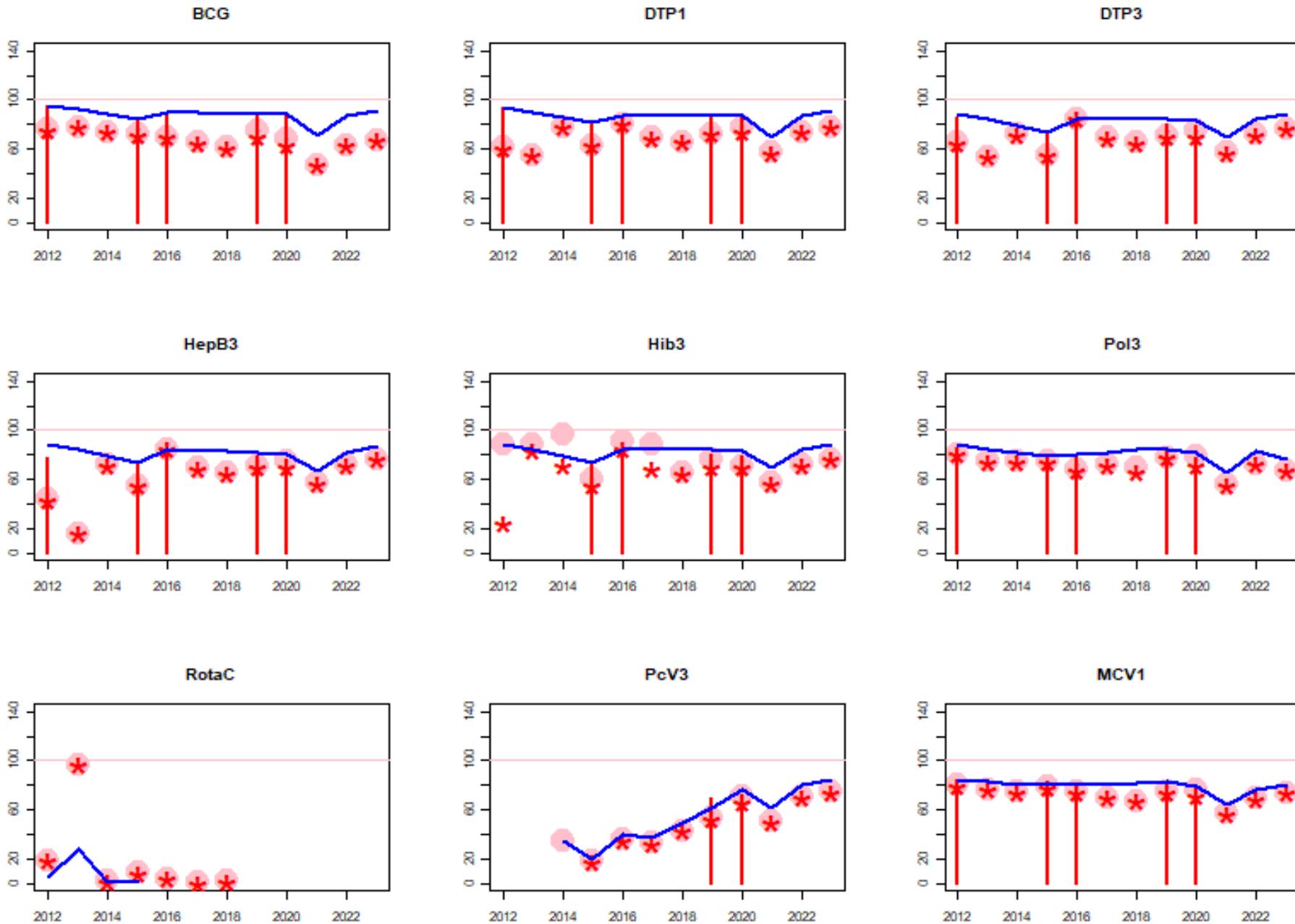


Philippines: WHO and UNICEF estimates of immunization coverage: 2023 revision



Philippines: 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.

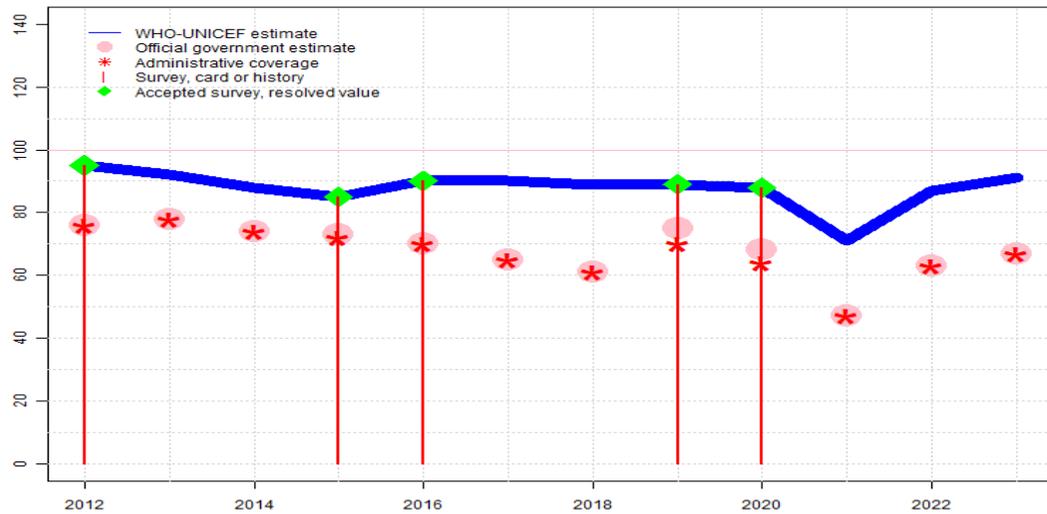
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Philippines - BCG

PHL - BCG



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	95	92	88	85	90	90	89	89	88	71	87	91
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	76	78	74	73	70	65	61	75	68	47	63	67
Administrative	76	78	74	72	70	65	61	70	64	47	63	67
Survey	95	NA	NA	85	90	NA	NA	89	88	NA	NA	NA

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

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

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

Description:

- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 87 percent changed from previous revision value of 63 percent. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 71 percent changed from previous revision value of 47 percent. Estimate challenged by: D-R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 88 percent based on 1 survey(s). Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. Estimate of 88 percent changed from previous revision value of 64 percent. Estimate challenged by: D-R-
- 2019: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 89 percent based on 1 survey(s). Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stockout.. Estimate of 89 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports one month vaccine stockout at national level. Estimate of 89 percent changed from previous revision value of 77 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stockout at national level. Estimate of 90 percent changed from previous revision value of 83 percent. Estimate challenged by: R-
- 2016: Estimate of 90 percent assigned by working group. Estimate based on survey result. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey

Philippines - BCG

evidence of 85 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-

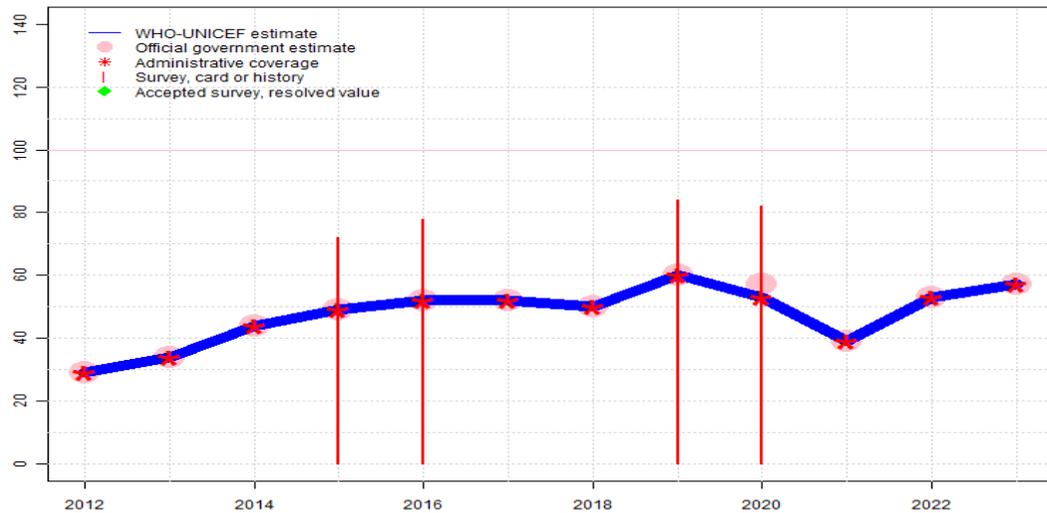
2014: Estimate informed by interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports a four months stockout of BCG vaccine. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. . Programme reports two months vaccine stockout at national level. Estimate challenged by: R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 95 percent based on 1 survey(s). Estimate challenged by: D-R-

