

Morocco: WHO and UNICEF estimates of immunization coverage: 2023 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 published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

*Burton et al. 2009. Bull World Health Organ.

*Burton et al. 2012. PLoS One.

*Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES.

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS

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. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, 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.

IPV2: percentage of surviving infants who received a 2nd dose of inactivated polio vaccine. IPV2 coverage estimates produced for OPV using countries.

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.

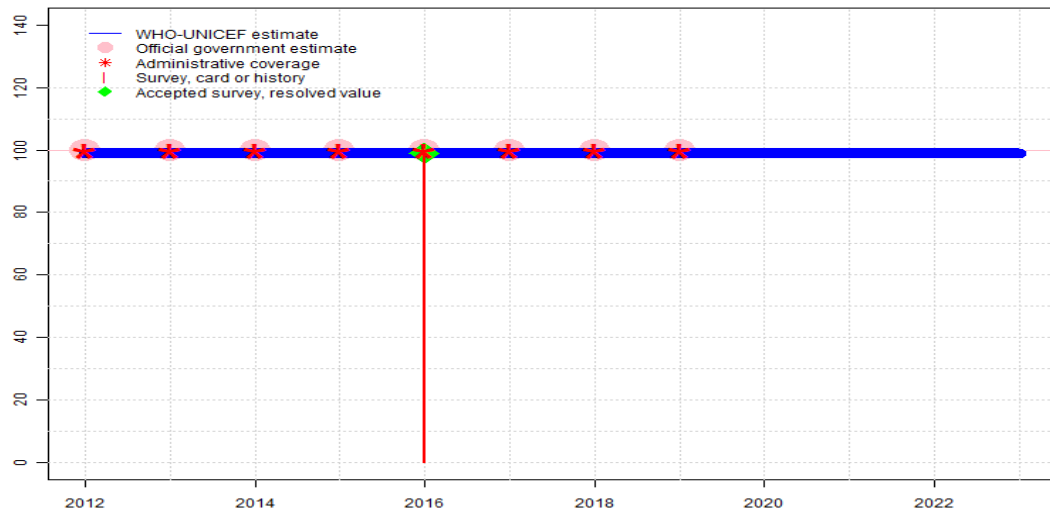
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

MengA: percentage of children who received one dose of meningococcal A conjugate vaccine. MengA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

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Morocco - BCG

MAR - BCG



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●	●●	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●
Official	100	100	100	100	100	100	100	100	NA	NA	NA	NA
Administrative	100	100	100	100	100	100	100	100	NA	NA	NA	NA
Survey	NA	NA	NA	NA	99	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:

- 2023: Estimate based on extrapolation from data reported by national government. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data
- 2022: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
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Morocco - HepBB

