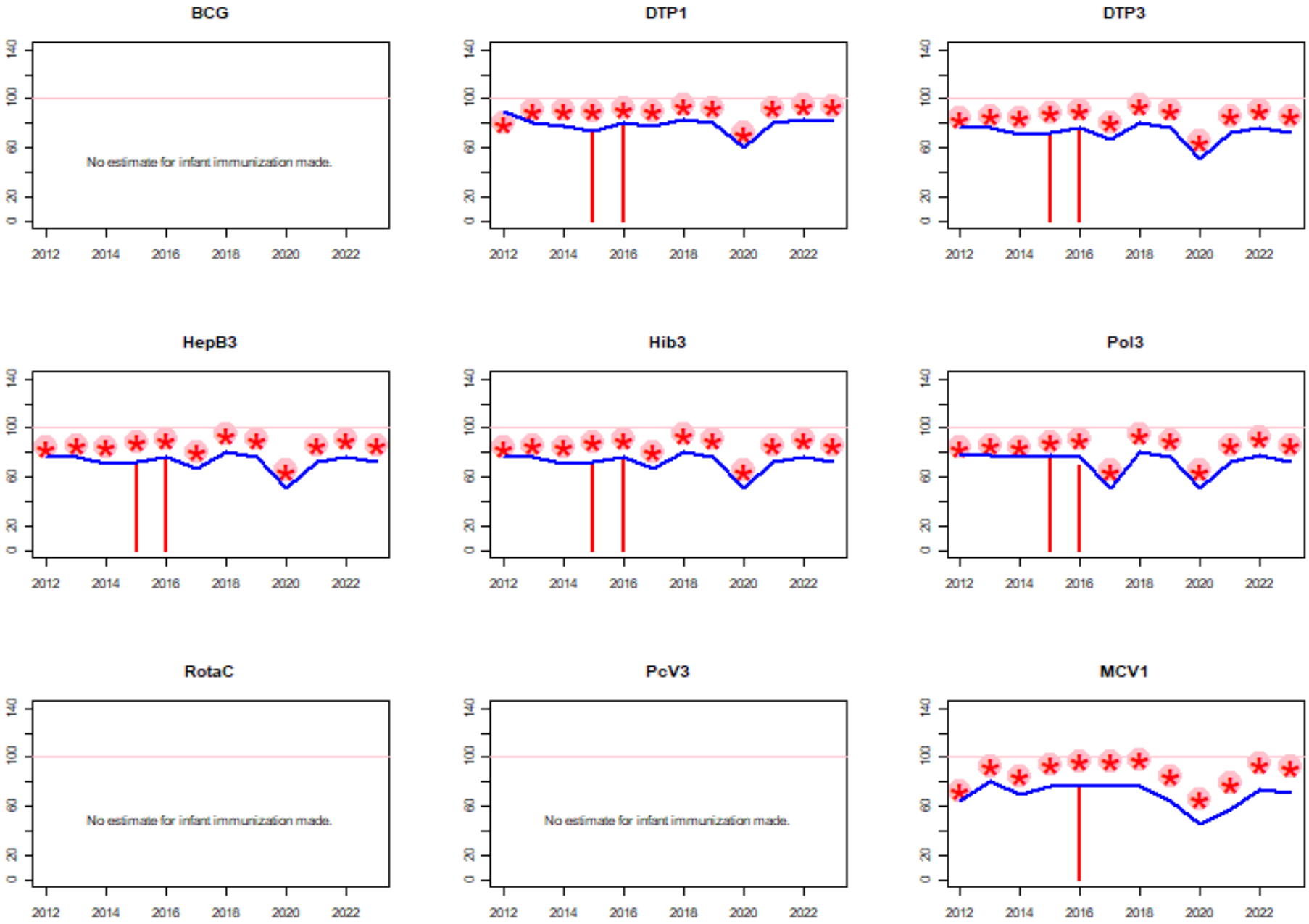

BCG
No estimate for infant immunization made.
DTP1
DTP3
HepB3
Hib3
Pol3
RotaC
No estimate for infant immunization made.
PcV3
No estimate for infant immunization made.
MCV1
0
20
60
100
140
2012
2014
2016
2018
2020
2022

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. Co verage 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.