Philippines - HepBB

PHL - HepBB



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	29	34	44	49	52	52	50	60	53	39	53	57
Estimate GoC	●●	●●	●●	●●	●	●	●	●●	●●	●●	●●	●
Official	29	34	44	49	52	52	50	60	57	39	53	57
Administrative	29	34	44	49	52	52	50	60	53	39	53	57
Survey	NA	NA	NA	72	78	NA	NA	84	82	NA	NA	NA

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

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

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

Description:

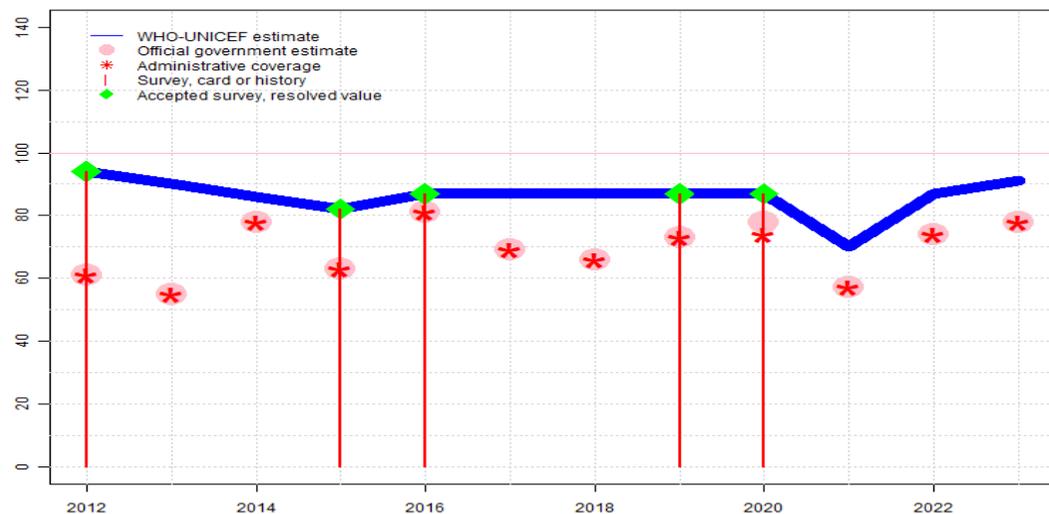
- 2023: Estimate informed by reported data. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+
- 2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. 2022 Philippine National Demographic and Health Survey (NDHS) results ignored by working group. Survey unlikely to accurately differentiate between Hep B doses administered within 24 hours from later doses. Estimated coverage may underestimate coverage with this birth dose. Hepatitis B birth dose within 24 hours among infants with card of 51 percent is similar to the reported coverage. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. GoC=R+ D+
- 2019: Estimate informed by reported data. 2022 Philippine National Demographic and Health Survey (NDHS) results ignored by working group. Survey unlikely to accurately differentiate between Hep B doses administered within 24 hours from later doses. Estimated coverage may underestimate coverage with this birth dose. Hepatitis B birth dose within 24 hours among infants with card of 51 percent is similar to the reported coverage. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. GoC=R+ D+
- 2018: Estimate informed by reported data. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports six month vaccine stockout at national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports three months vaccine stockout at national level. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. Estimate challenged by: D-

Philippines - HepBB

- 2015: Estimate informed by reported data. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey results are unable to differentiate doses received within 24 hours from those received after. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. GoC=R+ D+
- 2014: Estimate informed by reported data. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. GoC=R+ D+
- 2013: Estimate informed by reported data. Four months stockout at national level and in 28 districts reported . GoC=R+ D+
- 2012: Estimate informed by reported data. GoC=R+ D+

Philippines - DTP1

PHL - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	90	86	82	87	87	87	87	87	70	87	91
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	61	55	78	63	81	69	66	73	78	57	74	78
Administrative	61	55	78	63	81	69	66	73	74	57	74	78
Survey	94	NA	NA	82	87	NA	NA	87	87	NA	NA	NA

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

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

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

Description:

- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 87 percent changed from previous revision value of 74 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 70 percent changed from previous revision value of 57 percent. Estimate challenged by: R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 87 percent based on 1 survey(s). Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. Estimate of 87 percent changed from previous revision value of 74 percent. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 87 percent based on 1 survey(s). Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 87 percent changed from previous revision value of 73 percent. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate of 87 percent changed from previous revision value of 78 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stockout at national level. Estimate of 87 percent changed from previous revision value of 82 percent. Estimate challenged by: R-
- 2016: Estimate of 87 percent assigned by working group. Estimate based on survey results. Reported data excluded due to an increase from 63 percent to 81 percent with decrease 69 percent. Programme seems to have recovered from 2015 vaccine stockout. Estimate

Philippines - DTP1

challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stockout. Estimate challenged by: R-

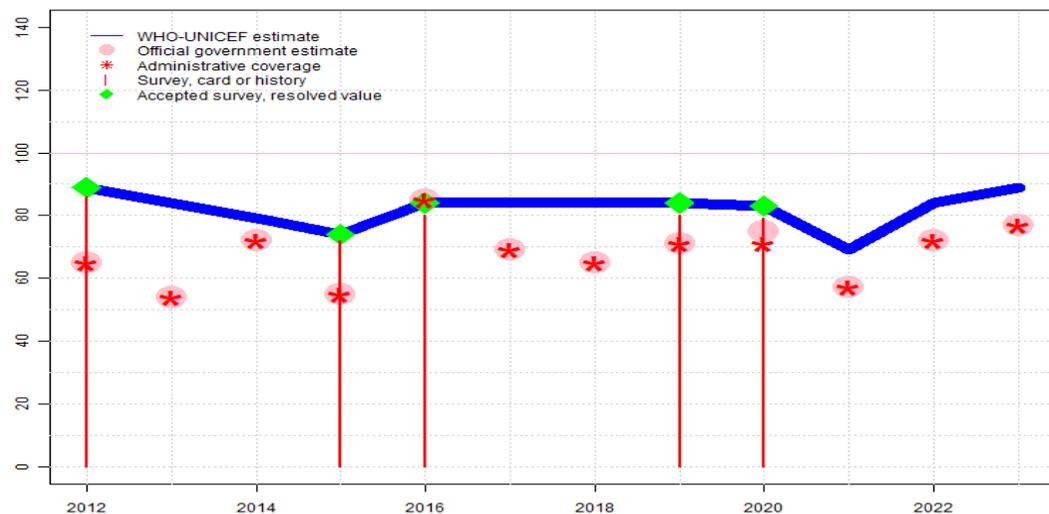
2014: Estimate informed by interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four months vaccine stockout for DTP containing vaccine. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. . One month national stockout reported. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-R-

Philippines - DTP3

PHL - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	89	84	79	74	84	84	84	84	83	69	84	89
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	65	54	72	55	85	69	65	71	75	57	72	77
Administrative	65	54	72	55	85	69	65	71	71	57	72	77
Survey	86	NA	NA	72	80	NA	NA	80	79	NA	NA	NA

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

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

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

Description:

- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 84 percent changed from previous revision value of 72 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 69 percent changed from previous revision value of 57 percent. Estimate challenged by: R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 83 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 79 percent modified for recall bias to 83 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 63 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. Estimate of 83 percent changed from previous revision value of 71 percent. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 84 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 80 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 55 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 84 percent changed from previous revision value of 71 percent. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. See comment in 2016 for a note on drop-out. Estimate of 84 percent changed from previous revision value of 75 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data.