MAR - HepBB



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	9	14	14	14	22	33	36	41	41	41	41	41
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	100	100	100	100	100	50	60	70	NA	NA	NA	NA
Administrative	9	14	15	14	22	53	59	69	NA	NA	NA	NA
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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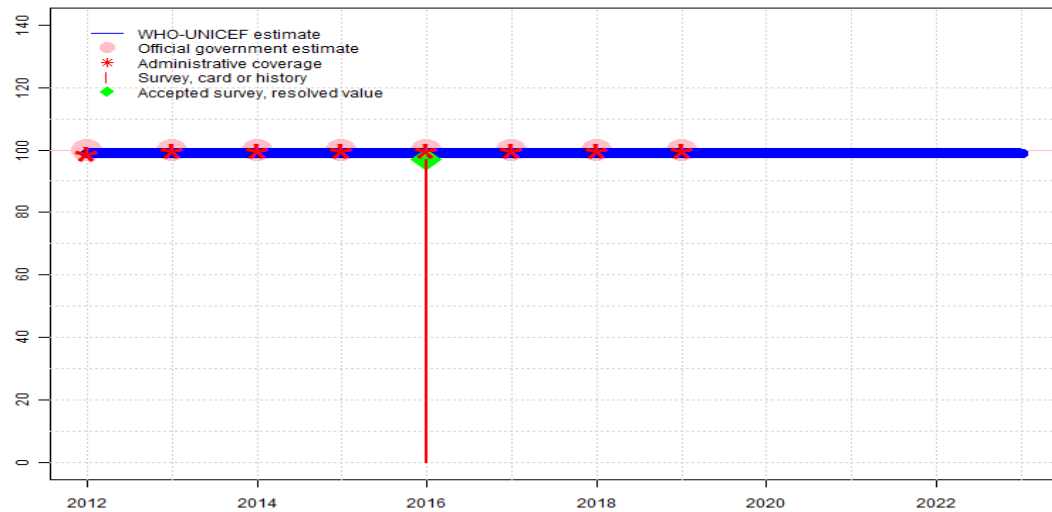
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate based on previous year estimate. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data
- 2022: Estimate informed by extrapolation from prior year. GoC=No accepted empirical data
- 2021: Estimate based on extrapolation from prior year. GoC=No accepted empirical data
- 2020: Estimate based on 2019 estimate. GoC=No accepted empirical data
- 2019: Programme reports 70 percent coverage achieved in 60 percent of the national target population, based on births from the public sector. Estimate is based on annualized coverage achieved in the national target population and reflects doses delivered within 24 hours of delivery. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2018: Programme reports 60 percent coverage achieved in 61 percent of the national target population, based on births from the public sector. Estimate is based on annualized coverage achieved in the national target population and reflects doses delivered within 24 hours of delivery. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2017: Programme reports 53 percent coverage achieved in 61 percent of the national target population, based on births from the public sector. Estimate is based on annualized coverage achieved in the national target population and reflects doses delivered within 24 hours of delivery. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2016: Estimate of 22 percent assigned by working group. Estimate is based on reported data. Coverage reflects doses delivered within 24 hours of delivery. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2015: Estimate of 14 percent assigned by working group. Estimate based on reported administrative coverage data. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2015 levels. National reported estimates include estimated number of immunizations provided in the private sector. Reported administrative coverage level reflects HepB coverage within 24 hours. Reported official government estimate includes HepB coverage beyond 24 hours. Estimated coverage reflects doses administered within 24 hours. Estimate challenged by: R-
- 2013: Estimate of 14 percent assigned by working group. Reported coverage level reflects HepB coverage within 24 hours and beyond. Estimated coverage reflects doses administered within 24 hours. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2012: Estimate of 9 percent assigned by working group. Reported coverage level reflects HepB coverage within 24 hours and beyond. Estimated coverage reflects doses administered within 24 hours. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-

Morocco - DTP1

MAR - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●	●●	●	●●●	●●●	●●●	●●●	●●	●	●	●	●
Official	100	100	100	100	100	100	100	100	NA	NA	NA	NA
Administrative	99	100	100	100	100	100	100	100	NA	NA	NA	NA
Survey	NA	NA	NA	NA	97	NA	NA	NA	NA	NA	NA	NA

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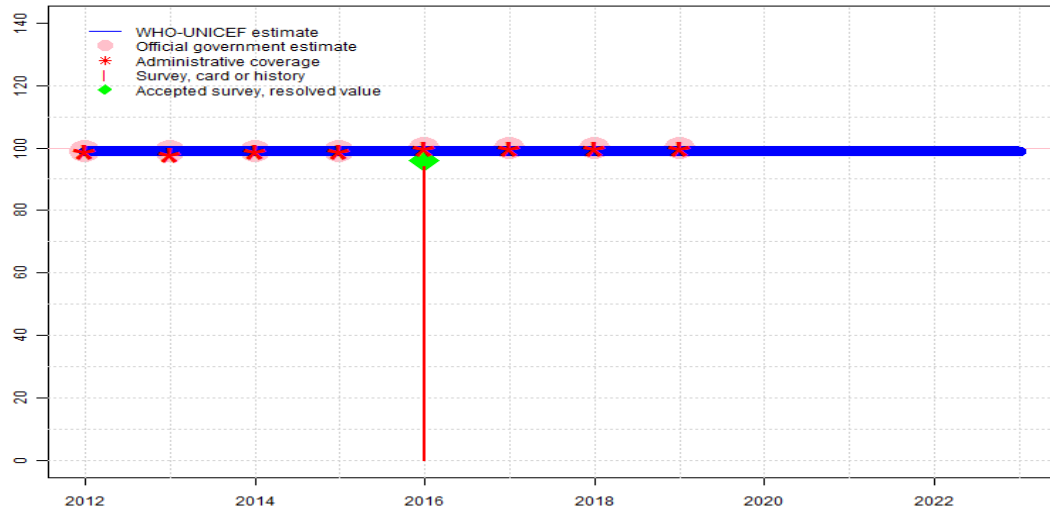
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- 2012: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

