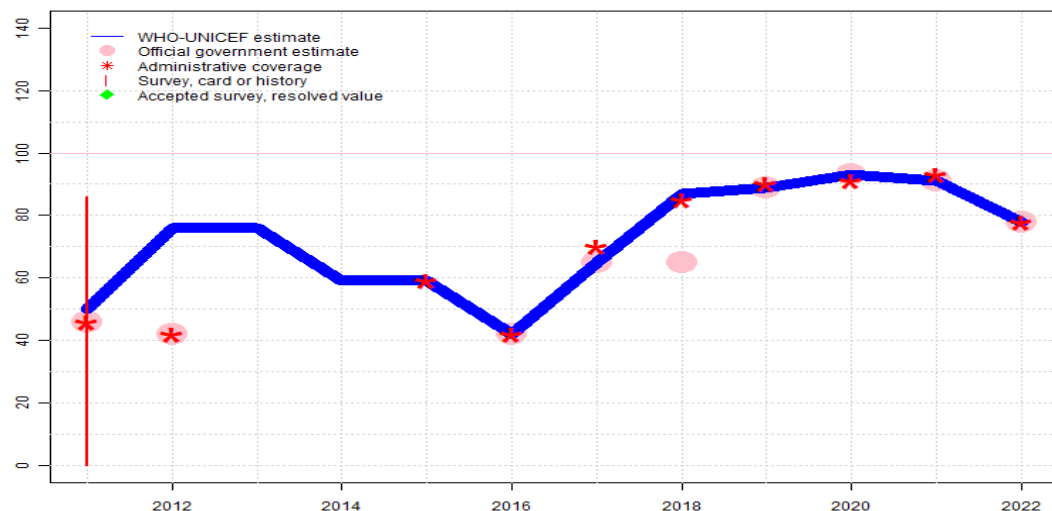
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout at national and subnational level. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a one month vaccine stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data. 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. Programme recovering from vaccine shortages.. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports 9 month national stockout.. GoC=R+ D+
- 2015: Estimate based on reported BCG coverage for 2015. Programme reports 5-month stockout at the national level. GoC=R+ D+
- 2014: Estimate of 39 percent assigned by working group. Estimate based on reported BCG coverage for 2015. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. GoC=No accepted empirical data
- 2013: Estimate of 95 percent assigned by working group. Estimate based on reported BCG coverage for 2012. GoC=No accepted empirical data
- 2012: Estimate based on reported BCG coverage for 2012. GoC=R+ D+
- 2011: Estimate informed by reported data. Ukraine Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results for children aged 18-29 months reflect late vaccination. Survey coverage by 12 months support reported coverage levels. GoC=R+ D+

Ukraine - DTP1

UKR - DTP1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	50	76	76	59	59	42	65	87	89	93	91	78
Estimate GoC	•	•	•	•	••	••	••	•	••	•	•	•
Official	46	42	NA	NA	NA	42	65	85	89	93	91	78
Administrative	46	42	NA	NA	59	42	70	85	90	91	93	78
Survey	86	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.

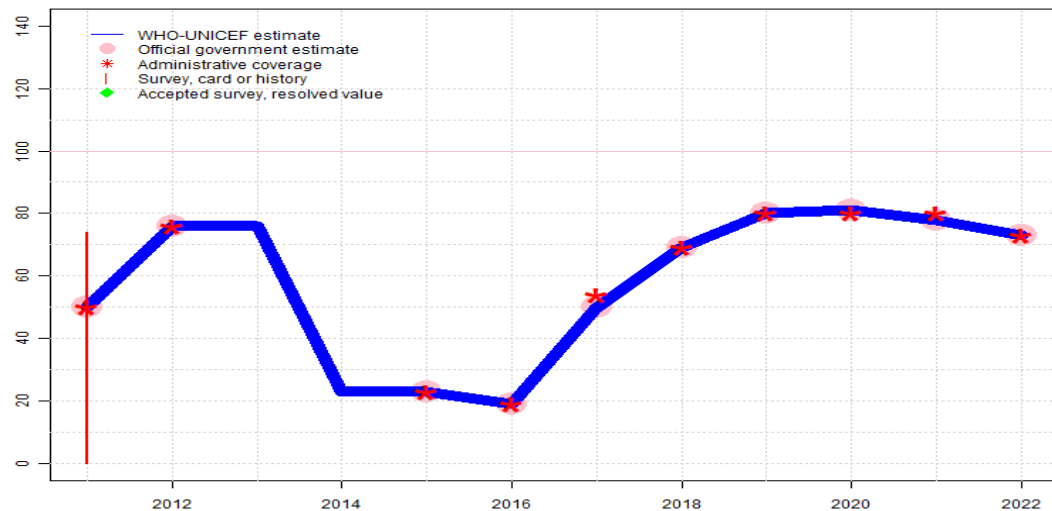
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. 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+ D+
- 2018: DTP1 coverage estimated based on DTP3 coverage of 69. Estimate challenged by: D-R-
- 2017: Estimate informed by reported data. Programme recovering from vaccine shortages.. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports six months national stockout. GoC=R+ D+
- 2015: Programme reports 5-month stockout at the national level. GoC=R+ D+
- 2014: Estimate of 59 percent assigned by working group. Estimate based on reported DTP1 coverage for 2015. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. GoC=No accepted empirical data
- 2013: Estimate of 76 percent assigned by working group. Reported DTP1 coverage levels less than reported DTP3. The historical performance of the system suggests minimal dropout not only for completion of multi-dose vaccines but for all vaccines. In the absence of better data DTP1 coverage is assumed to be the GoC=No accepted empirical data
- 2012: Estimate of 76 percent assigned by working group. Reported DTP1 coverage levels less than reported DTP3. The historical performance of the system suggests minimal dropout not only for completion of multi-dose vaccines but for all vaccines. In the absence of better data DTP1 coverage is assumed to be the Estimate challenged by: D-R-
- 2011: Reported DTP1 coverage levels less than reported DTP3. The historical performance of the system suggests minimal dropout not only for completion of multi-dose vaccines but for all vaccines. In the absence of better data DTP1 coverage is assumed to be the Ukraine Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results for children aged 18-29 months reflect late vaccination. Survey coverage by 12 months support reported coverage levels. Estimate challenged by: R-

