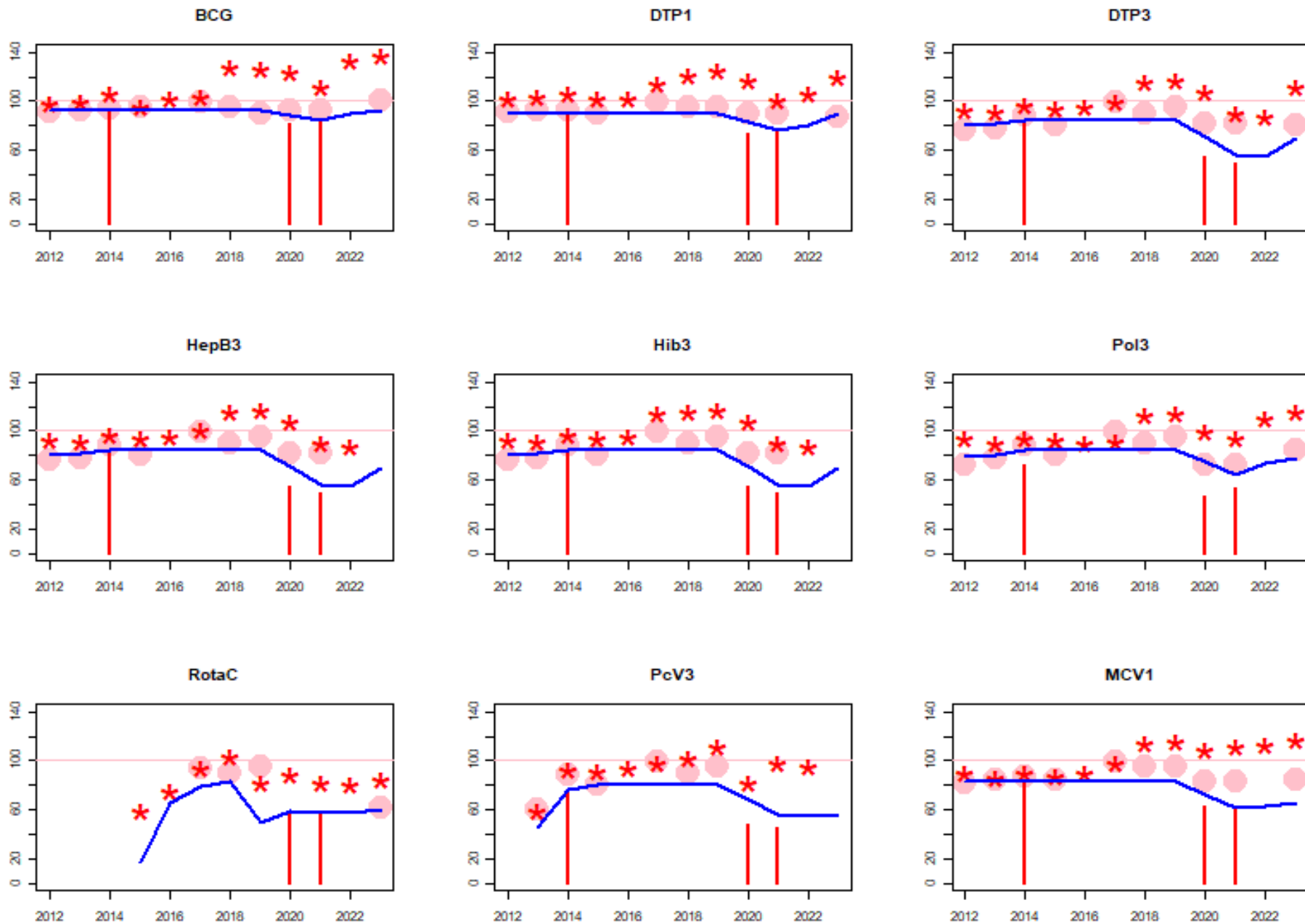


Mozambique: WHO and UNICEF estimates of immunization coverage: 2023 revision



Mozambique: 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.

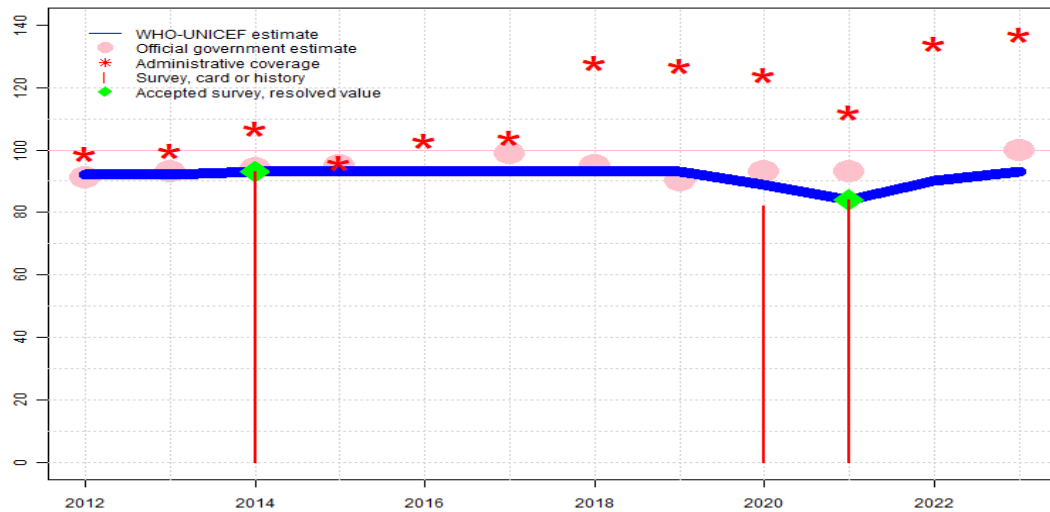
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Mozambique - BCG

MOZ - BCG



Description:

- 2023: Estimate based on relative difference of administered doses between 2022 and 2023 applied to 2022 estimate. Reported data excluded because 137 percent greater than 100 percent. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-
- 2022: Estimate based on relative difference of administered doses between 2021 and 2022 applied to 2021 estimate. Reported data excluded. .Reported data excluded because 134 percent greater than 100 percent. . Estimate of 90 percent changed from previous revision value of 79 percent. Estimate challenged by: D-R-
- 2021: Estimate of 84 percent assigned by working group. Estimate is based on survey coverage. Reported data excluded. .Reported data excluded because 112 percent greater than 100 percent. Reported data excluded due to decline in reported coverage from 124 percent to 112 percent with increase to 134 percent. . Estimate of 84 percent changed from previous revision value of 79 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 and 2021 levels. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage.Reported data excluded because 124 percent greater than 100 percent. Reported data excluded due to an increase from 90 percent to 124 percent with decrease 112 percent. . Estimate of 89 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-
- 2019: Estimate of 93 percent assigned by working group. Estimate is based on last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Programme reports BCG 3-month stock-out. Estimate of 93 percent changed from previous revision value of 94 percent. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage.Reported data excluded because 103 percent greater than 100 percent. Estimate of 93 percent changed from previous revision value of 94 percent. Estimate challenged by: R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	92	92	93	93	93	93	93	93	89	84	90	93
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	91	93	94	95	NA	99	95	90	93	93	NA	100
Administrative	99	100	107	96	103	104	128	127	124	112	134	137
Survey	NA	NA	93	NA	NA	NA	NA	NA	82	84	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