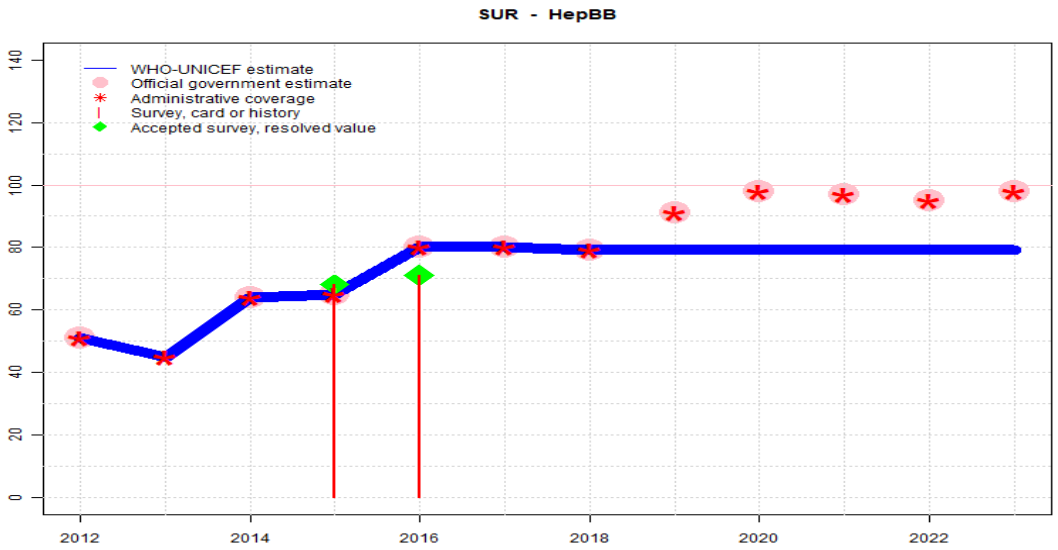
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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.

Suriname - HepBB



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	51	45	64	65	80	80	79	79	79	79	79	79
Estimate GoC	••	•	••	•••	•	•	•••	••	••	••	••	••
Official	51	NA	64	65	80	80	79	91	98	97	95	98
Administrative	51	45	64	65	80	80	79	91	98	97	95	98
Survey	NA	NA	NA	68	71	NA	NA	NA	NA	NA	NA	NA

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

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

•• Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Description:

2023: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours and those administered beyond 24 hours of birth. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. GoC=R+ D+

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours and those administered beyond 24 hours of birth. GoC=R+ D+

2021: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours and those administered beyond 24 hours of birth. Reported coverage aligns with recovery from COVID-19 related service disruptions. GoC=R+ D+

2020: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours and those administered beyond 24 hours of birth. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. GoC=R+ D+

2019: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage shows an unexplained increased trend and change 2019 to 2020 inconsistent with other vaccine-doses. Reported birth dose data do not demonstrate ability to differentiate between doses administered within 24 hours. Programme reports 1.5 month vaccine stockout. GoC=R+ D+

2018: Estimate informed by reported data. Programme reports four months stockout of AD syringes. GoC=R+ S+ D+

2017: Estimate informed by reported data. Estimate challenged by: D-S-

2016: Estimate informed by reported data supported by survey. Survey evidence of 71 percent based on 1 survey(s). Estimate challenged by: D-S-

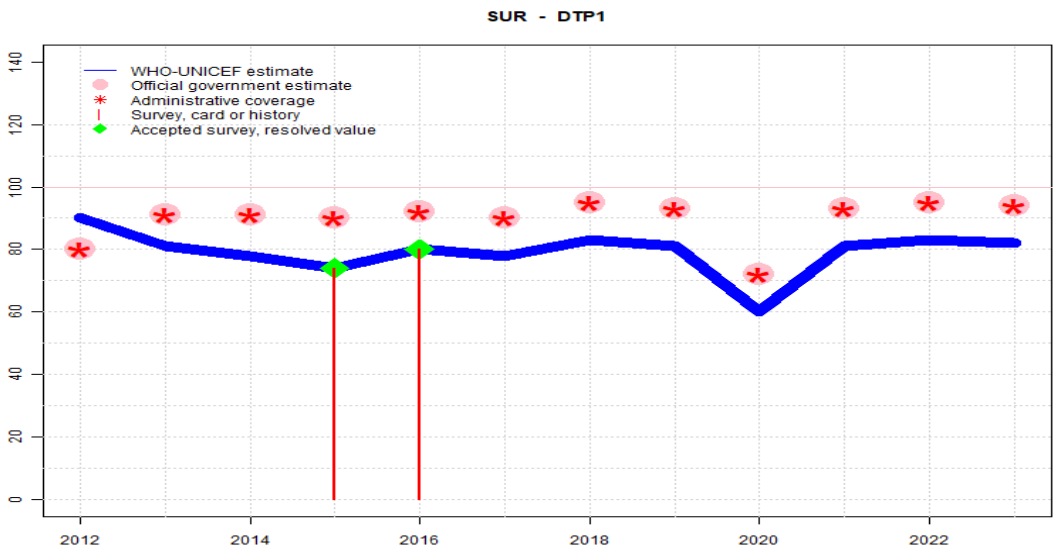
2015: Estimate informed by reported data supported by survey. Survey evidence of 68 percent based on 1 survey(s). GoC=R+ S+ D+