Philippines - DTP3

Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stockout at national level. See comment in 2016 for a note on drop-out. Estimate of 84 percent changed from previous revision value of 80 percent. Estimate challenged by: R-

2016: Estimate of 84 percent assigned by working group. Estimate based on survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 80 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 60 percent. Reported data excluded due to an increase from 55 percent to 85 percent with decrease 69 percent. Programme seems to have recovered from 2015 vaccine stockout. Survey evidence for the 2016 birth cohort suggests 5 percent relative drop-out among children with documented evidence. Appearance of zero drop-out between estimated DTP1 and DTP3 is the result of survey support of reported administrative coverage, for which there is no reported drop-out. Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 72 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 46 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stockout. Estimate challenged by: R-

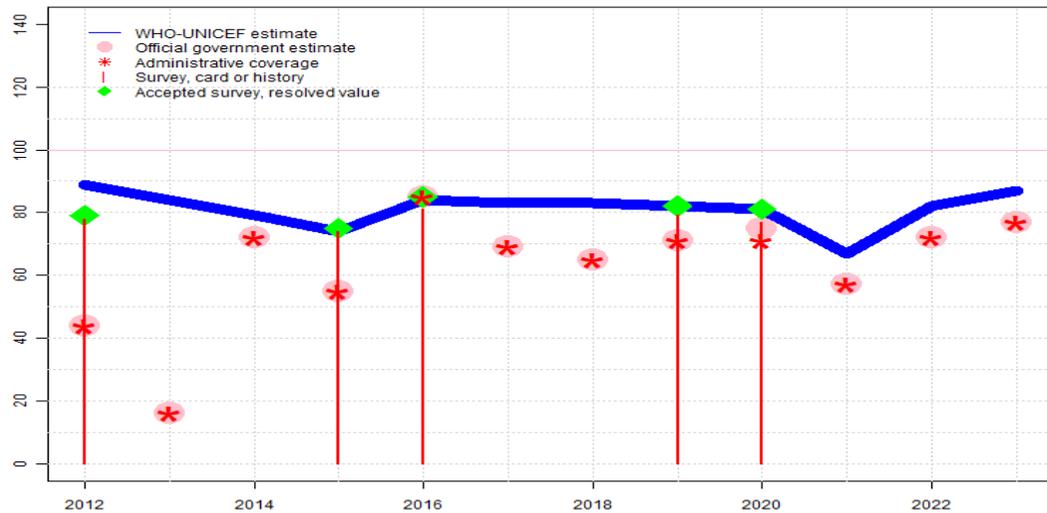
2014: Estimate informed by interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four months vaccine stockout. Official estimate is inconsistent with reported admin data. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. . Reported data excluded due to decline in reported coverage from 65 percent to 54 percent with increase to 72 percent. One month national stockout reported. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 89 percent based on 1 survey(s). Philippines National Demographic and Health Survey, 2013 card or history results of 86 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 54 percent. Estimate challenged by: D-R-

Philippines - HepB3

PHL - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	89	84	79	74	84	83	83	82	81	67	82	87
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	44	16	72	55	85	69	65	71	75	57	72	77
Administrative	44	16	72	55	85	69	65	71	71	57	72	77
Survey	78	NA	NA	74	81	NA	NA	79	77	NA	NA	NA

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

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

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

Description:

- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 82 percent changed from previous revision value of 72 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 67 percent changed from previous revision value of 57 percent. Estimate challenged by: R-S-
- 2020: Estimate of 81 percent assigned by working group. Estimate informed by survey coverage. 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 77 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 62 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. Estimate of 81 percent changed from previous revision value of 71 percent. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 79 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 54 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 82 percent changed from previous revision value of 71 percent. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate of 83 percent changed from previous revision value of 75 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data

Philippines - HepB3

for 2017. Programme reports one month vaccine stockout at national level. Estimate of 83 percent changed from previous revision value of 80 percent. Estimate challenged by: R-

2016: Estimate of 84 percent assigned by working group. Estimate based on survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 81 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 60 percent. Reported data excluded due to an increase from 55 percent to 85 percent with decrease 69 percent. Estimate challenged by: D-R-

2015: Estimate of 74 percent assigned by working group. Estimate informed by survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 74 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 46 percent. Reported data excluded due to decline in reported coverage from 72 percent to 55 percent with increase to 85 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month stockout. Estimate challenged by: R-S-

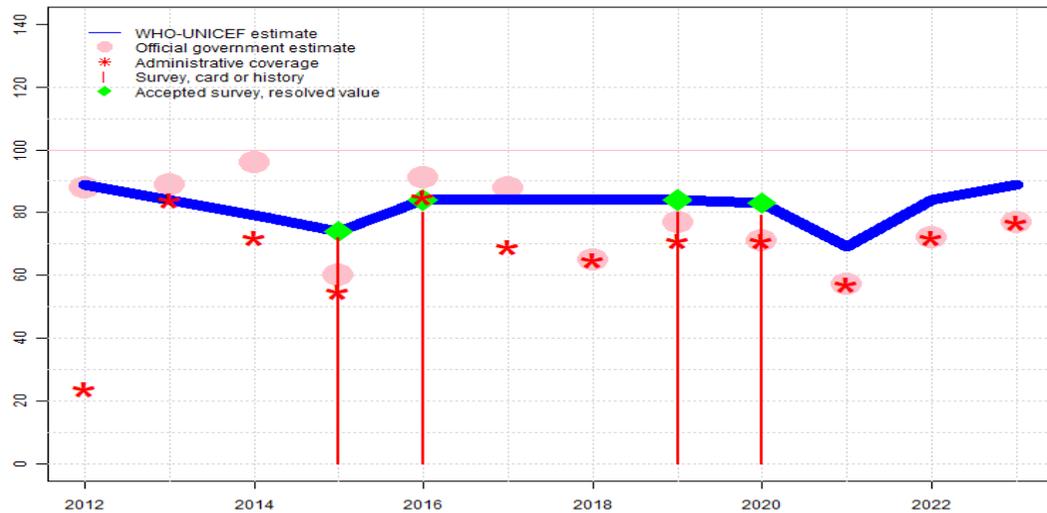
2014: Estimate informed by interpolation between 2012 and 2015 levels. . Reported data excluded due to an increase from 16 percent to 72 percent with decrease 55 percent. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four months vaccine stockout. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. . Reported data excluded due to decline in reported coverage from 44 percent to 16 percent with increase to 72 percent. One month national stockout reported. Estimate challenged by: D-R-

2012: Estimate of 89 percent assigned by working group. Estimate is based on estimated DTP3 coverage level and may overestimate coverage during a period of introduction. Philippines National Demographic and Health Survey, 2013 card or history results of 78 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 47 percent. Estimate challenged by: D-R-

Philippines - Hib3

PHL - Hib3



Description:

- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 84 percent changed from previous revision value of 72 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 69 percent changed from previous revision value of 57 percent. Estimate challenged by: R-S-
- 2020: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 83 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 79 percent modified for recall bias to 83 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 63 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. Estimate of 83 percent changed from previous revision value of 71 percent. Estimate challenged by: R-
- 2019: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 84 percent based on 1 survey(s). 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 80 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 55 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates.. Estimate of 84 percent changed from previous revision value of 71 percent. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate of 84 percent changed from previous revision value of 75 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data.

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	89	84	79	74	84	84	84	84	83	69	84	89
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	88	89	96	60	91	88	65	77	71	57	72	77
Administrative	24	84	72	55	85	69	65	71	71	57	72	77
Survey	NA	NA	NA	72	80	NA	NA	80	79	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.

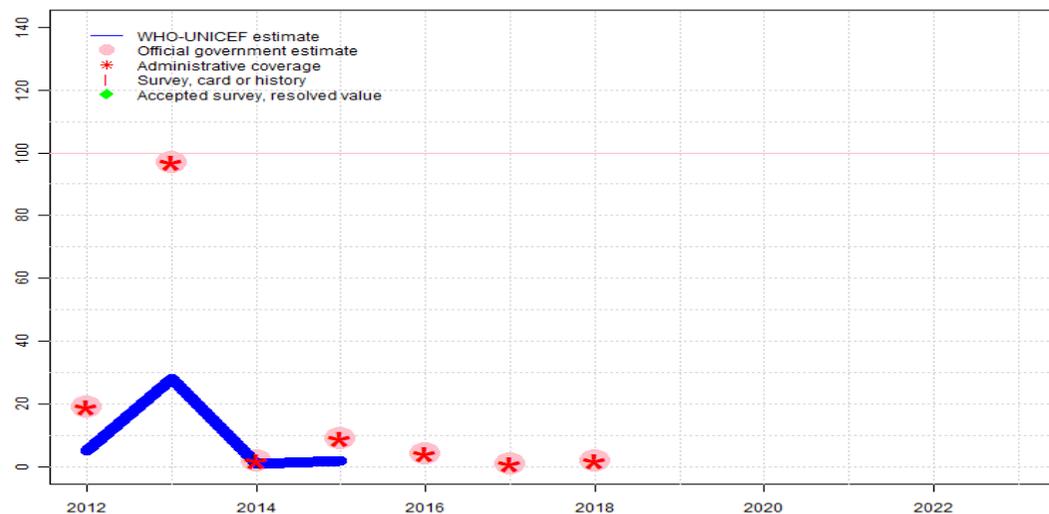
Philippines - Hib3

Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports one month vaccine stockout at national level. Estimate of 84 percent changed from previous revision value of 80 percent. Estimate challenged by: R-