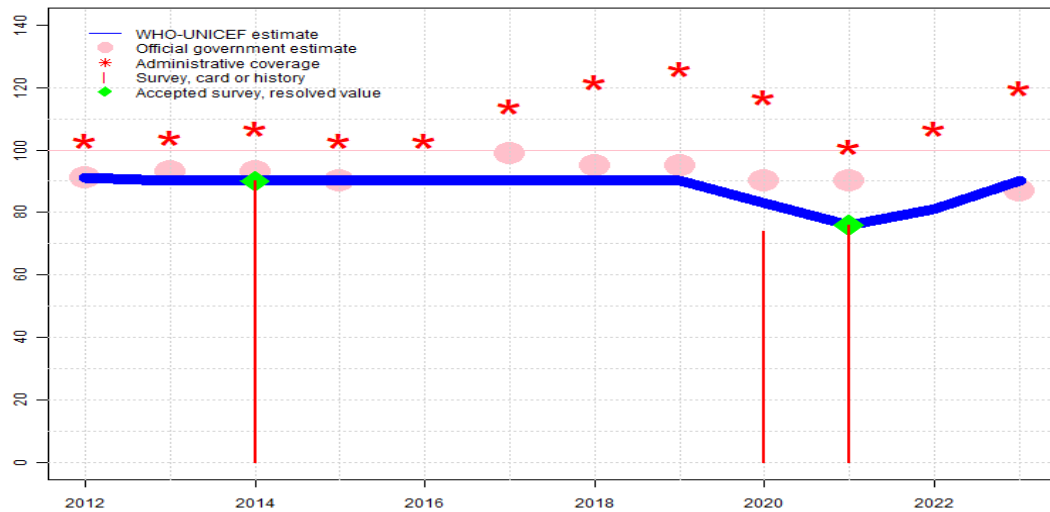
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Mozambique - BCG

- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Programme reports one month vaccine stockout at national level. Estimate of 93 percent changed from previous revision value of 94 percent. Estimate challenged by: R-
- 2014: Estimate of 93 percent assigned by working group. Estimate is based on survey estimate. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate of 93 percent changed from previous revision value of 94 percent. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 92 percent changed from previous revision value of 93 percent. Estimate challenged by: R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate challenged by: R-

Mozambique - DTP1

MOZ - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	91	90	90	90	90	90	90	90	83	76	81	90
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	91	93	93	90	NA	99	95	95	90	90	NA	87
Administrative	103	104	107	103	103	114	122	126	117	101	107	120
Survey	NA	NA	90	NA	NA	NA	NA	NA	74	76	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 relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Estimate is likely an overestimate and results in higher drop-out than observed in reported administrative coverage data. Reported data excluded because 120 percent greater than 100 percent. Programme reports a two-month vaccine stockout at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-S-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2021. Reported data excluded. Reported data excluded because 107 percent greater than 100 percent. Programme reports two and one-half months vaccine stockout at national level. Following a review of monthly coverage data, the increase in reported administrative coverage likely reflects intensification activities following the vaccine stockout which appears to have occurred early in the year. Estimate of 81 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 76 percent based on 1 survey(s). Reported data excluded. Reported data excluded because 101 percent greater than 100 percent. Programme reports 3.8 month vaccine stockout at national and subnational levels. Estimate of 76 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mozambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Reported data excluded because 117 percent greater than 100 percent. Reported data excluded due to an increase from 95 percent to 117 percent with decrease 101 percent. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2019: Estimate of 90 percent assigned by working group. Estimate is based on last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 90 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-S-

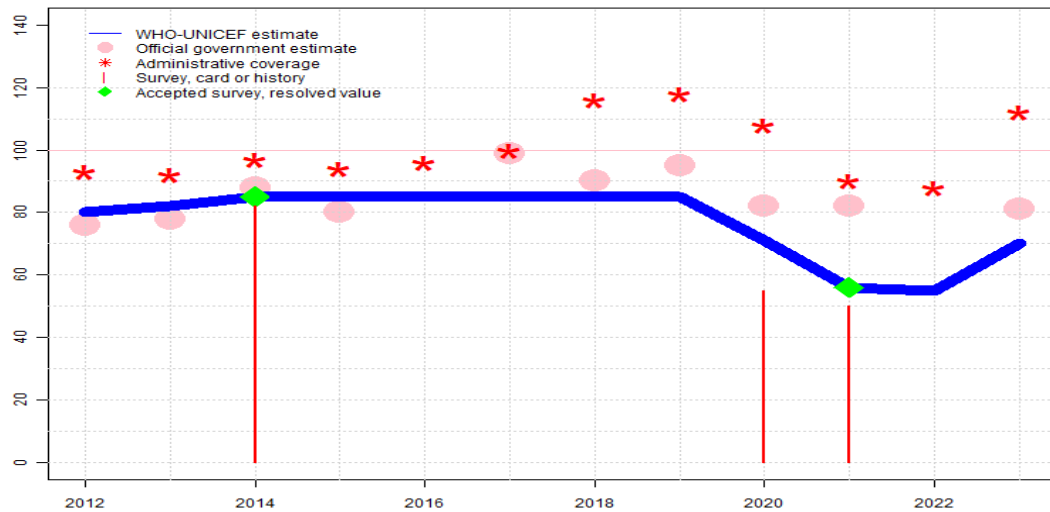
2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate of 90 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-

Mozambique - DTP1

- 2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 90 percent changed from previous revision value of 92 percent. Estimate challenged by: D-R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Reported data excluded because 103 percent greater than 100 percent. Estimate of 90 percent changed from previous revision value of 92 percent. Estimate challenged by: D-R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 90 percent changed from previous revision value of 93 percent. Estimate challenged by: D-R-
- 2014: Estimate of 90 percent assigned by working group. Estimate is based on survey estimate. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate of 90 percent changed from previous revision value of 93 percent. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 90 percent changed from previous revision value of 93 percent. Estimate challenged by: D-R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 91 percent changed from previous revision value of 92 percent. Estimate challenged by: R-

Mozambique - DTP3

MOZ - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	80	82	85	85	85	85	85	85	71	56	55	70
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	76	78	88	80	NA	99	90	95	82	82	NA	81
Administrative	93	92	97	94	96	100	116	118	108	90	88	112
Survey	NA	NA	82	NA	NA	NA	NA	NA	55	50	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 relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Reported data excluded because 112 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 88 level to 112 percent. Programme reports a two-month vaccine stockout at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-S-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2022. Reported data excluded. Programme reports two and one-half months vaccine stockout at national level. Estimate of 55 percent changed from previous revision value of 61 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 56 percent based on 1 survey(s). Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 50 percent modified for recall bias to 56 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 45 percent. Reported data excluded. Programme reports 3.8 month vaccine stockout at national and subnational levels. Estimate of 56 percent changed from previous revision value of 61 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 55 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 53 percent and 3rd dose card only coverage of 46 percent. Reported data excluded because 108 percent greater than 100 percent. Reported data excluded due to an increase from 95 percent to 108 percent with decrease 90 percent. Programme reports a two months vaccine stockout at national and subnational levels. Estimate of 71 percent changed from previous revision value of 79 percent. Estimate challenged by: D-R-S-

2019: Estimate of 85 percent assigned by working group. Estimate is based on last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-S-

2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate

Mozambique - DTP3

of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

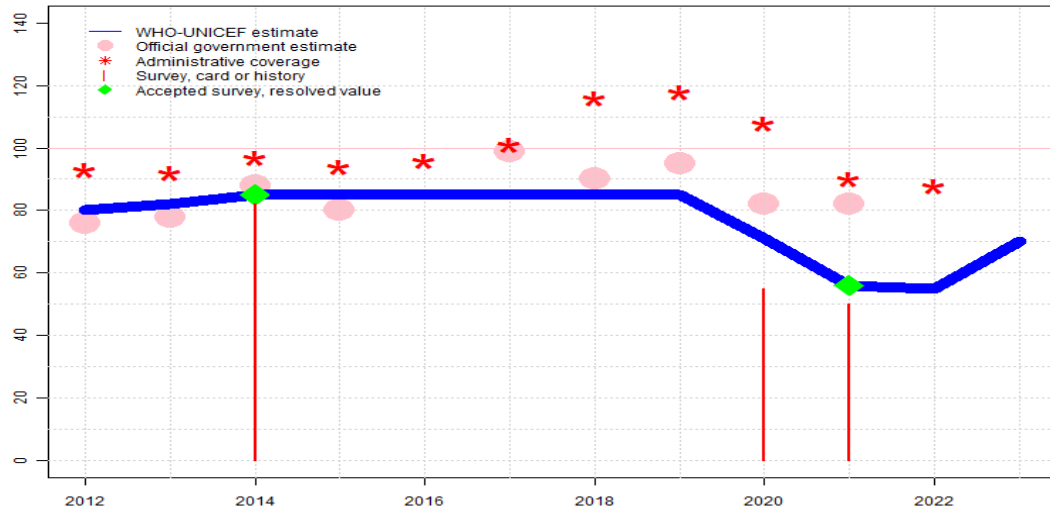
2014: Estimate of 85 percent assigned by working group. Estimate is based on survey estimate. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique (IMASIDA) 2015 card or history results of 82 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 68 percent. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 82 percent changed from previous revision value of 85 percent. Estimate challenged by: R-