Morocco - DTP3

MAR - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	100	100	100	NA	NA	NA	NA
Estimate GoC	••	••	•••	•••	•••	•••	•••	••	•	•	•	•
Official	99	99	99	99	100	100	100	100	NA	NA	NA	NA
Administrative	99	98	99	99	100	100	100	100	NA	NA	NA	NA
Survey	NA	NA	NA	NA	94	NA	NA	NA	NA	NA	NA	NA

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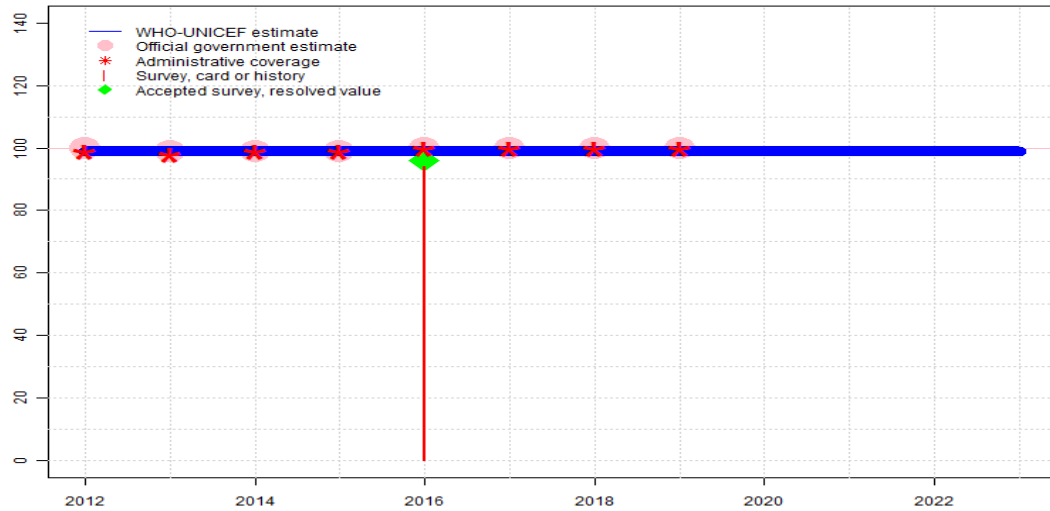
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- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Enquête Nationale sur la Population et la Santé Familiale (ENPSF) 2018 card or history results of 94 percent modified for recall bias to 96 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 99 percent and 3rd dose card only coverage of 98 percent. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
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Morocco - HepB3

MAR - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●	●●	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●
Official	100	99	99	99	100	100	100	100	NA	NA	NA	NA
Administrative	99	98	99	99	100	100	100	100	NA	NA	NA	NA
Survey	NA	NA	NA	NA	94	NA	NA	NA	NA	NA	NA	NA

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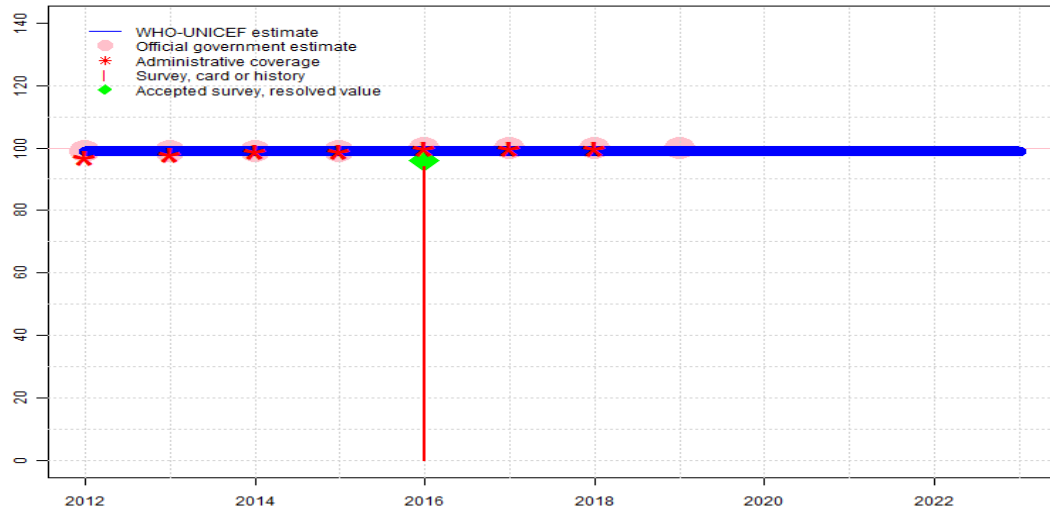
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- 2012: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