- 2016: Estimate of 84 percent assigned by working group. Estimate based on survey result. Official estimate reflects recovery from vaccine shortages that goes above coverage levels reported previously. In addition, DTP-Hib-HepB3 reported coverage higher than reported coverage for DTP-Hib-HepB1. Philippines National Demographic and Health Survey 2017 card or history results of 80 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 60 percent. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Philippines National Demographic and Health Survey 2017 card or history results of 72 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 46 percent. Reported data excluded due to decline in reported coverage from 96 percent to 60 percent with increase to 91 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a six to nine month vaccine stockout. Estimate challenged by: R-
- 2014: Estimate informed by interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Programme reports four months vaccine stockout for DTP containing vaccine. Official estimate is inconsistent with reported admin data. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2012 and 2015 levels. . One month national stockout reported. Estimate challenged by: R-
- 2012: Estimate of 89 percent assigned by working group. Estimate is based on estimated DTP3 coverage level and may overestimate coverage during a period of introduction. Estimate challenged by: D-R-

Philippines - RotaC

PHL - RotaC



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	5	28	1	2	NA							
Estimate GoC	●	●	●	●	NA							
Official	19	97	2	9	4	1	2	NA	NA	NA	NA	NA
Administrative	19	97	2	9	4	1	2	NA	NA	NA	NA	NA
Survey	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:

2015: Programme reports eighty-two percent coverage achieved in three percent of the national birth cohort. Estimate based on coverage for the entire birth cohort. Programme reports a six month vaccine stockout at the national level. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Rotavirus introduction was part of a pilot project during 2012 and 2015 and subsequently discontinued. Estimate challenged by: R-

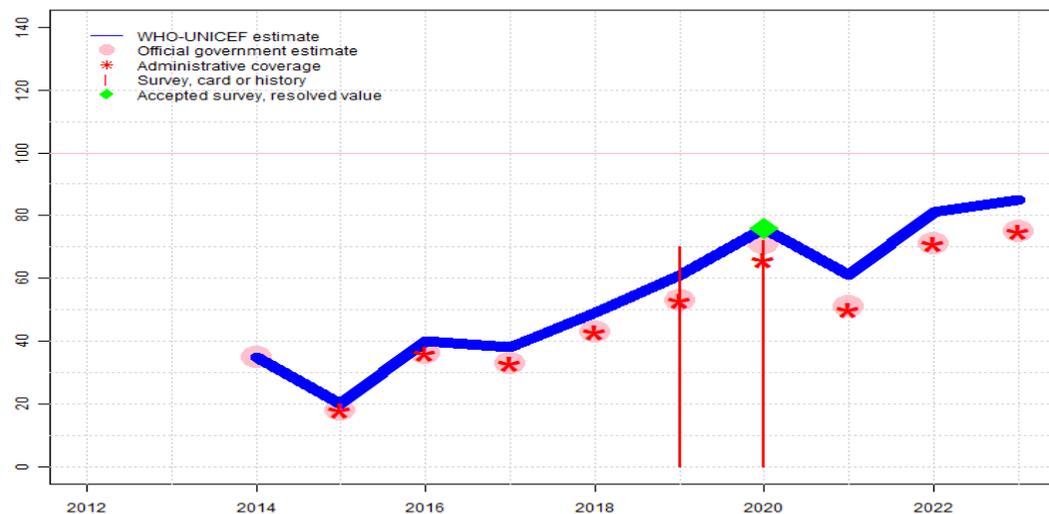
2014: Twelve percent coverage achieved in eight percent of the target population. Estimate is based on coverage among the annualized national birth cohort. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. During 2014, the programme noted in 2013 was curtailed and rotavirus vaccine was provided to children in Caraga and ARMM regions only. Low coverage levels are also due to incomplete reporting from these areas. Estimate challenged by: R-

2013: Ninety-seven percent coverage achieved in 30 percent of annualized national birth cohort. Reported data excluded due to an increase from 19 percent to 97 percent with decrease 2 percent. The increased number of children reached with rotavirus vaccine during 2013 may be explained by a programme (implemented in priority provinces in all 17 regions) to provide rotavirus vaccine to poor families listed under the National Household Targeting System of the Department of Social Welfare Development as part of a service package along with a monthly conditional cash incentive. Estimate challenged by: R-

2012: Nineteen percent coverage achieved in 29 percent of the national target population. Rotavirus vaccine was introduced in 2012. Estimate challenged by: R-

Philippines - PcV3

PHL - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	35	20	40	38	49	61	76	61	81	85
Estimate GoC	NA	NA	••	•	•	•	•	•	•	•	•	•
Official	NA	NA	35	18	36	33	43	53	71	51	71	75
Administrative	NA	NA	NA	18	36	33	43	53	66	50	71	75
Survey	NA	70	72	NA	NA	NA						

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

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

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

Description:

- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 81 percent changed from previous revision value of 71 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 61 percent changed from previous revision value of 51 percent. Estimate challenged by: R-S-
- 2020: Estimate of 76 percent assigned by working group. Full national roll-out of PCV vaccine completed in January 2020. Estimate informed by survey coverage. 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 72 percent modified for recall bias to 76 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 64 percent and 3rd dose card only coverage of 59 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme... Estimate of 76 percent changed from previous revision value of 66 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2014 and 2020 levels. 2022 Philippine National Demographic and Health Survey (NDHS) results ignored by working group. 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 70 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 51 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 61 percent changed from previous revision value of 53 percent. Estimate challenged by: R-S-
- 2018: Reported data calibrated to 2014 and 2020 levels. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three months vaccine stockout at national level. Estimate of 49 percent changed from previous revision value of 43 percent. Estimate challenged by: R-S-
- 2017: Reported data calibrated to 2014 and 2020 levels. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent

Philippines - PcV3

with administrative data for 2017. Programme reports four months vaccine stockout at national level. Estimate of 38 percent changed from previous revision value of 33 percent. Estimate challenged by: R-

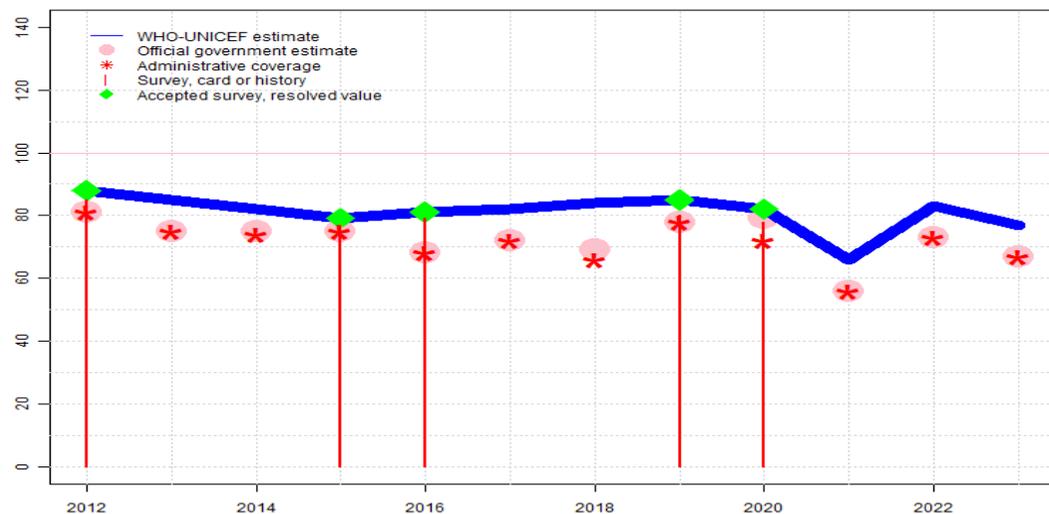
2016: Reported data calibrated to 2014 and 2020 levels. Programme reports one month vaccine stockout at national level. Estimate of 40 percent changed from previous revision value of 36 percent. Estimate challenged by: R-

2015: Reported data calibrated to 2014 and 2020 levels. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports 25 percent coverage achieved in 70 percent of the national birth cohort. Estimate reflects coverage achieved in the annualized national target population. Estimate of 20 percent changed from previous revision value of 18 percent. Estimate challenged by: R-

2014: Estimate informed by reported coverage at introduction. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. GoC=R+

Philippines - Pol3

PHL - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	88	85	82	79	81	82	84	85	82	66	83	77
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	81	75	75	75	68	72	69	78	79	56	73	67
Administrative	81	75	74	75	68	72	66	78	72	56	73	67
Survey	85	NA	NA	76	79	NA	NA	80	78	NA	NA	NA

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

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

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

Description:

- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 83 percent changed from previous revision value of 73 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 66 percent changed from previous revision value of 56 percent. Estimate challenged by: R-S-
- 2020: Estimate of 82 percent assigned by working group. Estimate informed by survey coverage estimate. 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 78 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 63 percent. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme notes during regional TAG meeting the implementation of polio outbreak response activities since September 2019 when outbreaks of cVDPV types 1 and 2 began. Several scheduled rounds of polio SIAs with bivalent OPV and monovalent OPV type 2 during 2020 were impacted by COVID-19.. Estimate of 82 percent changed from previous revision value of 72 percent. Estimate challenged by: R-
- 2019: Estimate of 85 percent assigned by working group. Estimate informed by survey coverage estimate. 2022 Philippine National Demographic and Health Survey (NDHS) card or history results of 80 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 55 percent. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports two months vaccine stockout. Estimate of 85 percent changed from previous revision value of 78 percent. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports two months vaccine stockout at national level. Estimate of 84 percent changed from previous revision value of 79 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from