2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 80 percent changed from previous revision value of 81 percent. Estimate challenged by: R-

Mozambique - HepB3

MOZ - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	80	82	85	85	85	85	85	85	71	56	55	70
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	76	78	88	80	NA	99	90	95	82	82	NA	NA
Administrative	93	92	97	94	96	101	116	118	108	90	88	NA
Survey	NA	NA	82	NA	NA	NA	NA	NA	55	50	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 relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Programme reports a two-month vaccine stockout at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: S-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2022. Reported data excluded. . Programme reports two and one-half months vaccine stockout at national level.. Estimate of 55 percent changed from previous revision value of 61 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 56 percent based on 1 survey(s). Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 50 percent modified for recall bias to 56 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 45 percent. Reported data excluded. .. Estimate of 56 percent changed from previous revision value of 61 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage.Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 55 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 53 percent and 3rd dose card only coverage of 46 percent. Reported data excluded because 108 percent greater than 100 percent. Reported data excluded due to an increase from 95 percent to 108 percent with decrease 90 percent. Programme reports a two months vaccine stockout at national and subnational levels.. Estimate of 71 percent changed from previous revision value of 79 percent. Estimate challenged by: D-R-S-

2019: Estimate of 85 percent assigned by working group. Estimate is based on last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-S-

2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

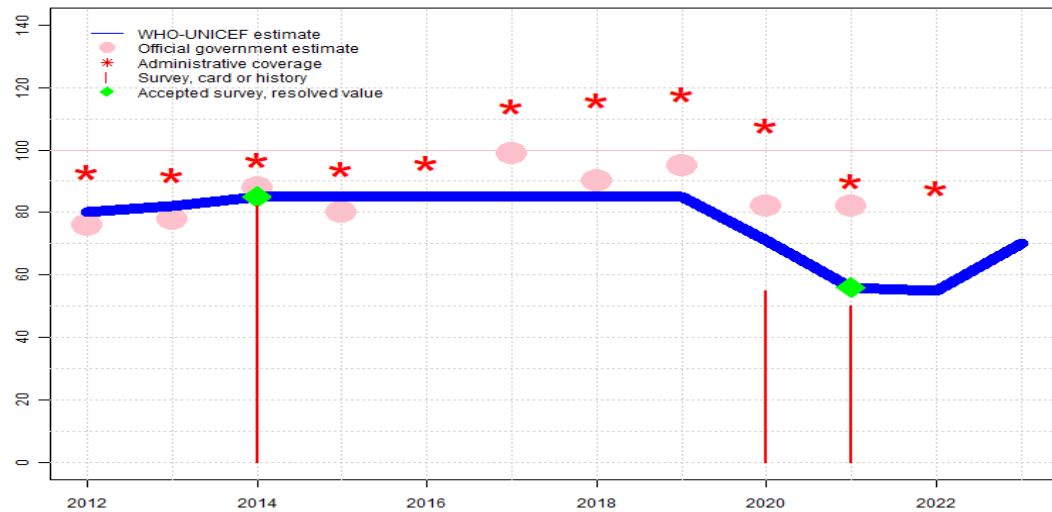
2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in re-

Mozambique - HepB3

- ported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-
- 2014: Estimate of 85 percent assigned by working group. Estimate is based on survey estimate. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique (IMASIDA) 2015 card or history results of 82 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 68 percent. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 82 percent changed from previous revision value of 85 percent. Estimate challenged by: R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 80 percent changed from previous revision value of 81 percent. Estimate challenged by: R-

Mozambique - Hib3

MOZ - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	80	82	85	85	85	85	85	85	71	56	55	70
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	76	78	88	80	NA	99	90	95	82	82	NA	NA
Administrative	93	92	97	94	96	114	116	118	108	90	88	NA
Survey	NA	NA	82	NA	NA	NA	NA	NA	55	50	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 relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Programme reports a two-month vaccine stockout at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: S-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2022. Reported data excluded. . Programme reports two and one-half months vaccine stockout at national level.. Estimate of 55 percent changed from previous revision value of 61 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 56 percent based on 1 survey(s). Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 50 percent modified for recall bias to 56 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 45 percent. Reported data excluded. .. Estimate of 56 percent changed from previous revision value of 61 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage.Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 55 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 53 percent and 3rd dose card only coverage of 46 percent. Reported data excluded because 108 percent greater than 100 percent. Reported data excluded due to an increase from 95 percent to 108 percent with decrease 90 percent. Programme reports a two months vaccine stockout at national and subnational levels.. Estimate of 71 percent changed from previous revision value of 79 percent. Estimate challenged by: D-R-S-

2019: Estimate of 85 percent assigned by working group. Estimate is based on last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-S-

2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in re-

Mozambique - Hib3

ported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

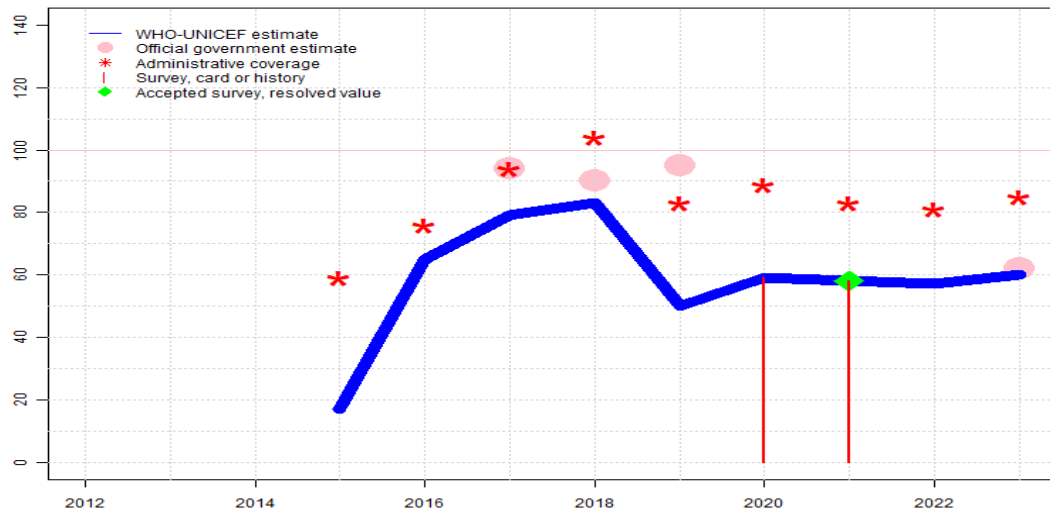
2014: Estimate of 85 percent assigned by working group. Estimate is based on survey estimate. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique (IMASIDA) 2015 card or history results of 82 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 68 percent. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-

2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 82 percent changed from previous revision value of 85 percent. Estimate challenged by: R-

2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 80 percent changed from previous revision value of 81 percent. Estimate challenged by: R-

Mozambique - RotaC

MOZ - RotaC



Description:

- 2023: Estimate based on relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Programme reports a five-month vaccine stockout at national and subnational levels. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-
- 2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2021. Reported data excluded. . Programme reports one month vaccine stockout at national level.. Estimate of 57 percent changed from previous revision value of 73 percent. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 58 percent based on 1 survey(s). Reported data excluded. .. Estimate of 58 percent changed from previous revision value of 73 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2021 levels. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage.. Estimate of 59 percent changed from previous revision value of 79 percent. Estimate challenged by: D-R-
- 2019: Estimate based on relation between reported DTP3 and estimated coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 50 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-
- 2018: Estimate based on relative relation between administered doses in 2017 and 2018 and estimated coverage in 2017. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate of 83 percent changed from previous revision value of 80 percent. Estimate challenged by: D-R-
- 2017: Estimate based on relation between reported DTP3 and estimated coverage. Estimate of 79 percent changed from previous revision value of 80 percent. Estimate challenged by: D-R-
- 2016: Estimate based on relation between reported DTP3 and estimated coverage. Reported data excluded. Increase in coverage due to national roll out. Estimate of 65 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-
- 2015: Rotavirus vaccine was introduced in September 2015. Programme reports 88 percent coverage in 29 percent of the national target population. Estimate is based on total annual national target population. Estimate challenged by: R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	17	65	79	83	50	59	58	57	60
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	94	90	95	NA	NA	NA	62
Administrative	NA	NA	NA	59	76	94	104	83	89	83	81	85
Survey	NA	NA	NA	NA	NA	NA	NA	NA	59	58	NA	NA

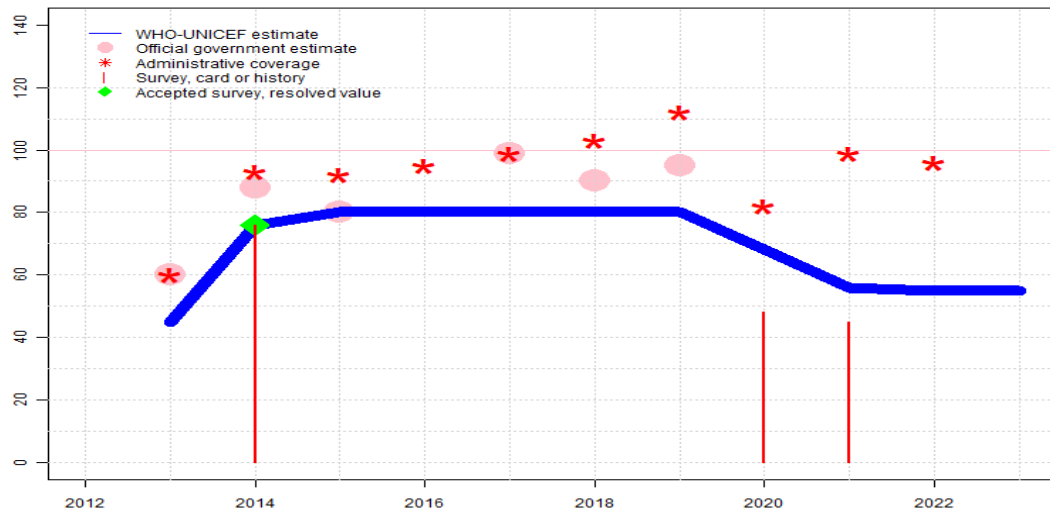
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Mozambique - PcV3

MOZ - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	45	76	80	80	80	80	80	68	56	55	55
Estimate GoC	NA	●	●	●	●	●	●	●	●	●	●	●
Official	NA	60	88	80	NA	99	90	95	NA	NA	NA	NA
Administrative	NA	60	93	92	95	99	103	112	82	99	96	NA
Survey	NA	NA	76	NA	NA	NA	NA	NA	48	45	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:

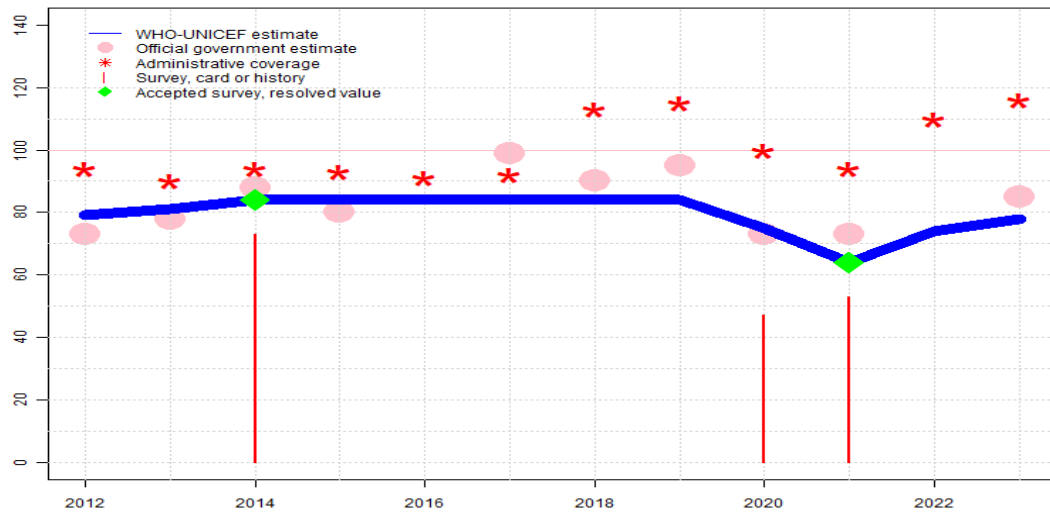
- 2023: Estimate extrapolated from previous year. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. GoC=No accepted empirical data
- 2022: Estimate based on relationship between administrative PcV3 coverage in 2021 and 2022 and coverage estimate in 2021. Reported data excluded. .. Estimate of 55 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-
- 2021: Estimate of 56 percent assigned by working group. Estimate based on DTP3 coverage estimate. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency across antigens and trends over time. Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 45 percent modified for recall bias to 49 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 41 percent. Reported data excluded. .. Estimate of 56 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 and 2021 levels. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage. Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 48 percent modified for recall bias to 56 percent based on 1st dose card or history coverage of 72 percent, 1st dose card only coverage of 53 percent and 3rd dose card only coverage of 41 percent. Reported data excluded due to decline in reported coverage from 95 percent to 82 percent with increase to 99 percent. . Estimate of 68 percent changed from previous revision value of 65 percent. Estimate challenged by: R-
- 2019: Estimate of 80 percent assigned by working group. Estimate is based on last accepted data point. WHO and UNICEF are aware of recent assessments of the target population. Estimate challenged by: D-R-
- 2018: Estimate based on estimated DTP3 coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate challenged by: D-R-
- 2017: Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2016: Estimate of 80 percent assigned by working group. PcV3 coverage based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2015: Estimate is based on reported data. Estimate challenged by: D-
- 2014: Estimate of 76 percent assigned by working group. Estimate is based on survey estimate. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate of 76 percent changed from previous revision value of 73 percent. Estimate challenged by: D-R-

Mozambique - PcV3

2013: Forty five percent coverage was achieved in 67 percent of target population. Pneumococcal conjugate vaccine introduced in April. Estimate challenged by: R-S-

Mozambique - Pol3

MOZ - Pol3



Description:

2023: Estimate based on relative relationship between reported administrative coverage in 2022 and 2023 and estimated coverage in 2022. Reported data excluded because 116 percent greater than 100 percent. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-S-