Ukraine - DTP3

UKR - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	50	76	76	23	23	19	50	69	80	81	78	73
Estimate GoC	•	••	•	•	••	••	••	••	••	•	••	•
Official	50	76	NA	NA	23	19	50	69	80	81	78	73
Administrative	50	76	NA	NA	23	19	54	69	80	80	80	73
Survey	74	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.

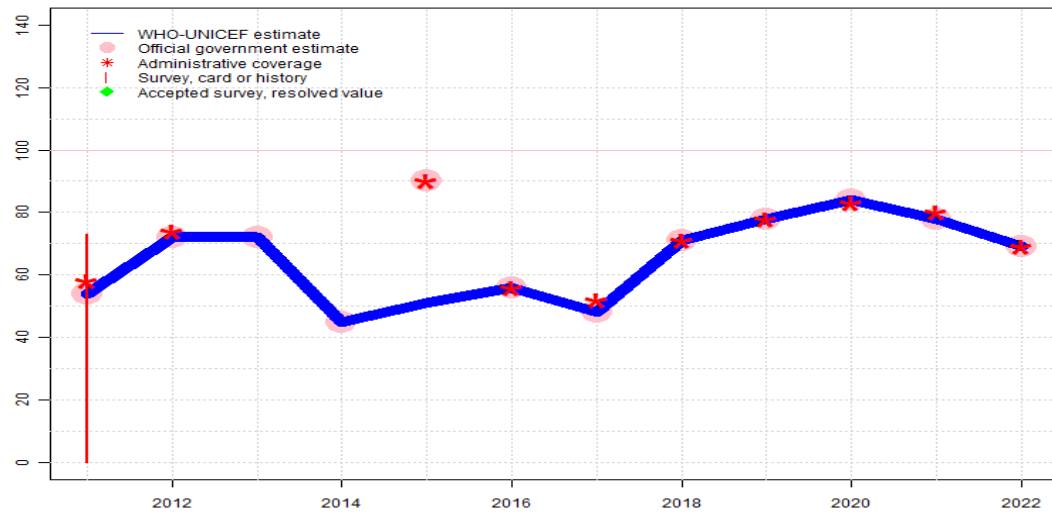
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. . GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme recovering from vaccine shortages.. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports six months national stockout. Reported number of children vaccinated with three doses of DTP containing vaccine has declined by 78 percent between 2012 and 2016. GoC=R+ D+
- 2015: Estimate based on estimated DTP3 coverage level in 2015. Programme reports 5-month stockout at the national level. GoC=R+ D+
- 2014: Estimate of 23 percent assigned by working group. Estimate based on estimated DTP3 coverage level in 2015. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. GoC=No accepted empirical data
- 2013: Estimate of 76 percent assigned by working group. Estimate based on estimated DTP3 coverage level in 2012. GoC=No accepted empirical data
- 2012: Estimate based on estimated DTP3 coverage level in 2012. Increase in coverage likely represents restoration of public confidence in the national immunization system and improved vaccine supply. GoC=R+ D+
- 2011: Estimate informed by reported data. Ukraine Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results for children aged 18-29 months reflect late vaccination. Survey coverage by 12 months support reported coverage levels. Ukraine Multiple Indicator Cluster Survey 2012 card or history results of 74 percent modified for recall bias to 76 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 82 percent and 3rd dose card only coverage of 72 percent. Estimate challenged by: D-

Ukraine - Pol3

UKR - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	54	72	72	45	51	56	48	71	78	84	78	69
Estimate GoC	•	••	••	••	•	••	••	••	••	•	••	•
Official	54	72	72	45	90	56	48	71	78	84	78	69
Administrative	58	74	NA	NA	90	56	52	71	78	83	80	69
Survey	73	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.