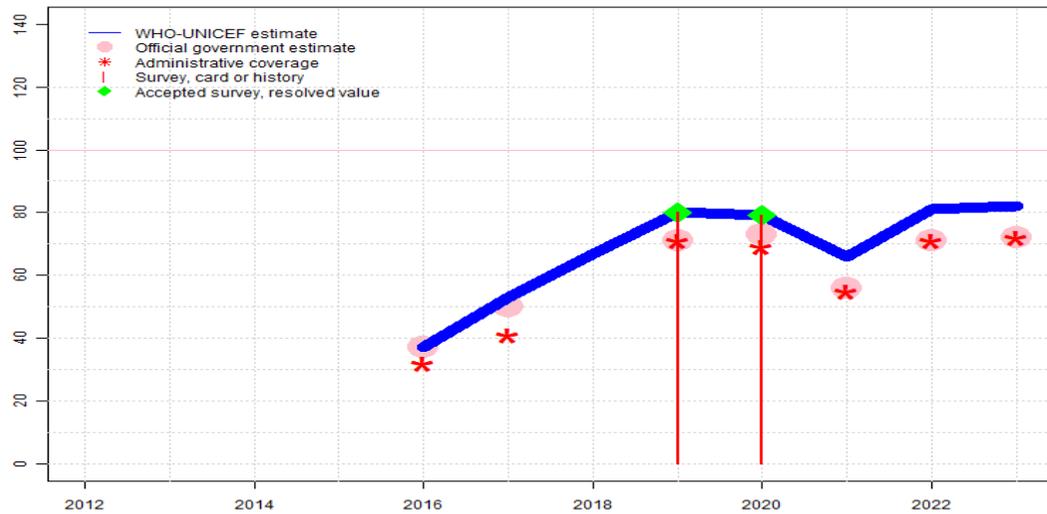
Philippines - Pol3

survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports four months vaccine stockout at national level. Estimate of 82 percent changed from previous revision value of 80 percent. Estimate challenged by: D-R-

- 2016: Estimate of 81 percent assigned by working group. Estimate based on survey result. Philippines National Demographic and Health Survey 2017 card or history results of 79 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 57 percent. Programme reports four months vaccine stockout at national level. Estimate challenged by: R-
- 2015: Estimate of 79 percent assigned by working group. Estimate based on survey result. Philippines National Demographic and Health Survey 2017 card or history results of 76 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 84 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 48 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: R-
- 2014: Estimate informed by interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2012 and 2015 levels. . One month national stockout reported. Estimate challenged by: R-
- 2012: Estimate of 88 percent assigned by working group. Estimate based on survey result. Philippines National Demographic and Health Survey, 2013 card or history results of 85 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 56 percent and 3rd dose card only coverage of 53 percent. Estimate challenged by: R-

Philippines - IPV1

PHL - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	37	53	67	80	79	66	81	82
Estimate GoC	NA	NA	NA	NA	●●	●	●	●	●	●	●	●
Official	NA	NA	NA	NA	37	50	NA	71	73	56	71	72
Administrative	NA	NA	NA	NA	32	41	NA	71	69	55	71	72
Survey	NA	80	79	NA	NA	NA						

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

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

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

Description:

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

2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-

2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 81 percent changed from previous revision value of 71 percent. Estimate challenged by: R-

2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 66 percent changed from previous revision value of 56 percent. Estimate challenged by: R-S-

2020: Estimate of 79 percent assigned by working group. Estimate informed by survey coverage. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. Estimate of 79 percent changed from previous revision value of 69 percent. Estimate challenged by: R-

2019: Estimate of 80 percent assigned by working group. Estimate informed by survey coverage. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 80 percent changed from previous revision value of 71 percent. Estimate challenged by: R-

2018: Reported data calibrated to 2016 and 2019 levels. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports two months vaccine stockout at national level. Estimate of 67 percent changed from previous revision value of 61 percent. Estimate challenged by: S-

2017: Reported data calibrated to 2016 and 2019 levels. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Programme reports three months vaccine stockout at

Philippines - IPV1

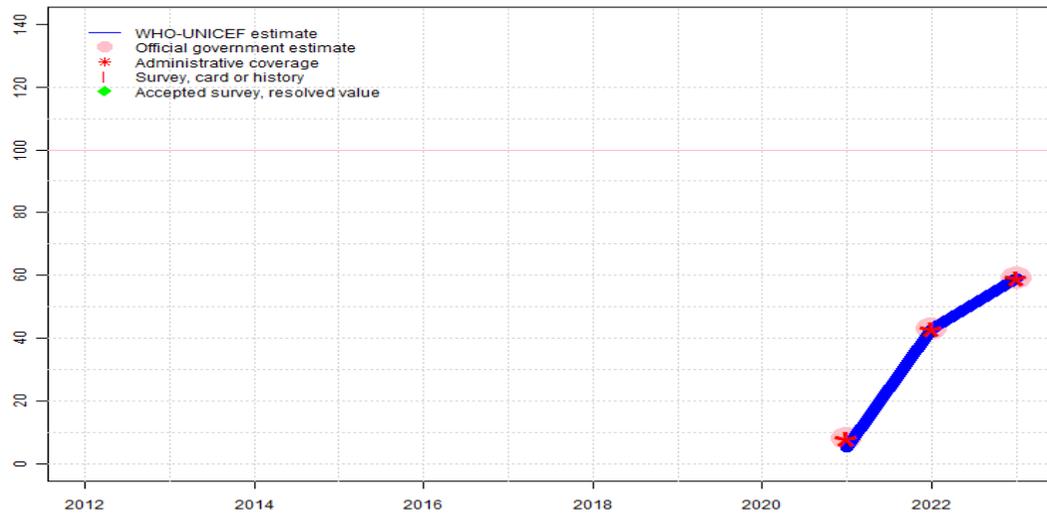
national level. Estimate of 53 percent changed from previous revision value of 50 percent.

Estimate challenged by: R-S-

2016: Estimate informed by reported coverage at introduction. Programme reports six month vaccine stockout at national level. GoC=R+ D+

Philippines - IPV2

PHL - 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 informed by reported data. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage suggests partial recovery from pandemic related disruptions. GoC=R+ D+

2021: Reported coverage reflects that achieved in 7 percent of the national cohort in 10 high-risk regions. Estimated coverage reflects that for the annual national birth cohort. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: R-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	5	43	59								
Estimate GoC	NA	•	••	•								
Official	NA	8	43	59								
Administrative	NA	8	43	59								
Survey	NA											

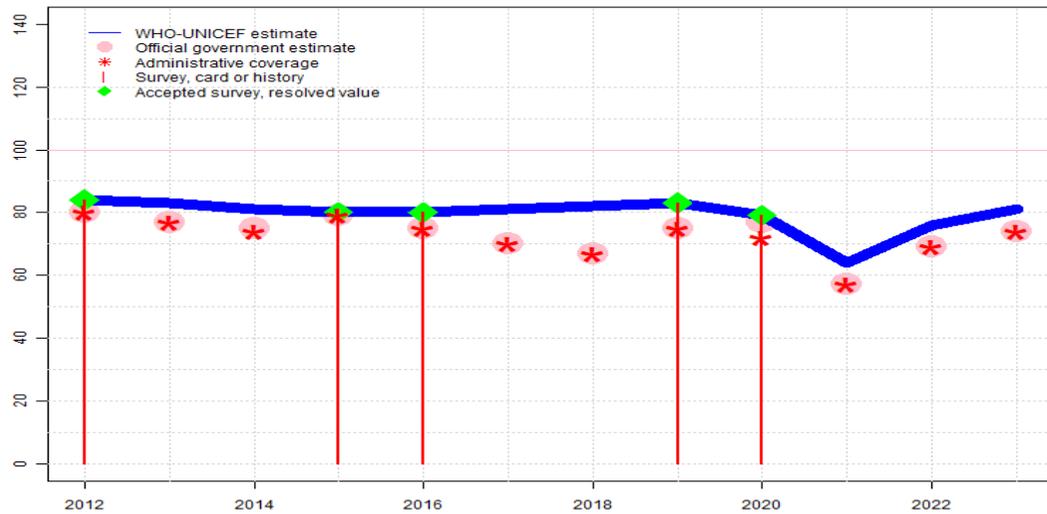
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Philippines - MCV1