Morocco - Hib3

MAR - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	100	100	100	100	NA	NA	NA
Estimate GoC	●	●	●	●	●●●	●●●	●●●	●●	●	●	●	●
Official	99	99	99	99	100	100	100	100	NA	NA	NA	NA
Administrative	97	98	99	99	100	100	100	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	94	NA	NA	NA	NA	NA	NA	NA

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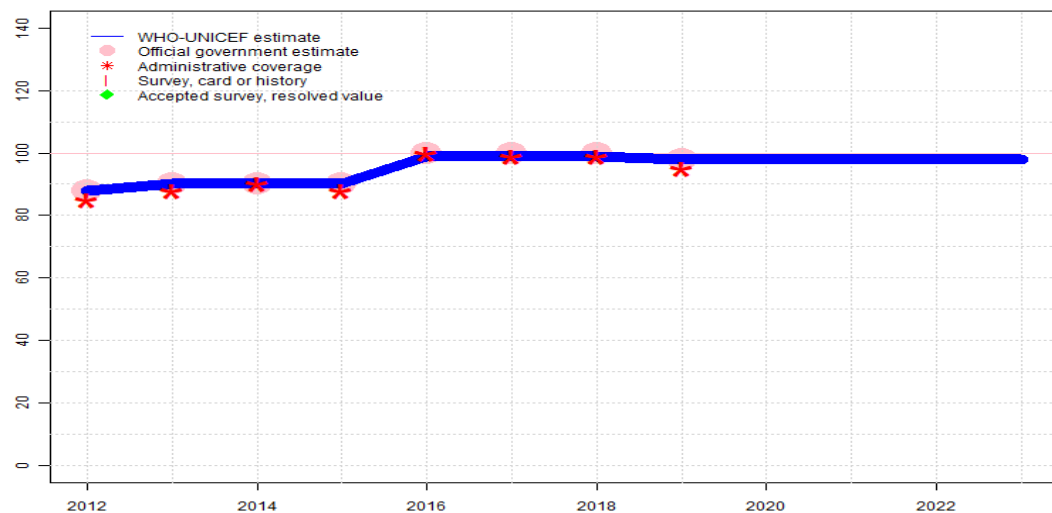
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- 2020: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
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- 2015: Reported data calibrated to 2011 and 2016 levels. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
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- 2013: Reported data calibrated to 2011 and 2016 levels. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-
- 2012: Reported data calibrated to 2011 and 2016 levels. National reported estimates include estimated number of immunizations provided in the private sector. Estimate challenged by: R-

Morocco - RotaC

MAR - RotaC



Description:

- 2023: Estimate informed by extrapolation from reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data
- 2022: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2021: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2020: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2016: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2013: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2012: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	88	90	90	90	99	99	99	98	98	98	98	98
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●	●
Official	88	90	90	90	100	100	100	98	NA	NA	NA	NA
Administrative	85	88	90	88	100	99	99	95	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

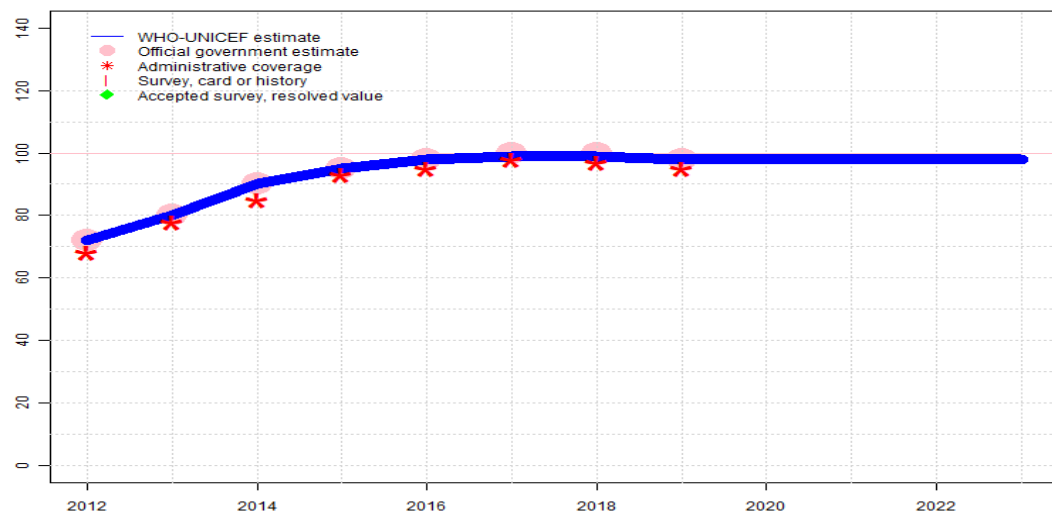
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Morocco - PcV3