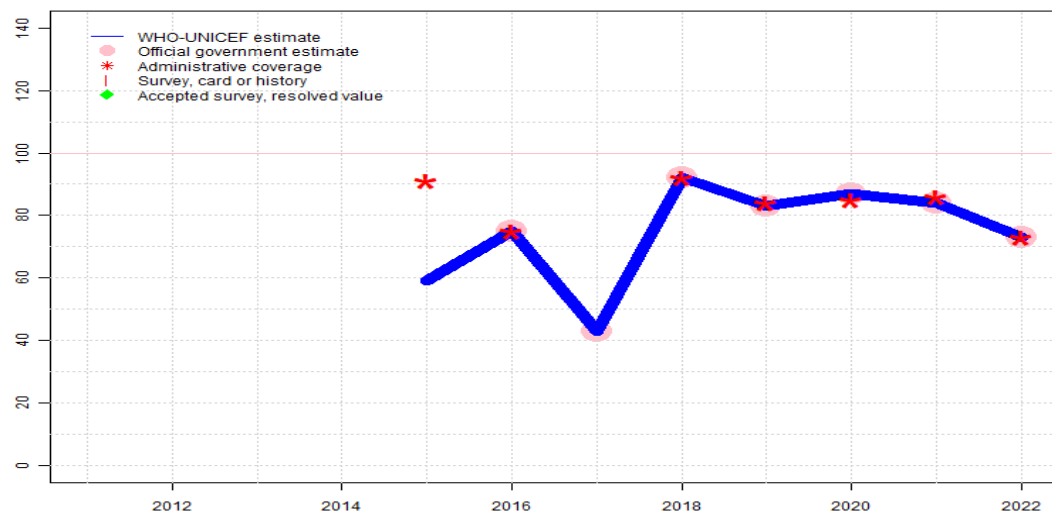
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports three months vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. . GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports four months national stockout. GoC=R+ D+
- 2015: Estimate informed by interpolation between reported data. Reported data excluded. Reported coverage likely includes doses given during polio campaigns. Reported data excluded due to an increase from 45 percent to 90 percent with decrease 56 percent. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. Drop in reported coverage due to vaccine shortage. GoC=R+
- 2013: Estimate informed by reported data. GoC=R+
- 2012: Estimate informed by reported data. Increase in coverage likely represents restoration of public confidence in the national immunization system and improved vaccine supply. GoC=R+ D+
- 2011: Estimate informed by reported data. Ukraine Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results for children aged 18-29 months reflect late vaccination. Survey coverage by 12 months support reported coverage levels. Ukraine Multiple Indicator Cluster Survey 2012 card or history results of 73 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 81 percent and 3rd dose card only coverage of 71 percent. Estimate challenged by: D-

Ukraine - IPV1

UKR - IPV1



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. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. 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. Programme reports three months vaccine stockout. GoC=R+ D+

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

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

2016: Estimate informed by reported data. . GoC=R+ D+

2015: Estimate based on estimated DTP1 coverage level. Inactivated polio vaccine introduced in 2007 as a sequential schedule with IPV recommended at 2 and 4 months and OPV recommended afterwards. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	59	75	43	92	83	87	84	73
Estimate GoC	NA	NA	NA	NA	•	••	••	•	••	•	•	•
Official	NA	NA	NA	NA	NA	75	43	92	83	87	84	73
Administrative	NA	NA	NA	NA	91	75	NA	92	84	85	86	73
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