PHL - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	84	83	81	80	80	81	82	83	79	64	76	81
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	80	77	75	79	75	70	67	75	77	57	69	74
Administrative	80	77	74	79	75	70	67	75	72	57	69	74
Survey	84	NA	NA	80	80	NA	NA	83	79	NA	NA	NA

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

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

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

Description:

- 2023: Reported data calibrated to 2020 levels. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-
- 2022: Reported data calibrated to 2020 levels. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 76 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2020 levels. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 64 percent changed from previous revision value of 57 percent. Estimate challenged by: R-S-
- 2020: Estimate of 79 percent assigned by working group. Estimate informed by survey coverage. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme reports six month vaccine stockout.. Estimate of 79 percent changed from previous revision value of 72 percent. Estimate challenged by: R-
- 2019: Estimate of 83 percent assigned by working group. Estimate informed by survey coverage. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stockout. Estimate of 83 percent changed from previous revision value of 75 percent. Estimate challenged by: R-
- 2018: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three vaccine month stockout at national level. Estimate of 82 percent changed from previous revision value of 77 percent. Estimate challenged by: D-R-
- 2017: Estimate informed by interpolation between 2016 and 2019 levels. Interpolation from survey estimate. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate of 81 percent changed from previous revision value of 78 percent. Estimate challenged by: R-
- 2016: Estimate of 80 percent assigned by working group. Estimate based on survey result. Estimate challenged by: D-R-
- 2015: Estimate of 80 percent assigned by working group. Estimate based on survey result. Reported administrative coverage is lower than expected given delayed reporting from

Philippines - MCV1

18 regions. Programme reports a one month stockout at the national level. Estimate challenged by: D-R-

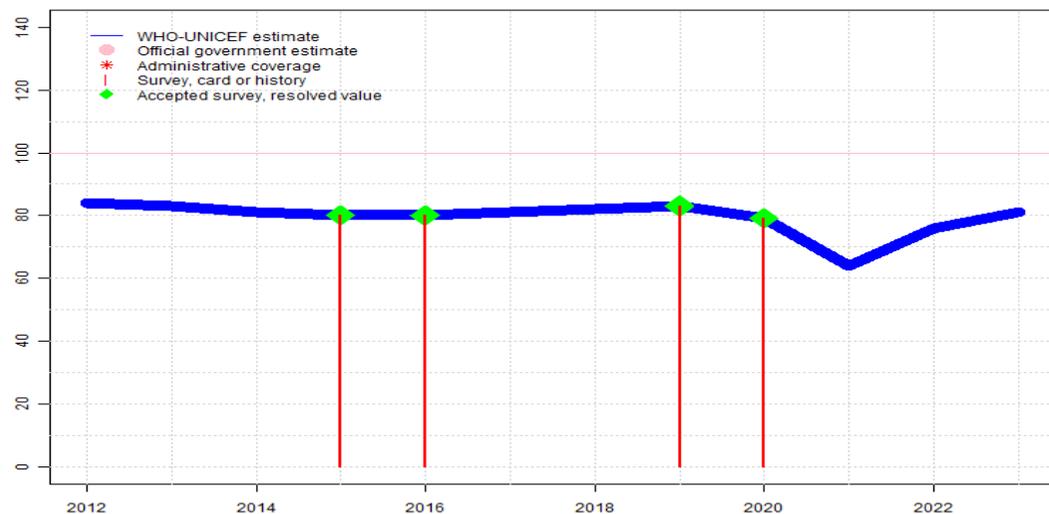
2014: Estimate informed by interpolation between 2012 and 2015 levels. . Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-

2013: Estimate informed by interpolation between 2012 and 2015 levels. . Two months national stockout reported. Estimate challenged by: R-

2012: Estimate of 84 percent assigned by working group. Estimate based on survey result. Estimate challenged by: R-

Philippines - RCV1

PHL - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	84	83	81	80	80	81	82	83	79	64	76	81
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA											
Administrative	NA											
Survey	NA	NA	NA	80	80	NA	NA	83	79	NA	NA	NA

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

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

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

Description:

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

2023: Estimate based on estimated MCV1. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: R-

2022: Estimate based on estimated MCV1. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate of 76 percent changed from previous revision value of 69 percent. Estimate challenged by: R-

2021: Estimate based on estimated MCV1. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate of 64 percent changed from previous revision value of 57 percent. Estimate challenged by: R-S-

2020: Estimate based on estimated MCV1. Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme.. Estimate of 79 percent changed from previous revision value of 72 percent. Estimate challenged by: R-

2019: Estimate based on estimated MCV1. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Estimate of 83 percent changed from previous revision value of 75 percent. Estimate challenged by: R-

2018: Estimate based on estimated MCV1. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Estimate of 82 percent changed from previous revision value of 77 percent. Estimate challenged by: D-R-

2017: Estimate based on estimated MCV1. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate of 81 percent changed from previous revision value of 78 percent. Estimate challenged by: R-

2016: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2015: Estimate based on estimated MCV1. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Estimate challenged by: D-R-

Philippines - RCV1

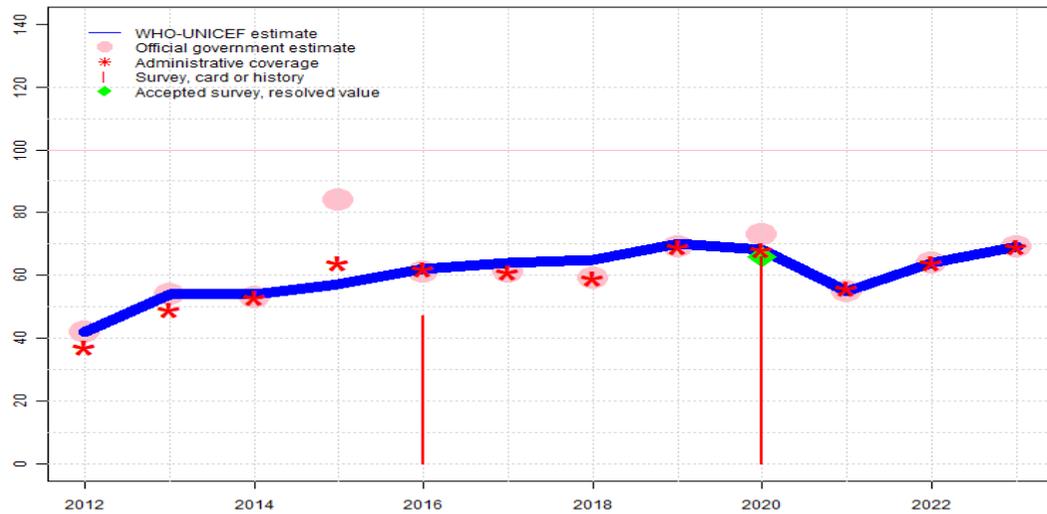
2014: Estimate based on estimated MCV1. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Estimate challenged by: R-

2013: Estimate based on estimated MCV1. Estimate challenged by: R-

2012: Estimate based on estimated MCV1. Estimate challenged by: R-

Philippines - MCV2

PHL - MCV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	42	54	54	57	62	64	65	70	68	55	64	69
Estimate GoC	•	•	•	•	•	•	•	•	•••	•	•	•
Official	42	54	53	84	61	61	59	69	73	55	64	69
Administrative	37	49	53	64	62	61	59	69	68	56	64	69
Survey	NA	NA	NA	NA	47	NA	NA	NA	66	NA	NA	NA

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

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

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

Description:

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

2023: Estimate informed by reported data. Reported coverage time-series appears to underestimate coverage based on results of the recent survey for some antigens. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported coverage suggests partial recovery from pandemic related disruptions. Estimate challenged by: D-

2021: Estimate informed by reported data. Country reports pandemic related disruptions (including lower demand for routine immunization and diverted routine immunization resources to COVID-19 vaccine roll-out) have resulted in decreased reported coverage. Estimate challenged by: D-S-

2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 66 percent based on 1 survey(s). Programme reported numerator suggests declines in administered doses across most antigens during the past 3-4 years. Programme notes several challenges and limitations that hinder its capacity to achieve high coverage, including insufficient human resources for management and supervision and high staff turnover; insufficient capacity for vaccine management; and insufficient operational funding from the national immunization programme. Programme reports six month vaccine stockout.. GoC=R+ S+ D+

2019: Reported data calibrated to 2016 and 2020 levels. Reported target population updated and decreased by 29 percent from 2018. The revised target population is closer to UN Population Division estimates. Programme reports six month vaccine stockout. Estimate of 70 percent changed from previous revision value of 69 percent. Estimate challenged by: R-

2018: Estimate informed by interpolation between 2016 and 2020 levels. Interpolation from estimate coverage for 2016. Declines in reported coverage during 2017 and 2018 may reflect public perceptions of doubt related to vaccination following the dengue vaccine issue as well as challenges with service delivery including access issues in hard-to-reach areas. Programme reports three months vaccine stockout at national level. Estimate of 65 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