MAR - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	72	80	90	95	98	99	99	98	98	98	98	98
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●	●	●	●
Official	72	80	90	95	98	100	100	98	NA	NA	NA	NA
Administrative	68	78	85	93	95	98	97	95	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Description:

- 2023: Estimate informed by extrapolation from reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data
- 2022: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2021: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2020: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2016: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2013: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2012: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

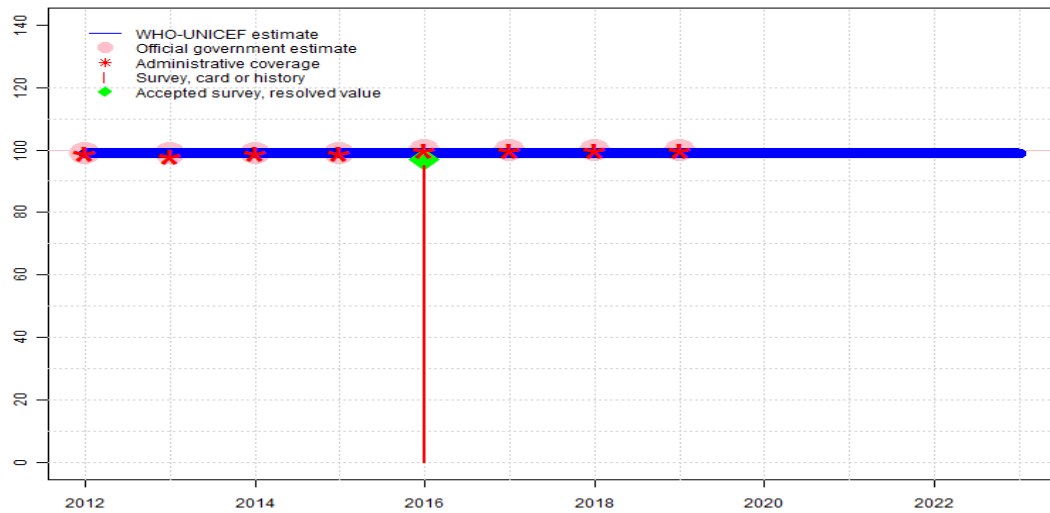
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Morocco - Pol3

MAR - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	100	100	100	NA	NA	NA	NA
Estimate GoC	●●	●●	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●
Official	99	99	99	99	100	100	100	100	NA	NA	NA	NA
Administrative	99	98	99	99	100	100	100	100	NA	NA	NA	NA
Survey	NA	NA	NA	NA	95	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.