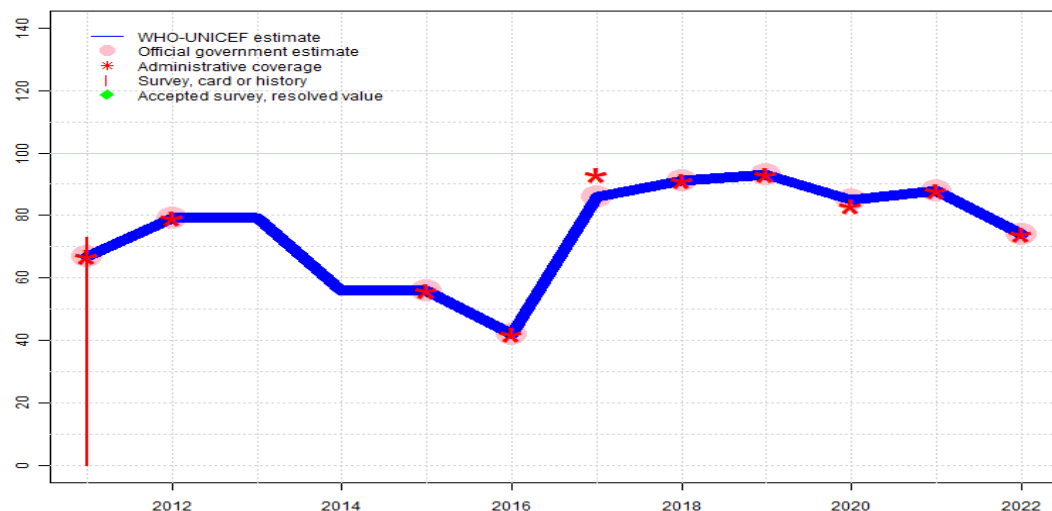
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Ukraine - MCV1

UKR - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	67	79	79	56	56	42	86	91	93	85	88	74
Estimate GoC	••	••	•	•	••	••	••	••	••	••	•	•
Official	67	79	NA	NA	56	42	86	91	93	85	88	74
Administrative	67	79	NA	NA	56	42	93	91	93	83	88	74
Survey	73	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.

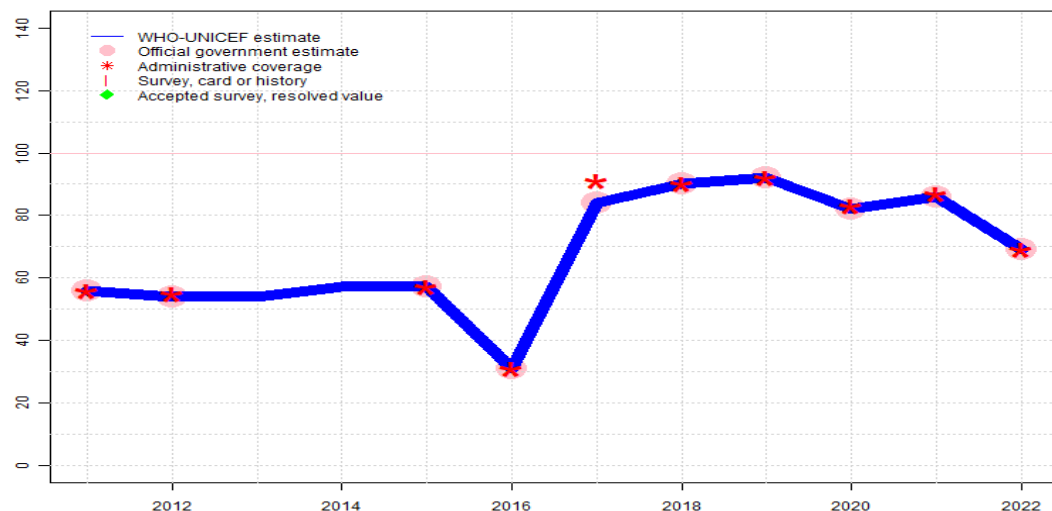
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports three months vaccine stockout. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme recovering from vaccine shortages.. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports six months national stockout. GoC=R+ D+
- 2015: Estimate based on estimated MCV1 coverage level in 2015. Programme reports 7-month stockout at the national level. GoC=R+ D+
- 2014: Estimate of 56 percent assigned by working group. Estimate based on estimated MCV1 coverage level in 2015. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. GoC=No accepted empirical data
- 2013: Estimate of 79 percent assigned by working group. Estimate based on estimated MCV1 coverage level in 2012. GoC=No accepted empirical data
- 2012: Estimate based on estimated MCV1 coverage level in 2012. Increase in coverage likely represents restoration of public confidence in the national immunization system and improved vaccine supply. GoC=R+ D+
- 2011: Estimate informed by reported data. Ukraine Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results for children aged 18-29 months reflect late vaccination. Survey coverage by 12 months support reported coverage levels. GoC=R+ D+

Ukraine - MCV2

UKR - MCV2



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. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. GoC=R+ 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. Programme reports three months vaccine stockout. Estimate challenged by: D-

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

2017: Estimate informed by reported data. Programme recovering from vaccine shortages.. GoC=R+ D+

2016: Estimate informed by reported data. Programme reports six months national stockout. GoC=R+ D+

2015: Estimate based on estimated MCV2 coverage level in 2015. Programme reports 7-month stockout at the national level. GoC=R+ D+

2014: Estimate of 57 percent assigned by working group. Estimate based on estimated MCV2 coverage level in 2015. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. GoC=No accepted empirical data