2022: Estimate based on relative relationship between reported administrative coverage in 2021 and 2022 and estimated coverage in 2022. Reported data excluded. .Reported data excluded because 110 percent greater than 100 percent. Increase in reported coverage likely reflects intensification activities, both routine and campaign, as a result of eight identified wild type 1 polio cases as well as circulating vaccine derived polio cases during 2022.. Estimate of 74 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 53 percent modified for recall bias to 64 percent based on 1st dose card or history coverage of 78 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 51 percent. Reported data excluded. . Programme reports one month vaccine stockout at national and subnational levels.. Estimate of 64 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage.Mocambique Inquerito Demografico e de Saude 2022-2023 card or history results of 47 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 76 percent, 1st dose card only coverage of 53 percent and 3rd dose card only coverage of 44 percent. Programme reports a four months vaccine stockout at national and subnational levels.. Estimate of 75 percent changed from previous revision value of 73 percent. Estimate challenged by: D-R-S-

2019: Estimate of 84 percent assigned by working group. Estimate is based on last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 84 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-S-

2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate of 84 percent changed from previous revision value of 91 percent. Estimate challenged

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	79	81	84	84	84	84	84	84	75	64	74	78
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	73	78	88	80	NA	99	90	95	73	73	NA	85
Administrative	94	90	94	93	91	92	113	115	100	94	110	116
Survey	NA	NA	73	NA	NA	NA	NA	NA	47	53	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

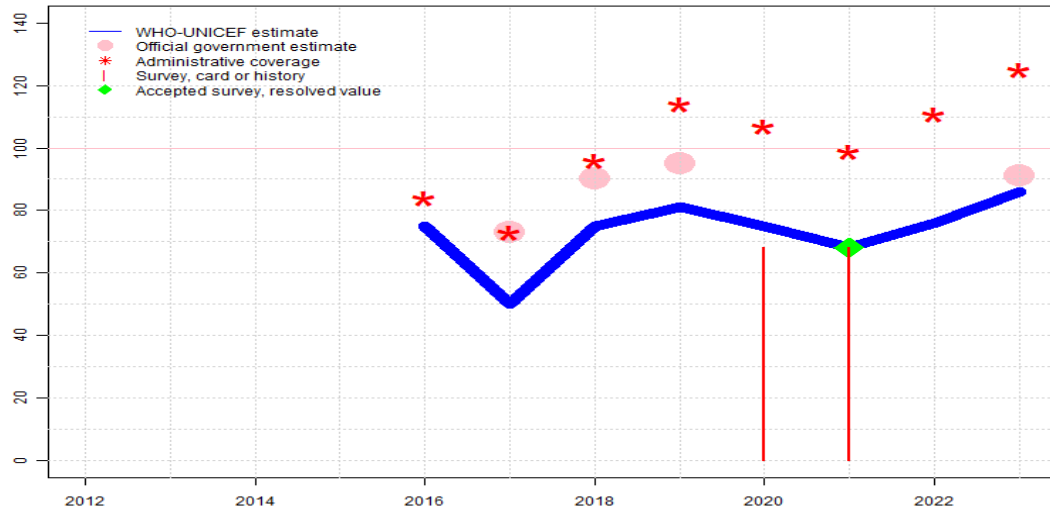
Mozambique - Pol3

by: D-R-

- 2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Programme reports OPV 1-month stock-out. Estimate of 84 percent changed from previous revision value of 91 percent. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 84 percent changed from previous revision value of 90 percent. Estimate challenged by: R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 84 percent changed from previous revision value of 89 percent. Estimate challenged by: R-
- 2014: Estimate of 84 percent assigned by working group. Estimate is based on survey estimate. Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique (IMASIDA) 2015 card or history results of 73 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 73 percent and 3rd dose card only coverage of 67 percent. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate of 84 percent changed from previous revision value of 88 percent. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 81 percent changed from previous revision value of 84 percent. Estimate challenged by: R-
- 2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 79 percent changed from previous revision value of 81 percent. Estimate challenged by: D-R-

Mozambique - IPV1

MOZ - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	75	50	75	81	75	68	76	86
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	73	90	95	NA	NA	NA	91
Administrative	NA	NA	NA	NA	84	73	96	114	107	99	111	125
Survey	NA	NA	NA	NA	NA	NA	NA	NA	68	68	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 is based on relative relationship between estimated and reported administrative coverage in 2022 applied to 2023 administrative coverage. Reported data excluded because 125 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 111 level to 125 percent. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-S-

2022: Estimate is based on relative relationship between estimated and reported administrative coverage in 2021 applied to 2022 administrative coverage. Reported data excluded. .Reported data excluded because 111 percent greater than 100 percent. Increase in reported coverage likely reflects intensification activities, both routine and campaign, as a result of eight identified wild type 1 polio cases as well as circulating vaccine derived polio cases during 2022.. Estimate of 76 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-

2021: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 68 percent based on 1 survey(s). Reported data excluded. . Programme reports 2.5 month vaccine stockout at national and subnational levels.. Estimate of 68 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2019 and 2021 levels. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage.Reported data excluded because 107 percent greater than 100 percent. Programme reports a one month vaccine stockout at national and subnational levels.. Estimate of 75 percent changed from previous revision value of 78 percent. Estimate challenged by: D-R-

2019: Estimate of 81 percent assigned by working group. Estimate is based on relative relationship between estimated and reported administrative coverage for DTP3 applied to IPV1 reported administrative. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 81 percent changed from previous revision value of 85 percent. Estimate challenged by: D-R-S-

2018: Estimate based on reported data adjusted for the difference between administrative and estimated coverage for DTP3. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five

Mozambique - IPV1

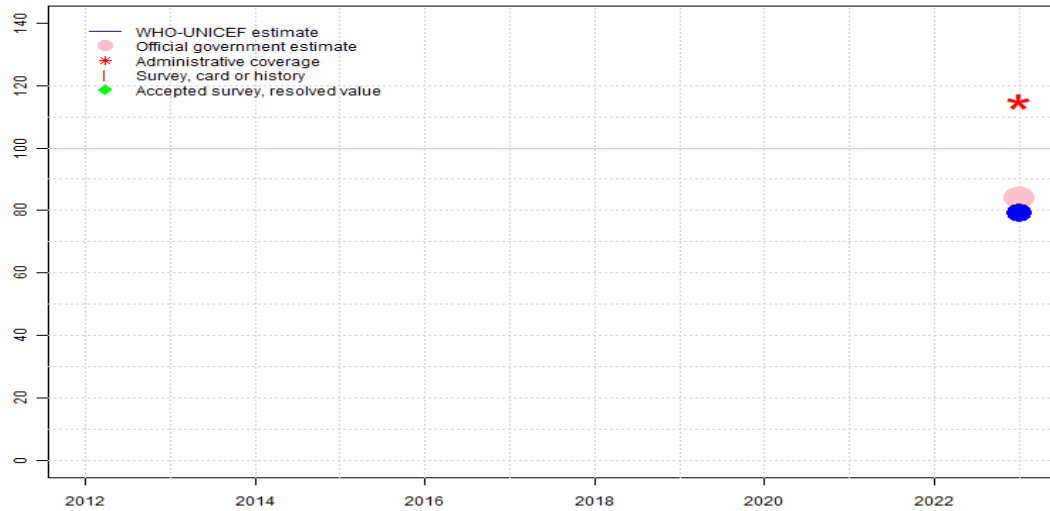
percent decrease in the reported target population between 2017 and 2018. Estimate of 75 percent changed from previous revision value of 64 percent. Estimate challenged by: D-R-

2017: Estimate based on relative decline in doses administered applied to previous year estimated coverage. Programme reports vaccine 4-month stockout. Reported data excluded due to decline in reported coverage from 84 percent to 73 percent with increase to 90 percent. Estimate of 50 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-

2016: Estimate based on relation between reported DTP3 and estimated coverage. IPV vaccine introduced in 2015. Reporting started in 2016. Estimate of 75 percent changed from previous revision value of 72 percent. Estimate challenged by: R-

Mozambique - IPV2

MOZ - IPV2



Description:

Estimates for a second dose of inactivated polio vaccine (IPV) begin in 2021 following a Strategic Advisory Group of Experts on Immunization (SAGE) recommendation in October 2020 that a second IPV dose increases protection against all polioviruses, including protection against paralysis caused by vaccine derived polio virus (type 2) (VDPV2). The addition of IPV2 is the next step towards complete OPV withdrawal. IPV2 coverage estimates produced for OPV using countries.