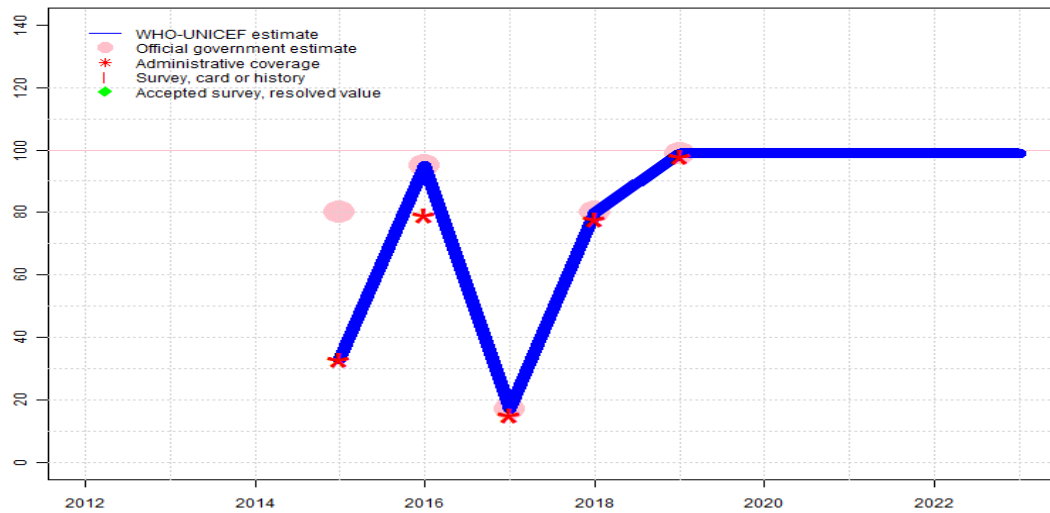
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate based on extrapolation from data reported by national government. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data
- 2022: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Enquête Nationale sur la Population et la Santé Familiale (ENPSF) 2018 card or history results of 95 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 99 percent and 3rd dose card only coverage of 98 percent. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2012: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

Morocco - IPV1

MAR - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	33	95	17	80	99	99	99	99	99
Estimate GoC	NA	NA	NA	●●	●	●●	●●	●●	●	●	●	●
Official	NA	NA	NA	80	95	17	80	99	NA	NA	NA	NA
Administrative	NA	NA	NA	33	79	15	78	98	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:

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).

2023: Estimate informed by extrapolation from reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data

2022: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2021: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2020: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector.. GoC=R+ D+

2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. Programme recovered from 2017 stockout. GoC=R+ D+

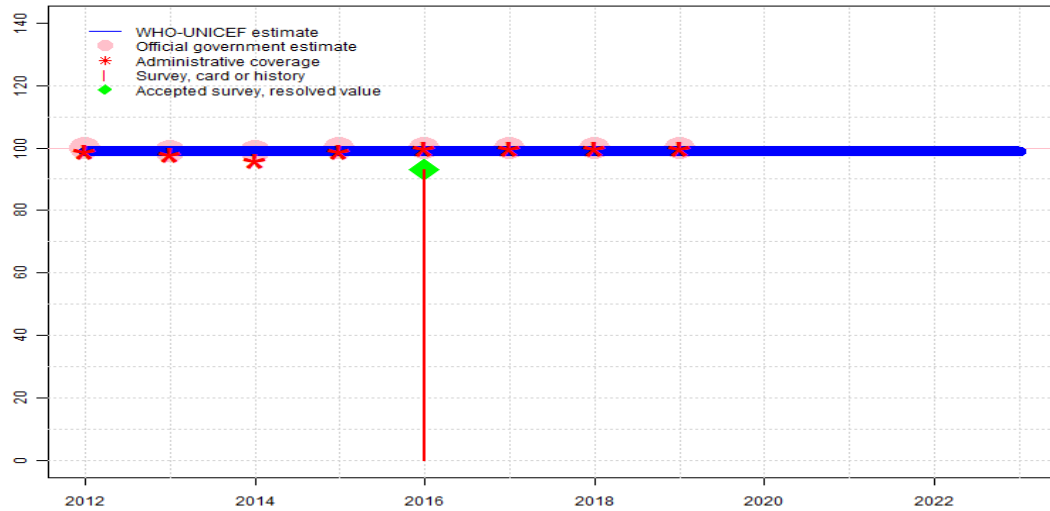
2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. IPV stockouts due to global vaccine shortages. Remaining IPV vaccine from 2016 used in 2017. GoC=R+ D+

2016: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. Estimate based on reported data following introduction. Estimate challenged by: D-

2015: Estimate informed by reported administrative data. National reported estimates include estimated number of immunizations provided in the private sector. Inactivated polio vaccine in June 2015. Estimate is based on reported administrative coverage. GoC=R+ D+

Morocco - MCV1

MAR - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●●	●●	●●●	●●●	●●●	●●●	●●●	●●	●	●	●	●
Official	100	99	99	100	100	100	100	100	NA	NA	NA	NA
Administrative	99	98	96	99	100	100	100	100	NA	NA	NA	NA
Survey	NA	NA	NA	NA	93	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.