2013: Estimate of 54 percent assigned by working group. Estimate based on estimated MCV2 coverage level in 2012. GoC=No accepted empirical data

2012: Estimate based on estimated MCV2 coverage level in 2012. Estimate challenged by: D-

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

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	56	54	54	57	57	31	84	90	92	82	86	69
Estimate GoC	••	•	•	•	••	••	••	•	•	•	•	••
Official	56	54	NA	NA	57	31	84	90	92	82	86	69
Administrative	56	55	NA	NA	57	31	91	90	92	83	87	69
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

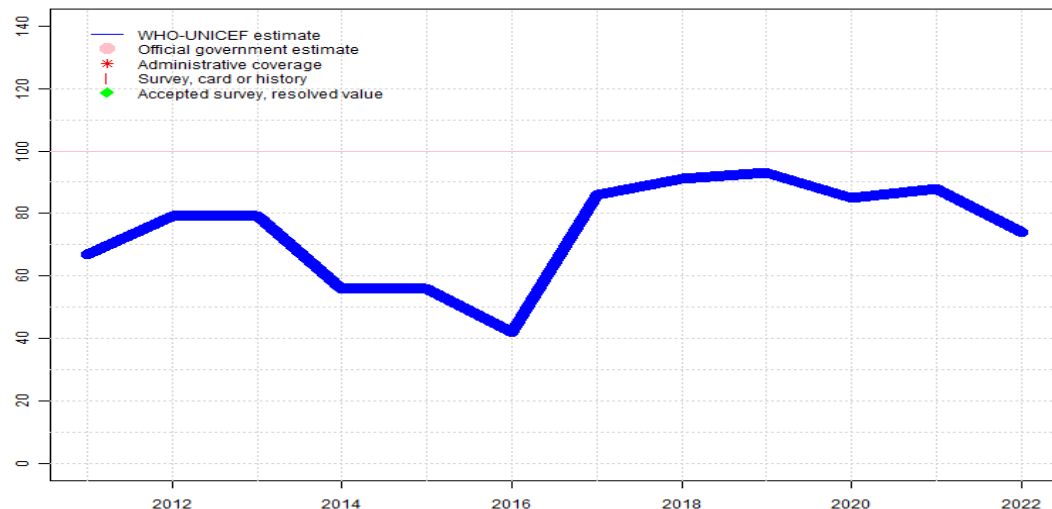
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Ukraine - RCV1

UKR - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	67	79	79	56	56	42	86	91	93	85	88	74
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	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.

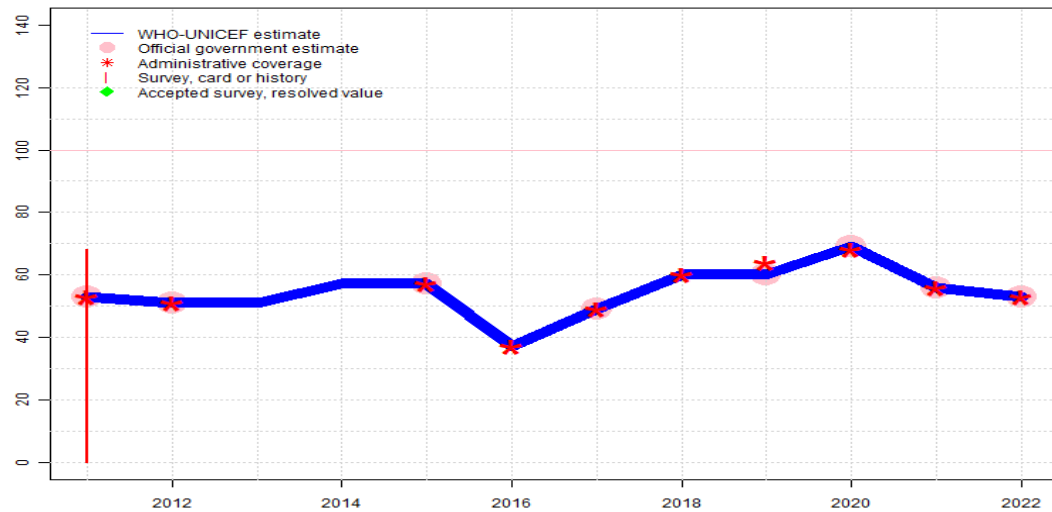
Description:

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. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ D+
- 2017: Estimate based on estimated MCV1. Programme recovering from vaccine shortages.. GoC=R+ D+
- 2016: Estimate based on estimated MCV1. GoC=R+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ D+
- 2014: Estimate based on estimated MCV1. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. GoC=No accepted empirical data
- 2013: Estimate based on estimated MCV1. GoC=No accepted empirical data
- 2012: Estimate based on estimated MCV1. GoC=R+ D+
- 2011: Estimate based on estimated MCV1. GoC=R+ D+

Ukraine - HepBB

UKR - HepBB



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	53	51	51	57	57	37	49	60	60	69	56	53
Estimate GoC	••	••	•	•	••	••	••	••	••	••	•	•
Official	53	51	NA	NA	57	NA	49	NA	60	69	56	53
Administrative	53	51	NA	NA	57	37	49	60	64	68	56	53
Survey	68	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.