2023: Estimate based on relative difference of IPV1 and IPV2 coverage applied to IPV1 estimate. Reported data excluded because 115 percent greater than 100 percent. Second dose of IPV introduced in 2023. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	79
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	84
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	115
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

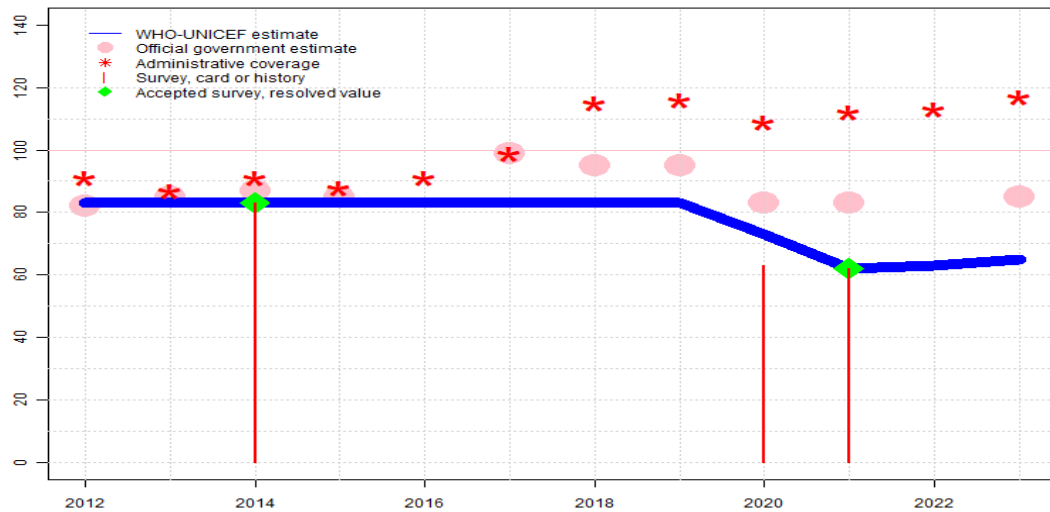
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Mozambique - MCV1

MOZ - MCV1



Description:

- 2023: Estimate based on relationship between administrative measles coverage in 2022 and 2023 and coverage estimate in 2022. Reported data excluded because 117 percent greater than 100 percent. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-
- 2022: Estimate based on relationship between administrative measles coverage in 2021 and 2022 and coverage estimate in 2021. Reported data excluded. .Reported data excluded because 113 percent greater than 100 percent. . Estimate of 63 percent changed from previous revision value of 84 percent. Estimate challenged by: D-R-
- 2021: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Reported data excluded. .Reported data excluded because 112 percent greater than 100 percent. . Estimate of 62 percent changed from previous revision value of 84 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2019 and 2021 levels. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage.Reported data excluded because 109 percent greater than 100 percent. . Estimate of 73 percent changed from previous revision value of 81 percent. Estimate challenged by: D-R-S-
- 2019: Estimate of 83 percent assigned by working group. Estimate is based on last accepted data point. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-S-
- 2018: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-
- 2016: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments between administrative and official coverage. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: R-
- 2015: Estimate informed by interpolation between 2014 and 2019 levels. Inconsistencies in reported data. Reported data excluded. Reported data reflect inconsistent adjustments

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	83	83	83	83	83	83	83	83	73	62	63	65
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	82	85	87	85	NA	99	95	95	83	83	NA	85
Administrative	91	87	91	88	91	99	115	116	109	112	113	117
Survey	NA	NA	83	NA	NA	NA	NA	NA	63	62	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Mozambique - MCV1

between administrative and official coverage. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: R-

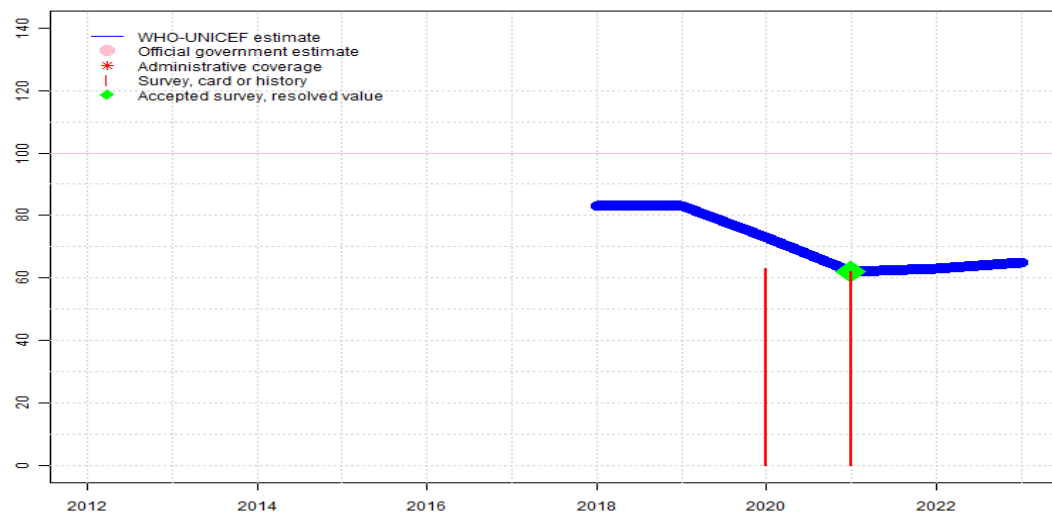
2014: Estimate of 83 percent assigned by working group. Estimate is based on survey estimate. Inconsistent and unexplained adjustment of official coverage from administrative data. Programme reports a decrease in the national target population for 2014 compared to 2013. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 83 percent changed from previous revision value of 86 percent. Estimate challenged by: R-

2012: Estimate informed by interpolation between 2010 and 2014 levels. . Estimate of 83 percent changed from previous revision value of 85 percent. Estimate challenged by: R-

Mozambique - RCV1

MOZ - RCV1



Description:

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

2023: Estimate based on relationship between administrative measles coverage in 2022 and 2023 and coverage estimate in 2022. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-

2022: Estimate based on relationship between administrative measles coverage in 2021 and 2022 and coverage estimate in 2021. . Estimate of 63 percent changed from previous revision value of 84 percent. Estimate challenged by: D-R-

2021: Estimate based on estimated MCV1. . Estimate of 62 percent changed from previous revision value of 84 percent. Estimate challenged by: D-R-

2020: Estimate based on estimated MCV1. Mocambique Inquerito Demografico e de Saude 2022-2023 results ignored by working group. Inconsistency between cohorts and trend in administrative coverage.. Estimate of 73 percent changed from previous revision value of 81 percent. Estimate challenged by: D-R-S-

2019: Estimate based on estimated MCV1. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-S-

2018: Estimate based on estimated MCV1. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Rubella containing vaccine introduced in April 2018. Estimate is likely overestimated during period of introduction. Estimate of 83 percent changed from previous revision value of 87 percent. Estimate challenged by: D-R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	83	83	73	62	63	65
Estimate GoC	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	63	62	NA	NA