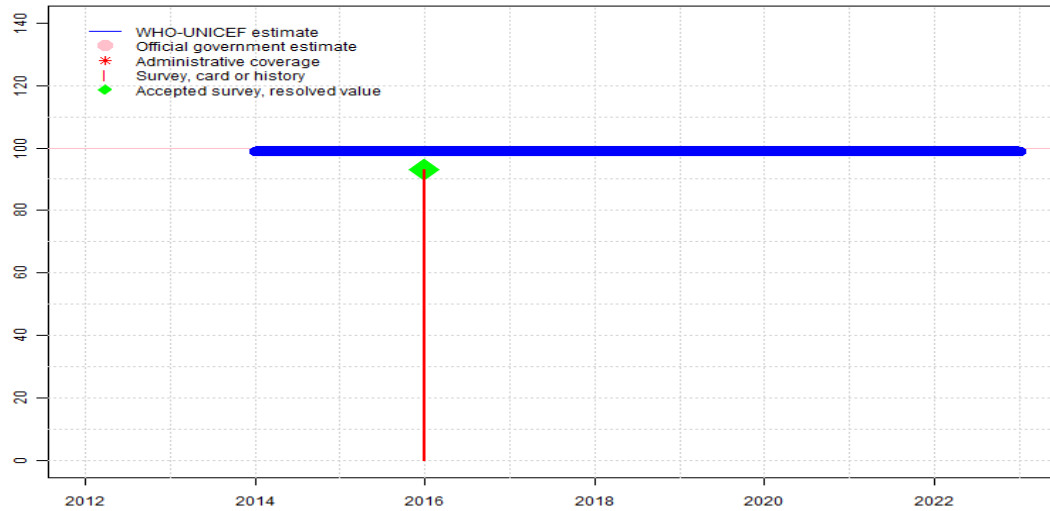
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate based on extrapolation from data reported by national government. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data
- 2022: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2021: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2020: Estimate based on extrapolation from data reported by national government. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2012: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

Morocco - RCV1

MAR - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	99	99	99	99	99	99	99	99	99	99
Estimate GoC	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	93	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.

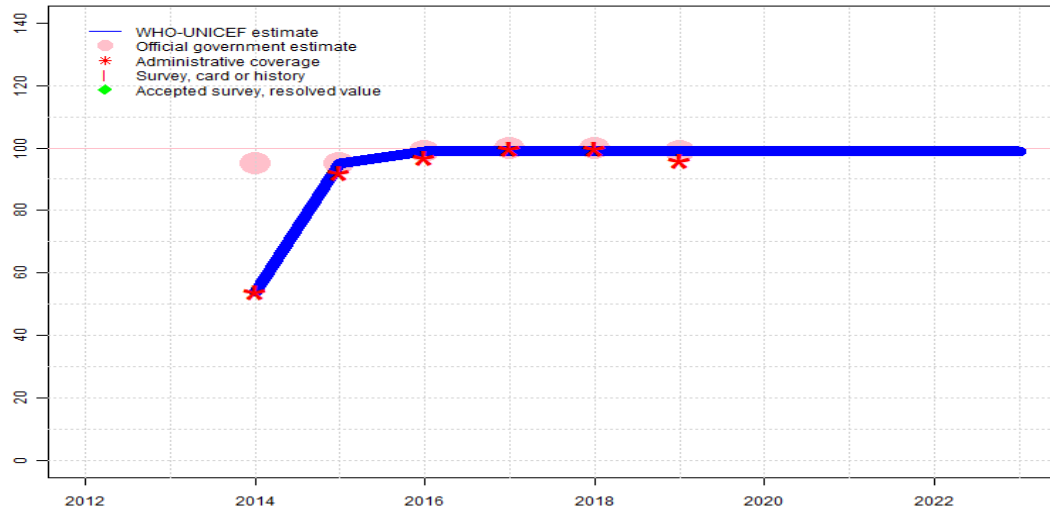
Description:

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.