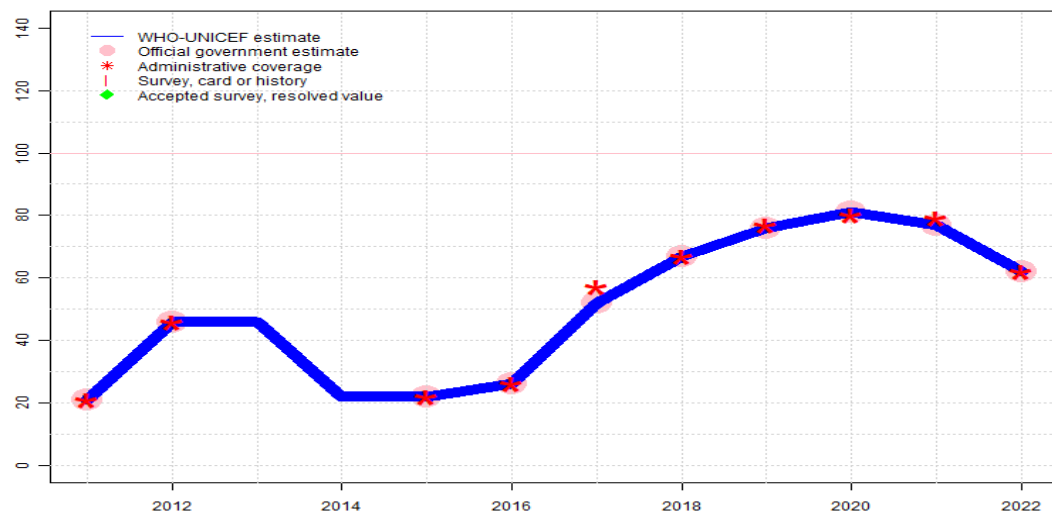
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Unexplained decline in vaccination coverage with HepB birth dose. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported administrative data. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme recovering from vaccine shortages.. GoC=R+ D+
- 2016: Estimate informed by reported administrative data. . GoC=R+ D+
- 2015: Estimate based on estimated HepBB coverage level in 2015. GoC=R+ D+
- 2014: Estimate of 57 percent assigned by working group. Estimate based on estimated HepBB coverage level in 2015. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. GoC=No accepted empirical data
- 2013: Estimate of 51 percent assigned by working group. Estimate based on estimated HepBB coverage level in 2012. GoC=No accepted empirical data
- 2012: Estimate based on estimated HepBB coverage level in 2012. GoC=R+ D+
- 2011: Estimate informed by reported data. Ukraine Multiple Indicator Cluster Survey 2012 results ignored by working group. Survey results for children aged 18-29 months reflect late vaccination. Survey coverage by 12 months support reported coverage levels. GoC=R+ D+

Ukraine - HepB3

UKR - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	21	46	46	22	22	26	52	67	76	81	77	62
Estimate GoC	•	••	•	•	••	••	••	••	••	•	••	•
Official	21	46	NA	NA	22	26	52	67	76	81	77	62
Administrative	21	46	NA	NA	22	26	57	67	77	80	79	62
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.