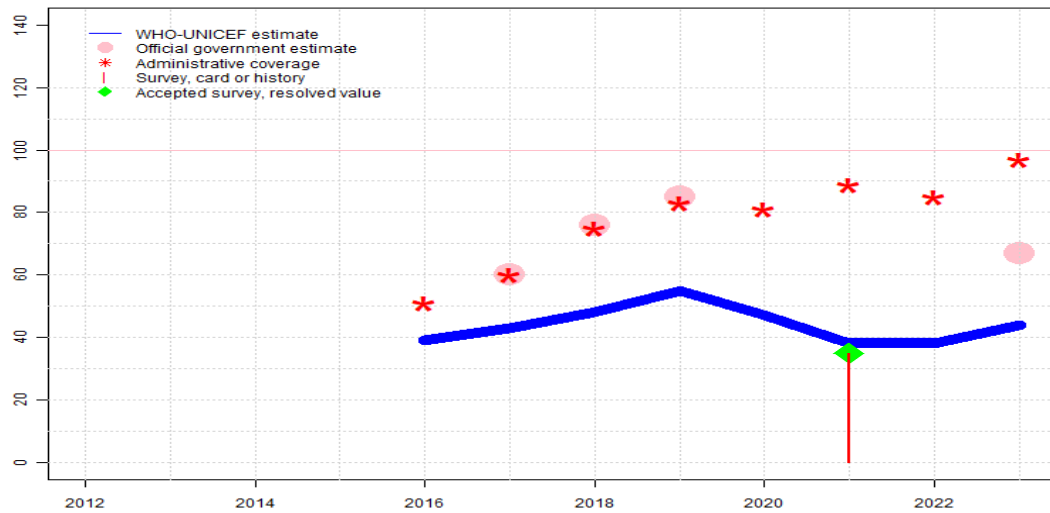
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Mozambique - MCV2

MOZ - MCV2



Description:

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

- 2023: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Reported data excluded due to sudden change in coverage from 85 level to 97 percent. Official coverage estimates use BCG administered doses as the denominator. WHO and UNICEF encourage a comprehensive review and revision of coverage related time-series data in light of recent DHS survey results. Estimate challenged by: D-R-
- 2022: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Reported data excluded. .. Estimate of 38 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-
- 2021: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Reported data excluded. .. Estimate of 38 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-
- 2020: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. . Estimate of 47 percent changed from previous revision value of 62 percent. Estimate challenged by: D-R-S-
- 2019: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. WHO and UNICEF are aware of recent assessments of the target population. Estimate of 55 percent changed from previous revision value of 64 percent. Estimate challenged by: D-R-S-
- 2018: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. No explanation provided on how government estimates were derived. Adjustment from the administrative coverage is not consistent across vaccines. The increase in reported administrative coverage is likely an artefact of a five percent decrease in the reported target population between 2017 and 2018. Estimate of 48 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R-
- 2017: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Estimate of 43 percent changed from previous revision value of 45 percent. Estimate challenged by: D-R-
- 2016: Estimate based on relative difference between MCV1 and MCV2 doses applied to estimated MCV1 coverage. Second dose of measles vaccine was introduced in November 2015 reporting started in 2016. Estimate of 39 percent changed from previous revision value of 36 percent. Estimate challenged by: D-R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	39	43	48	55	47	38	38	44
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	60	76	85	NA	NA	NA	67
Administrative	NA	NA	NA	NA	51	60	75	83	81	89	85	97
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	35	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Mozambique - 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.

2021 Mocambique Inquerito Demografico e de Saude 2022-2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	83.1	12-23 m	1807	66
BCG	Card	64	12-23 m	1196	66
BCG	Card or History	84.1	12-23 m	1807	66
BCG	History	20.1	12-23 m	612	66
DTP1	C or H <12 months	74.8	12-23 m	1807	66
DTP1	Card	61.4	12-23 m	1196	66
DTP1	Card or History	76.1	12-23 m	1807	66
DTP1	History	14.6	12-23 m	612	66
DTP3	C or H <12 months	45.8	12-23 m	1807	66
DTP3	Card	45.4	12-23 m	1196	66
DTP3	Card or History	50.4	12-23 m	1807	66
DTP3	History	5	12-23 m	612	66
HepB1	C or H <12 months	74.8	12-23 m	1807	66
HepB1	Card	61.4	12-23 m	1196	66
HepB1	Card or History	76.1	12-23 m	1807	66
HepB1	History	14.6	12-23 m	612	66
HepB3	C or H <12 months	45.8	12-23 m	1807	66
HepB3	Card	45.4	12-23 m	1196	66
HepB3	Card or History	50.4	12-23 m	1807	66
HepB3	History	5	12-23 m	612	66
Hib1	C or H <12 months	74.8	12-23 m	1807	66
Hib1	Card	61.4	12-23 m	1196	66
Hib1	Card or History	76.1	12-23 m	1807	66
Hib1	History	14.6	12-23 m	612	66

Hib3	C or H <12 months	45.8	12-23 m	1807	66
Hib3	Card	45.4	12-23 m	1196	66
Hib3	Card or History	50.4	12-23 m	1807	66
Hib3	History	5	12-23 m	612	66
IPV1	C or H <12 months	62.6	12-23 m	1807	66
IPV1	Card	53.2	12-23 m	1196	66
IPV1	Card or History	67.7	12-23 m	1807	66
IPV1	History	14.5	12-23 m	612	66
MCV1	C or H <12 months	54.6	12-23 m	1807	66
MCV1	Card	50.9	12-23 m	1196	66
MCV1	Card or History	62	12-23 m	1807	66
MCV1	History	11.1	12-23 m	612	66
MCV2	C or H <12 months	33.1	24-35 m	1950	56
MCV2	Card	24	24-35 m	1084	56
MCV2	Card or History	35	24-35 m	1950	56
MCV2	History	11	24-35 m	866	56
PCV1	C or H <12 months	72.8	12-23 m	1807	66
PCV1	Card	61.5	12-23 m	1196	66
PCV1	Card or History	73.6	12-23 m	1807	66
PCV1	History	12.1	12-23 m	612	66
PCV3	C or H <12 months	38.8	12-23 m	1807	66
PCV3	Card	41	12-23 m	1196	66
PCV3	Card or History	45.3	12-23 m	1807	66
PCV3	History	4.3	12-23 m	612	66
Pol1	C or H <12 months	77.5	12-23 m	1807	66
Pol1	Card	62.3	12-23 m	1196	66
Pol1	Card or History	78.3	12-23 m	1807	66
Pol1	History	16	12-23 m	612	66
Pol3	C or H <12 months	50.5	12-23 m	1807	66
Pol3	Card	51.4	12-23 m	1196	66
Pol3	Card or History	52.9	12-23 m	1807	66
Pol3	History	1.5	12-23 m	612	66
RotaC	C or H <12 months	55.2	12-23 m	1807	66
RotaC	Card	48.7	12-23 m	1196	66
RotaC	Card or History	57.5	12-23 m	1807	66
RotaC	History	8.8	12-23 m	612	66

2020 Mocambique Inquerito Demografico e de Saude 2022-2023

Mozambique - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	78.9	24-35 m	1950	56
BCG	Card	53.5	24-35 m	1084	56
BCG	Card or History	81.8	24-35 m	1950	56
BCG	History	28.3	24-35 m	866	56
DTP1	C or H <12 months	72.3	24-35 m	1950	56
DTP1	Card	53.3	24-35 m	1084	56
DTP1	Card or History	74.1	24-35 m	1950	56
DTP1	History	20.8	24-35 m	866	56
DTP3	C or H <12 months	52.1	24-35 m	1950	56
DTP3	Card	46.4	24-35 m	1084	56
DTP3	Card or History	55.3	24-35 m	1950	56
DTP3	History	8.8	24-35 m	866	56
HepB1	C or H <12 months	72.3	24-35 m	1950	56
HepB1	Card	53.3	24-35 m	1084	56
HepB1	Card or History	74.1	24-35 m	1950	56
HepB1	History	20.8	24-35 m	866	56
HepB3	C or H <12 months	52.1	24-35 m	1950	56
HepB3	Card	46.4	24-35 m	1084	56
HepB3	Card or History	55.3	24-35 m	1950	56
HepB3	History	8.8	24-35 m	866	56
Hib1	C or H <12 months	72.3	24-35 m	1950	56
Hib1	Card	53.3	24-35 m	1084	56
Hib1	Card or History	74.1	24-35 m	1950	56
Hib1	History	20.8	24-35 m	866	56
Hib3	C or H <12 months	52.1	24-35 m	1950	56
Hib3	Card	46.4	24-35 m	1084	56
Hib3	Card or History	55.3	24-35 m	1950	56
Hib3	History	8.8	24-35 m	866	56
IPV1	C or H <12 months	62.3	24-35 m	1950	56
IPV1	Card	47.2	24-35 m	1084	56
IPV1	Card or History	67.7	24-35 m	1950	56
IPV1	History	20.4	24-35 m	866	56
MCV1	C or H <12 months	50.4	24-35 m	1950	56
MCV1	Card	45.3	24-35 m	1084	56
MCV1	Card or History	62.6	24-35 m	1950	56
MCV1	History	17.3	24-35 m	866	56
PCV1	C or H <12 months	70.8	24-35 m	1950	56
PCV1	Card	53.1	24-35 m	1084	56
PCV1	Card or History	72.4	24-35 m	1950	56