- 2023: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data
- 2022: Estimate based on estimated MCV1. GoC=No accepted empirical data
- 2021: Estimate based on estimated MCV1. GoC=No accepted empirical data
- 2020: Estimate based on estimated MCV1. GoC=No accepted empirical data
- 2019: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2017: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2016: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2015: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ S+ D+
- 2014: Estimate based on estimated MCV1. National reported estimates include estimated number of immunizations provided in the private sector. Rubella containing vaccine re-introduced in combination with the first dose of MCV during 2014. GoC=R+ S+ D+

Morocco - MCV2

MAR - MCV2



Description:

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

2023: Estimate informed by extrapolation from reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=No accepted empirical data

2022: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2021: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2020: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2019: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

2018: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

2017: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

2016: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. GoC=R+ D+

2015: Estimate informed by reported data. National reported estimates include estimated number of immunizations provided in the private sector. Reported coverage reflects children reached following re-introduction of MCV2 during 2014. GoC=R+ D+

2014: Estimate informed by reported administrative data. National reported estimates include estimated number of immunizations provided in the private sector. No explanation for adjustment from administrative coverage. Measles second dose re-introduced during April 2014. GoC=R+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	54	95	99	99	99	99	99	99	99	99
Estimate GoC	NA	NA	••	••	••	••	••	••	•	•	•	•
Official	NA	NA	95	95	99	100	100	99	NA	NA	NA	NA
Administrative	NA	NA	54	92	97	100	100	96	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.

Morocco - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated 1 or 2 years prior to the survey field work.

2016 Enquête Nationale sur la Population et la Santé Familiale (ENPSF) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	99.8	12-23 m	1004	87
BCG	Card or History	98.8	12-23 m	1158	87
DTP1	Card	99.3	12-23 m	1004	87
DTP1	Card or History	97.3	12-23 m	1158	87
DTP3	Card	97.6	12-23 m	1004	87
DTP3	Card or History	94.4	12-23 m	1158	87
HepB1	Card	99.3	12-23 m	1004	87
HepB1	Card or History	97.3	12-23 m	1158	87
HepB3	Card	97.6	12-23 m	1004	87
HepB3	Card or History	94.4	12-23 m	1158	87
Hib1	Card	99.3	12-23 m	1004	87
Hib1	Card or History	97.3	12-23 m	1158	87
Hib3	Card	97.6	12-23 m	1004	87
Hib3	Card or History	94.4	12-23 m	1158	87
MCV1	Card	95.6	12-23 m	1004	87
MCV1	Card or History	93.1	12-23 m	1158	87
Pol1	Card	99.4	12-23 m	1004	87
Pol1	Card or History	98.1	12-23 m	1158	87
Pol3	Card	97.8	12-23 m	1004	87
Pol3	Card or History	95.4	12-23 m	1158	87

2010 Enquête Nationale sur la Population et la Santé Familiale (ENPSF) 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	98.5	12-23 m	-	86
DTP1	Card or History	97.6	12-23 m	-	86
DTP3	Card or History	95.2	12-23 m	-	86
MCV1	Card or History	89.3	12-23 m	-	86
Pol1	Card or History	97.3	12-23 m	-	86
Pol3	Card or History	94.6	12-23 m	-	86

2002 L'Enquête Nationale sur la Population et la Santé Familiale du Maroc 2003-2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97.8	12-23 m	1130	78
BCG	Card	78.3	12-23 m	1130	78
BCG	Card or history	98.4	12-23 m	1130	78
BCG	History	20.1	12-23 m	1130	78
DTP1	C or H <12 months	97	12-23 m	1130	78
DTP1	Card	77.5	12-23 m	1130	78
DTP1	Card or history	97.5	12-23 m	1130	78
DTP1	History	20.1	12-23 m	1130	78
DTP3	C or H <12 months	93.1	12-23 m	1130	78
DTP3	Card	75.4	12-23 m	1130	78
DTP3	Card or history	94.8	12-23 m	1130	78
DTP3	History	19.3	12-23 m	1130	78
MCV1	C or H <12 months	84.7	12-23 m	1130	78
MCV1	Card	71.6	12-23 m	1130	78
MCV1	Card or history	90.4	12-23 m	1130	78
MCV1	History	18.8	12-23 m	1130	78
Pol1	C or H <12 months	97.1	12-23 m	1130	78
Pol1	Card	77.6	12-23 m	1130	78
Pol1	Card or history	97.8	12-23 m	1130	78
Pol1	History	20.2	12-23 m	1130	78
Pol3	C or H <12 months	93.4	12-23 m	1130	78
Pol3	Card	75.6	12-23 m	1130	78
Pol3	Card or history	95.2	12-23 m	1130	78
Pol3	History	19.7	12-23 m	1130	78

Morocco - 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>