2017: Estimate informed by interpolation between 2016 and 2020 levels. Interpolation from estimate coverage for 2016. Country reports that official estimates apply a five percent increase to account for the private sector and underreporting. Additionally, the source of target population changed from census projections to aggregated provincial population data. Nevertheless, reported data for 2018 remains more consistent with administrative data for 2017. Estimate challenged by: D-R-

2016: Estimate of 62 percent assigned by working group. Estimate based on the difference between MCV1 and MCV2 reported doses. Philippines National Demographic and Health Survey 2017 results ignored by working group. Survey estimate inconsistent with cover-

Philippines - MCV2

age estimated for other vaccine doses. Estimate challenged by: D-R-

2015: Reported data calibrated to 2010 and 2016 levels. Reported data excluded due to an increase from 53 percent to 84 percent with decrease 61 percent. Reported administrative coverage is lower than expected given delayed reporting from 18 regions. Programme reports a one month stockout at the national level. Estimate challenged by: D-R-

2014: Reported data calibrated to 2010 and 2016 levels. Ten percent of the eligible population are served by the private sector and not included in the routine coverage monitoring system. Official government estimate includes children reached through the private sector and assumes that those estimated to be served by the private sector are all appropriately vaccinated. Whether the private sector contribution to official coverage has been included in prior years remains unclear. Increasing coverage related to the continued expansion of a second dose of measles containing vaccine. Estimate challenged by: R-

2013: Reported data calibrated to 2010 and 2016 levels. Two months national stockout reported. Increasing coverage related to the expansion of a second dose of measles containing vaccine. Estimate challenged by: R-

2012: Reported data calibrated to 2010 and 2016 levels. Estimate challenged by: R-

Philippines - 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.

2020 2022 Philippine National Demographic and Health Survey (NDHS)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	87.4	12-23 m	1442	66
BCG	Card	65.9	12-23 m	959	66
BCG	Card or History	87.8	12-23 m	1442	66
BCG	History	21.9	12-23 m	483	66
DTP1	C or H <12 months	86.5	12-23 m	1442	66
DTP1	Card	65.8	12-23 m	959	66
DTP1	Card or History	86.7	12-23 m	1442	66
DTP1	History	20.9	12-23 m	483	66
DTP3	C or H <12 months	77.5	12-23 m	1442	66
DTP3	Card	62.6	12-23 m	959	66
DTP3	Card or History	78.9	12-23 m	1442	66
DTP3	History	16.3	12-23 m	483	66
HepB1	C or H <12 months	85.5	12-23 m	1442	66
HepB1	Card	65.5	12-23 m	959	66
HepB1	Card or History	85.7	12-23 m	1442	66
HepB1	History	20.2	12-23 m	483	66
HepB3	C or H <12 months	76	12-23 m	1442	66
HepB3	Card	61.6	12-23 m	959	66
HepB3	Card or History	77.3	12-23 m	1442	66
HepB3	History	15.6	12-23 m	483	66
HepBB	C or H <12 months	81.2	12-23 m	1442	66
HepBB	Card	60.9	12-23 m	959	66
HepBB	Card or History	82.2	12-23 m	1442	66
HepBB	History	21.3	12-23 m	483	66

Hib1	C or H <12 months	86.5	12-23 m	1442	66
Hib1	Card	65.8	12-23 m	959	66
Hib1	Card or History	86.7	12-23 m	1442	66
Hib1	History	20.9	12-23 m	483	66
Hib3	C or H <12 months	77.5	12-23 m	1442	66
Hib3	Card	62.6	12-23 m	959	66
Hib3	Card or History	78.9	12-23 m	1442	66
Hib3	History	16.3	12-23 m	483	66
IPV1	C or H <12 months	76.7	12-23 m	1442	66
IPV1	Card	60	12-23 m	959	66
IPV1	Card or History	79.1	12-23 m	1442	66
IPV1	History	19.1	12-23 m	483	66
MCV1	C or H <12 months	68.6	12-23 m	1442	66
MCV1	Card	61.5	12-23 m	959	66
MCV1	Card or History	79.2	12-23 m	1442	66
MCV1	History	17.7	12-23 m	483	66
MCV2	C or H <12 months	63.9	24-35 m	1548	58
MCV2	Card	45.8	24-35 m	893	58
MCV2	Card or History	66.4	24-35 m	1548	58
MCV2	History	20.6	24-35 m	654	58
PcV1	C or H <12 months	81.4	12-23 m	1442	66
PcV1	Card	64	12-23 m	959	66
PcV1	Card or History	81.8	12-23 m	1442	66
PcV1	History	17.9	12-23 m	483	66
PcV3	C or H <12 months	67.5	12-23 m	1442	66
PcV3	Card	59.3	12-23 m	959	66
PcV3	Card or History	71.5	12-23 m	1442	66
PcV3	History	12.2	12-23 m	483	66
Pol1	C or H <12 months	85.7	12-23 m	1442	66
Pol1	Card	65.7	12-23 m	959	66
Pol1	Card or History	86.3	12-23 m	1442	66
Pol1	History	20.6	12-23 m	483	66
Pol3	C or H <12 months	76	12-23 m	1442	66
Pol3	Card	62.9	12-23 m	959	66
Pol3	Card or History	77.8	12-23 m	1442	66
Pol3	History	15	12-23 m	483	66

2019 2022 Philippine National Demographic and Health Survey (NDHS)

Philippines - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	87.8	24-35 m	1548	58
BCG	Card	57.1	24-35 m	893	58
BCG	Card or History	88.8	24-35 m	1548	58
BCG	History	31.8	24-35 m	654	58
DTP1	C or H <12 months	86.9	24-35 m	1548	58
DTP1	Card	57.2	24-35 m	893	58
DTP1	Card or History	87.4	24-35 m	1548	58
DTP1	History	30.3	24-35 m	654	58
DTP3	C or H <12 months	78.4	24-35 m	1548	58
DTP3	Card	54.7	24-35 m	893	58
DTP3	Card or History	80.2	24-35 m	1548	58
DTP3	History	25.5	24-35 m	654	58
HepB1	C or H <12 months	86.3	24-35 m	1548	58
HepB1	Card	56.8	24-35 m	893	58
HepB1	Card or History	86.8	24-35 m	1548	58
HepB1	History	30	24-35 m	654	58
HepB3	C or H <12 months	76.9	24-35 m	1548	58
HepB3	Card	54	24-35 m	893	58
HepB3	Card or History	78.8	24-35 m	1548	58
HepB3	History	24.8	24-35 m	654	58
HepBB	C or H <12 months	83	24-35 m	1548	58
HepBB	Card	52.5	24-35 m	893	58
HepBB	Card or History	84	24-35 m	1548	58
HepBB	History	31.5	24-35 m	654	58
Hib1	C or H <12 months	86.9	24-35 m	1548	58
Hib1	Card	57.2	24-35 m	893	58
Hib1	Card or History	87.4	24-35 m	1548	58
Hib1	History	30.3	24-35 m	654	58
Hib3	C or H <12 months	78.4	24-35 m	1548	58
Hib3	Card	54.7	24-35 m	893	58
Hib3	Card or History	80.2	24-35 m	1548	58
Hib3	History	25.5	24-35 m	654	58
IPV1	C or H <12 months	77.8	24-35 m	1548	58
IPV1	Card	51.6	24-35 m	893	58
IPV1	Card or History	80.1	24-35 m	1548	58
IPV1	History	28.5	24-35 m	654	58
MCV1	C or H <12 months	69.7	24-35 m	1548	58
MCV1	Card	53.6	24-35 m	893	58
MCV1	Card or History	82.7	24-35 m	1548	58

MCV1	History	29.1	24-35 m	654	58
PcV1	C or H <12 months	82.3	24-35 m	1548	58
PcV1	Card	55.2	24-35 m	893	58
PcV1	Card or History	83.4	24-35 m	1548	58
PcV1	History	28.2	24-35 m	654	58
PcV3	C or H <12 months	67.5	24-35 m	1548	58
PcV3	Card	50.9	24-35 m	893	58
PcV3	Card or History	70.2	24-35 m	1548	58
PcV3	History	19.3	24-35 m	654	58
Pol1	C or H <12 months	87.8	24-35 m	1548	58
Pol1	Card	57.3	24-35 m	893	58
Pol1	Card or History	88.5	24-35 m	1548	58
Pol1	History	31.2	24-35 m	654	58
Pol3	C or H <12 months	78.7	24-35 m	1548	58
Pol3	Card	55.1	24-35 m	893	58
Pol3	Card or History	80.2	24-35 m	1548	58
Pol3	History	25.1	24-35 m	654	58