PCV1	History	19.3	24-35 m	866	56
PCV3	C or H <12 months	43.1	24-35 m	1950	56
PCV3	Card	40.7	24-35 m	1084	56
PCV3	Card or History	48.4	24-35 m	1950	56
PCV3	History	7.7	24-35 m	866	56
Pol1	C or H <12 months	74.1	24-35 m	1950	56
Pol1	Card	53	24-35 m	1084	56
Pol1	Card or History	75.8	24-35 m	1950	56
Pol1	History	22.9	24-35 m	866	56
Pol3	C or H <12 months	43.8	24-35 m	1950	56
Pol3	Card	43.5	24-35 m	1084	56
Pol3	Card or History	46.6	24-35 m	1950	56
Pol3	History	3	24-35 m	866	56
RotaC	C or H <12 months	57.5	24-35 m	1950	56
RotaC	Card	44.2	24-35 m	1084	56
RotaC	Card or History	59.2	24-35 m	1950	56
RotaC	History	15	24-35 m	866	56

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

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

Mozambique - survey details

HepB3	Card	67.9	12-23 m	840	74	DTP3	Card or History	76.2	12-23 m	2325	83
HepB3	Card or History	81.6	12-23 m	1131	74	DTP3	History	7.2	12-23 m	394	83
HepB3	History	13.8	12-23 m	291	74	HepB1	C or H <12 months	89.9	12-23 m	2325	83
Hib1	C or H <12 months	88.7	12-23 m	1131	74	HepB1	Card	79.7	12-23 m	1931	83
Hib1	Card	72.5	12-23 m	840	74	HepB1	Card or History	91.3	12-23 m	2325	83
Hib1	Card or History	90	12-23 m	1131	74	HepB1	History	11.6	12-23 m	394	83
Hib1	History	17.5	12-23 m	291	74	HepB3	C or H <12 months	70.9	12-23 m	2325	83
Hib3	C or H <12 months	77.9	12-23 m	1131	74	HepB3	Card	69	12-23 m	1931	83
Hib3	Card	67.9	12-23 m	840	74	HepB3	Card or History	76.2	12-23 m	2325	83
Hib3	Card or History	81.6	12-23 m	1131	74	HepB3	History	7.2	12-23 m	394	83
Hib3	History	13.8	12-23 m	291	74	Hib1	C or H <12 months	89.9	12-23 m	2325	83
MCV1	C or H <12 months	71.8	12-23 m	1131	74	Hib1	Card	79.7	12-23 m	1931	83
MCV1	Card	64.7	12-23 m	840	74	Hib1	Card or History	91.3	12-23 m	2325	83
MCV1	Card or History	82.7	12-23 m	1131	74	Hib1	History	11.6	12-23 m	394	83
MCV1	History	18	12-23 m	291	74	Hib3	C or H <12 months	70.9	12-23 m	2325	83
PcV1	Card or History	84.4	12-23 m	1131	74	Hib3	Card	69	12-23 m	1931	83
PcV3	Card or History	75.7	12-23 m	1131	74	Hib3	Card or History	76.2	12-23 m	2325	83
Pol1	C or H <12 months	90.7	12-23 m	1131	74	Hib3	History	7.2	12-23 m	394	83
Pol1	Card	72.6	12-23 m	840	74	MCV1	C or H <12 months	66.2	12-23 m	2325	83
Pol1	Card or History	91.8	12-23 m	1131	74	MCV1	Card	70.4	12-23 m	1931	83
Pol1	History	19.2	12-23 m	291	74	MCV1	Card or History	81.5	12-23 m	2325	83
Pol3	C or H <12 months	70.3	12-23 m	1131	74	MCV1	History	11	12-23 m	394	83
Pol3	Card	67.4	12-23 m	840	74	Pol1	C or H <12 months	90.5	12-23 m	2325	83
Pol3	Card or History	73.3	12-23 m	1131	74	Pol1	Card	80.3	12-23 m	1931	83
Pol3	History	5.8	12-23 m	291	74	Pol1	Card or History	91.8	12-23 m	2325	83

2010 Moçambique Inquérito Demográfico e de Saúde 2011

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

2007 Mozambique Multiple Indicator Cluster Survey 2008

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

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DTP1	Card	79.2	12-23 m	2449	85
DTP1	Card or History	88.1	12-23 m	2449	85
DTP1	History	8.8	12-23 m	2449	85
DTP3	C or H <12 months	70.4	12-23 m	2449	85
DTP3	Card	71.2	12-23 m	2449	85
DTP3	Card or History	74.1	12-23 m	2449	85
DTP3	History	2.9	12-23 m	2449	85
MCV1	C or H <12 months	63.9	12-23 m	2449	85
MCV1	Card	65.8	12-23 m	2449	85
MCV1	Card or History	74.1	12-23 m	2449	85
MCV1	History	8.3	12-23 m	2449	85
Pol1	C or H <12 months	86.2	12-23 m	2449	85
Pol1	Card	79.1	12-23 m	2449	85
Pol1	Card or History	87.3	12-23 m	2449	85
Pol1	History	8.2	12-23 m	2449	85
Pol3	C or H <12 months	69.5	12-23 m	2449	85
Pol3	Card	71.3	12-23 m	2449	85
Pol3	Card or History	73.3	12-23 m	2449	85
Pol3	History	2.1	12-23 m	2449	85

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Vaccine Confirmation method Coverage Age cohort Sample Cards seen

BCG	C or H <12 months	86	12-23 m	1933	78
BCG	Card	74.8	12-23 m	1933	78
BCG	Card or history	87.4	12-23 m	1933	78
BCG	History	12.6	12-23 m	1933	78
DTP1	C or H <12 months	85.2	12-23 m	1933	78
DTP1	Card	76.1	12-23 m	1933	78
DTP1	Card or history	87.6	12-23 m	1933	78
DTP1	History	11.5	12-23 m	1933	78
DTP3	C or H <12 months	66.6	12-23 m	1933	78
DTP3	Card	65.7	12-23 m	1933	78
DTP3	Card or history	71.6	12-23 m	1933	78
DTP3	History	5.9	12-23 m	1933	78
MCV1	C or H <12 months	63	12-23 m	1933	78
MCV1	Card	65.7	12-23 m	1933	78
MCV1	Card or history	76.7	12-23 m	1933	78
MCV1	History	11	12-23 m	1933	78
Pol1	C or H <12 months	84.6	12-23 m	1933	78
Pol1	Card	75.8	12-23 m	1933	78
Pol1	Card or history	87.1	12-23 m	1933	78
Pol1	History	11.3	12-23 m	1933	78
Pol3	C or H <12 months	64.6	12-23 m	1933	78
Pol3	Card	65.6	12-23 m	1933	78
Pol3	Card or history	69.6	12-23 m	1933	78
Pol3	History	4	12-23 m	1933	78

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Further information and estimates for previous years are available at:

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

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