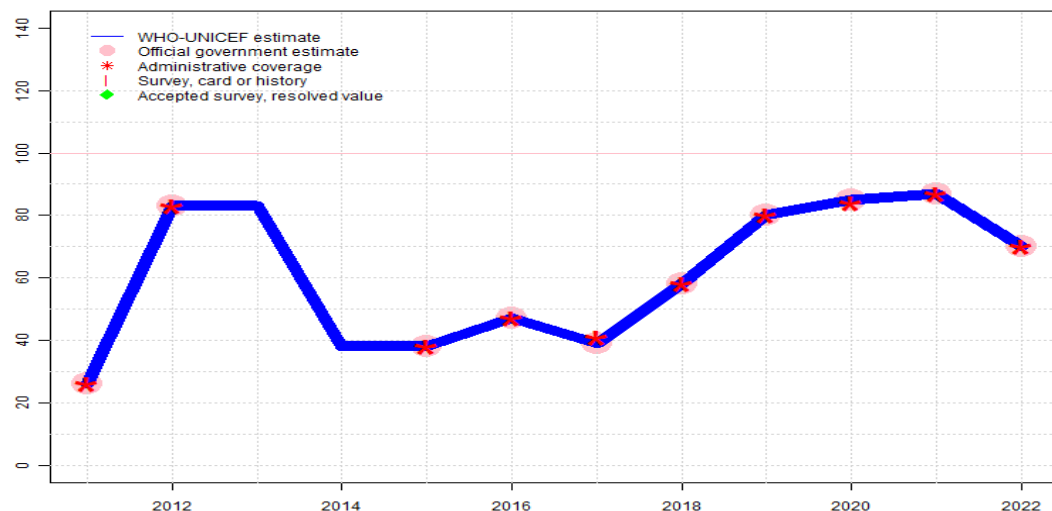
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by reported data. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. Estimate challenged by: D-
- 2021: Estimate informed by reported data. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate informed by reported data. Programme recovering from vaccine shortages.. GoC=R+ D+
- 2016: Estimate informed by reported data. Programme reports six months national stockout. GoC=R+ D+
- 2015: Estimate based on estimated HepB3 coverage level in 2015. Programme reports 7-month stockout at the national level. GoC=R+ D+
- 2014: Estimate of 22 percent assigned by working group. Estimate based on estimated HepB3 coverage level in 2015. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. GoC=No accepted empirical data
- 2013: Estimate of 46 percent assigned by working group. Estimate based on estimated HepB3 coverage level in 2012. GoC=No accepted empirical data
- 2012: Estimate based on estimated HepB3 coverage level in 2012. GoC=R+ D+
- 2011: Estimate informed by reported data. Increase in coverage likely represents restoration of public confidence in the national immunization system and improved vaccine supply. Estimate challenged by: D-

Ukraine - Hib3

UKR - Hib3



Description:

- 2022: Estimate informed by reported data. Declines in reported coverage reflect disruptions to immunization service and primary healthcare delivery systems due to intense hostilities which began in February 2022. Programme also notes an accelerated decline in reported target population due in part to population displacement in conflict-affected areas. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. GoC=R+ 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. Programme reports six months national stockout. GoC=R+ D+
- 2015: Estimate based on estimated Hib1 coverage level in 2015. Programme reports 9-month stockout at the national level. GoC=R+ D+
- 2014: Estimate of 38 percent assigned by working group. Estimate based on estimated Hib1 coverage level in 2015. Reduced coverage may be explained by a combination of vaccine shortages and an erosion in public confidence in vaccination, coinciding with civil unrest. GoC=No accepted empirical data
- 2013: Estimate of 83 percent assigned by working group. Estimate based on estimated Hib1 coverage level in 2012. GoC=No accepted empirical data
- 2012: Estimate based on estimated Hib1 coverage level in 2012. GoC=R+ D+
- 2011: Estimate informed by reported data. Increase in coverage likely represents restoration of public confidence in the national immunization system and improved vaccine supply. GoC=R+ D+

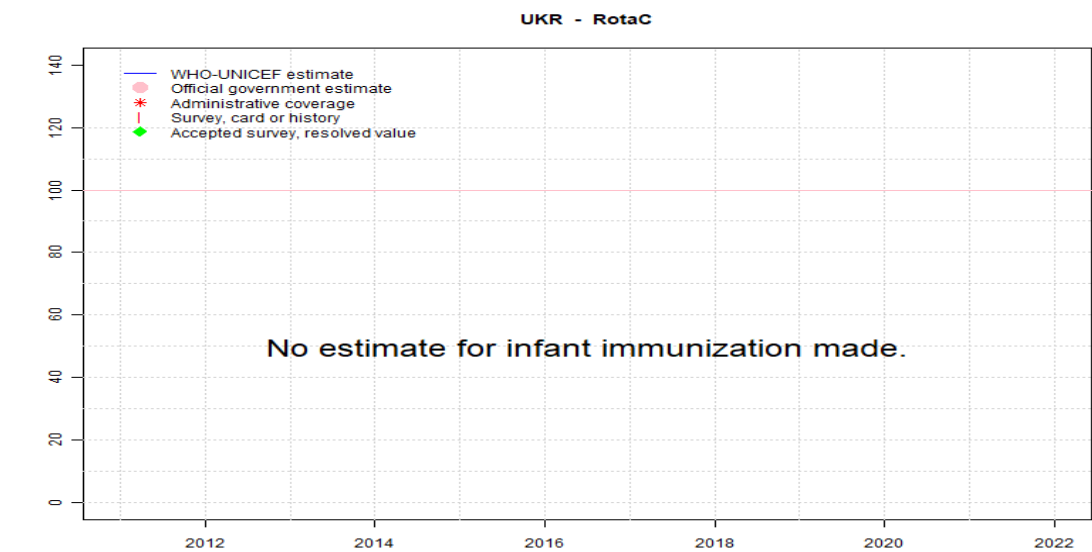
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	26	83	83	38	38	47	39	58	80	85	87	70
Estimate GoC	●●	●●	●	●	●●	●●	●●	●	●●	●●	●	●
Official	26	83	NA	NA	38	47	39	58	80	85	87	70
Administrative	26	83	NA	NA	38	47	41	58	80	84	87	70
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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- 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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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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Ukraine - RotaC