2016 Philippines National Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	89.6	12-23 m	1933	64
BCG	Card	63.3	12-23 m	1235	64
BCG	Card or History	90	12-23 m	1933	64
BCG	History	26.7	12-23 m	699	64
DTP1	C or H <12 months	86.4	12-23 m	1933	64
DTP1	Card	62.3	12-23 m	1235	64
DTP1	Card or History	86.6	12-23 m	1933	64
DTP1	History	24.3	12-23 m	699	64
DTP3	C or H <12 months	78.5	12-23 m	1933	64
DTP3	Card	59.5	12-23 m	1235	64
DTP3	Card or History	79.8	12-23 m	1933	64
DTP3	History	20.3	12-23 m	699	64
HepB1	C or H <12 months	87.3	12-23 m	1933	64
HepB1	Card	62.3	12-23 m	1235	64
HepB1	Card or History	87.5	12-23 m	1933	64
HepB1	History	25.2	12-23 m	699	64
HepB3	C or H <12 months	79.8	12-23 m	1933	64
HepB3	Card	59.5	12-23 m	1235	64

Philippines - survey details

2012 Philippines National Demographic and Health Survey, 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.8	12-23 m	1397	58
BCG	Card	57.1	12-23 m	805	58
BCG	Card or History	95.4	12-23 m	1397	58
BCG	History	38.3	12-23 m	592	58
DTP1	C or H <12 months	93.5	12-23 m	1397	58
DTP1	Card	57	12-23 m	805	58
DTP1	Card or History	94.2	12-23 m	1397	58
DTP1	History	37.2	12-23 m	592	58
DTP3	C or H <12 months	84.7	12-23 m	1397	58
DTP3	Card	53.9	12-23 m	805	58
DTP3	Card or History	86.1	12-23 m	1397	58
DTP3	History	32.2	12-23 m	592	58
HepB1	C or H <12 months	91.5	12-23 m	1397	58
HepB1	Card	55.3	12-23 m	805	58
HepB1	Card or History	92.5	12-23 m	1397	58
HepB1	History	37.2	12-23 m	592	58
HepB3	C or H <12 months	74.4	12-23 m	1397	58
HepB3	Card	46.6	12-23 m	805	58
HepB3	Card or History	77.6	12-23 m	1397	58
HepB3	History	31	12-23 m	592	58
MCV1	C or H <12 months	78.2	12-23 m	1397	58
MCV1	Card	50.1	12-23 m	805	58
MCV1	Card or History	83.9	12-23 m	1397	58
MCV1	History	33.8	12-23 m	592	58
Pol1	C or H <12 months	92.5	12-23 m	1397	58
Pol1	Card	56.2	12-23 m	805	58
Pol1	Card or History	93.2	12-23 m	1397	58
Pol1	History	37	12-23 m	592	58
Pol3	C or H <12 months	83.1	12-23 m	1397	58
Pol3	Card	53.3	12-23 m	805	58
Pol3	Card or History	84.6	12-23 m	1397	58
Pol3	History	31.3	12-23 m	592	58

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.3	12-23 m	1286	42
BCG	Card	42.2	12-23 m	1286	42
BCG	Card or History	93.9	12-23 m	1286	42
BCG	History	51.7	12-23 m	1286	42
DTP1	C or H <12 months	91.2	12-23 m	1286	42
DTP1	Card	42.3	12-23 m	1286	42
DTP1	Card or History	92.5	12-23 m	1286	42
DTP1	History	50.2	12-23 m	1286	42
DTP3	C or H <12 months	82.8	12-23 m	1286	42
DTP3	Card	40.9	12-23 m	1286	42
DTP3	Card or History	85.6	12-23 m	1286	42
DTP3	History	44.7	12-23 m	1286	42
HepB1	C or H <12 months	86.5	12-23 m	1286	42
HepB1	Card	42.1	12-23 m	1286	42
HepB1	Card or History	88.2	12-23 m	1286	42
HepB1	History	46.2	12-23 m	1286	42
HepB3	C or H <12 months	75.7	12-23 m	1286	42
HepB3	Card	39.6	12-23 m	1286	42
HepB3	Card or History	80.3	12-23 m	1286	42
HepB3	History	40.7	12-23 m	1286	42
MCV1	C or H <12 months	76.2	12-23 m	1286	42
MCV1	Card	39	12-23 m	1286	42
MCV1	Card or History	84.5	12-23 m	1286	42
MCV1	History	45.5	12-23 m	1286	42
Pol1	C or H <12 months	91.2	12-23 m	1286	42
Pol1	Card	42.2	12-23 m	1286	42
Pol1	Card or History	92.6	12-23 m	1286	42
Pol1	History	50.4	12-23 m	1286	42
Pol3	C or H <12 months	82.6	12-23 m	1286	42
Pol3	Card	40.9	12-23 m	1286	42
Pol3	Card or History	85.2	12-23 m	1286	42
Pol3	History	44.2	12-23 m	1286	42

2002 National Demographic and Health Survey 2003

2007 Philippines National Demographic and Health Survey (NDHS) 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	89	12-23 m	1348	39
BCG	Card	38.3	12-23 m	1348	39

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BCG	Card or history	90.8	12-23 m	1348	39
BCG	History	52.5	12-23 m	1348	39
DTP1	C or H <12 months	88.4	12-23 m	1348	39
DTP1	Card	38.4	12-23 m	1348	39
DTP1	Card or history	89.9	12-23 m	1348	39
DTP1	History	51.6	12-23 m	1348	39
DTP3	C or H <12 months	75	12-23 m	1348	39
DTP3	Card	35.8	12-23 m	1348	39
DTP3	Card or history	78.9	12-23 m	1348	39
DTP3	History	43.1	12-23 m	1348	39
MCV1	C or H <12 months	69.7	12-23 m	1348	39
MCV1	Card	34.1	12-23 m	1348	39
MCV1	Card or history	79.7	12-23 m	1348	39
MCV1	History	45.6	12-23 m	1348	39
Pol1	C or H <12 months	90	12-23 m	1348	39
Pol1	Card	38.7	12-23 m	1348	39
Pol1	Card or history	91.3	12-23 m	1348	39
Pol1	History	52.6	12-23 m	1348	39
Pol3	C or H <12 months	75.8	12-23 m	1348	39
Pol3	Card	36.1	12-23 m	1348	39
Pol3	Card or history	79.8	12-23 m	1348	39
Pol3	History	43.7	12-23 m	1348	39

2001 Philippines, Maternal and Child Health Survey 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	92.1	12-23 m	1885	91
DTP1	Card or History	91.6	12-23 m	1885	91
DTP3	Card or History	80.6	12-23 m	1885	91
MCV1	Card or History	80.2	12-23 m	1885	91
Pol3	Card or History	78.1	12-23 m	1885	91

1999 Philippines, Maternal and Child Health Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
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BCG	Card or History	92.2	12-23 m	2227	89
DTP1	Card or History	90.7	12-23 m	2227	89
DTP3	Card or History	80.5	12-23 m	2227	89
HepB1	Card or History	62.5	12-23 m	2227	89
HepB3	Card or History	32.4	12-23 m	2227	89
MCV1	Card or History	79.7	12-23 m	2227	89
Pol1	Card or History	90.3	12-23 m	2227	89
Pol3	Card or History	79.2	12-23 m	2227	89

1997 Philippines, National Demographic and Health Survey 1998, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.6	12-23 m	1474	41
BCG	Card	40.6	12-23 m	1474	41
BCG	Card or History	90.8	12-23 m	1474	41
BCG	History	50.1	12-23 m	1474	41
DTP1	C or H <12 months	90.1	12-23 m	1474	41
DTP1	Card	41	12-23 m	1474	41
DTP1	Card or History	90.3	12-23 m	1474	41
DTP1	History	49.3	12-23 m	1474	41
DTP3	C or H <12 months	78.7	12-23 m	1474	41
DTP3	Card	37.8	12-23 m	1474	41
DTP3	Card or History	80.9	12-23 m	1474	41
DTP3	History	43	12-23 m	1474	41
MCV1	C or H <12 months	70.9	12-23 m	1474	41
MCV1	Card	34.9	12-23 m	1474	41
MCV1	Card or History	78.9	12-23 m	1474	41
MCV1	History	44	12-23 m	1474	41
Pol1	C or H <12 months	91.5	12-23 m	1474	41
Pol1	Card	41.3	12-23 m	1474	41
Pol1	Card or History	91.7	12-23 m	1474	41
Pol1	History	50.4	12-23 m	1474	41
Pol3	C or H <12 months	80.6	12-23 m	1474	41
Pol3	Card	38.2	12-23 m	1474	41
Pol3	Card or History	81.7	12-23 m	1474	41
Pol3	History	43.5	12-23 m	1474	41

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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>