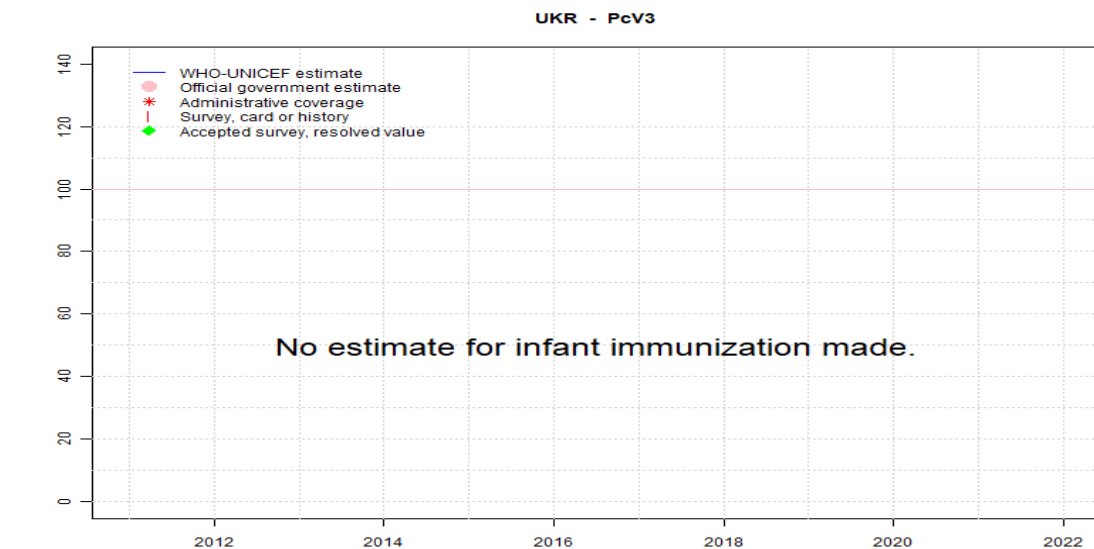
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Ukraine - PcV3



	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.

Ukraine - 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.

2011 Ukraine Multiple Indicator Cluster Survey 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.5	18-29 m	829	92
BCG	Card	89.5	18-29 m	-	92
BCG	Card or History	95.4	18-29 m	829	92
BCG	History	5.9	18-29 m	-	92
DTP1	C or H <12 months	79.4	18-29 m	829	92
DTP1	Card	81.8	18-29 m	-	92
DTP1	Card or History	86	18-29 m	829	92
DTP1	History	4.2	18-29 m	-	92
DTP3	C or H <12 months	41.8	18-29 m	829	92
DTP3	Card	71.5	18-29 m	-	92

DTP3	Card or History	74.3	18-29 m	829	92
DTP3	History	2.8	18-29 m	-	92
HepB1	C or H <12 months	53.6	18-29 m	829	92
HepB1	Card	58.7	18-29 m	-	92
HepB1	Card or History	68.7	18-29 m	829	92
HepB1	History	10	18-29 m	-	92
HepBB	C or H <12 months	65.1	18-29 m	829	92
HepBB	Card	64.9	18-29 m	-	92
HepBB	Card or History	68.4	18-29 m	829	92
HepBB	History	3.5	18-29 m	-	92
Hib1	C or H <12 months	74.9	18-29 m	829	92
Hib1	Card	76.4	18-29 m	-	92
Hib1	Card or History	80.4	18-29 m	829	92
Hib1	History	4	18-29 m	-	92
MCV1	C or H <18 months	62.7	18-29 m	829	92
MCV1	Card	65.8	18-29 m	-	92
MCV1	Card or History	73.1	18-29 m	829	92
MCV1	History	7.3	18-29 m	-	92
Pol1	C or H <12 months	79	18-29 m	829	92
Pol1	Card	81.4	18-29 m	-	92
Pol1	Card or History	85.4	18-29 m	829	92
Pol1	History	4.1	18-29 m	-	92
Pol3	C or H <12 months	47.8	18-29 m	829	92
Pol3	Card	70.8	18-29 m	-	92
Pol3	Card or History	73.3	18-29 m	829	92
Pol3	History	2.4	18-29 m	-	92

Ukraine - survey details

Further information and estimates for previous years are available at:

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

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