2014: Estimate informed by reported data. . GoC=R+ S+

2013: Estimate informed by reported administrative data. Estimate challenged by: S-

2012: Estimate informed by reported data. GoC=R+ D+

Suriname - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	81	78	74	80	78	83	81	60	81	83	82
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	80	91	91	90	92	90	95	93	72	93	95	94
Administrative	80	91	91	90	92	90	95	93	72	93	95	94
Survey	NA	NA	NA	74	80	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Description:

2023: Reported data calibrated to 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-

2022: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-

2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-

2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-

2019: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout. Estimate challenged by: R-

2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Estimate challenged by: R-

2017: Reported data calibrated to 2016 levels. Programme reports 1-month vaccine stockout. Estimate challenged by: R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 80 percent based on 1 survey(s). Estimate challenged by: R-

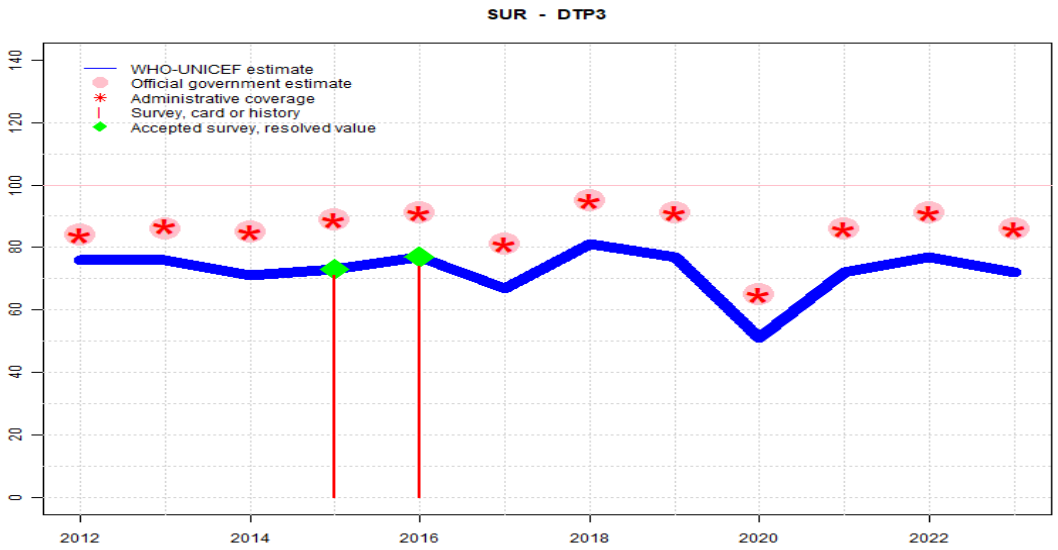
2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Estimate challenged by: R-

2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

2012: DTP1 coverage estimated based on DTP3 coverage of 76. Estimate challenged by: D-R-

Suriname - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	76	76	71	73	77	67	81	77	51	72	77	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	86	85	89	91	81	95	91	65	86	91	86
Administrative	84	87	85	89	91	81	95	91	65	86	91	86
Survey	NA	NA	NA	71	74	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Description:

2023: Reported data calibrated to 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-

2022: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-

2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-

2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-

2019: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout. Estimate challenged by: R-

2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Programme reports large increase in third doses of DTP-Hib-HepB following recovery from 1-month vaccine stockout in 2017. Increase in reported first dose is of lesser magnitude resulting in no dropout. Estimate challenged by: R-

2017: Reported data calibrated to 2016 levels. Programme reports 1-month vaccine stockout. Estimate challenged by: R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 77 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 74 percent modifed for recall bias to 77 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: R-

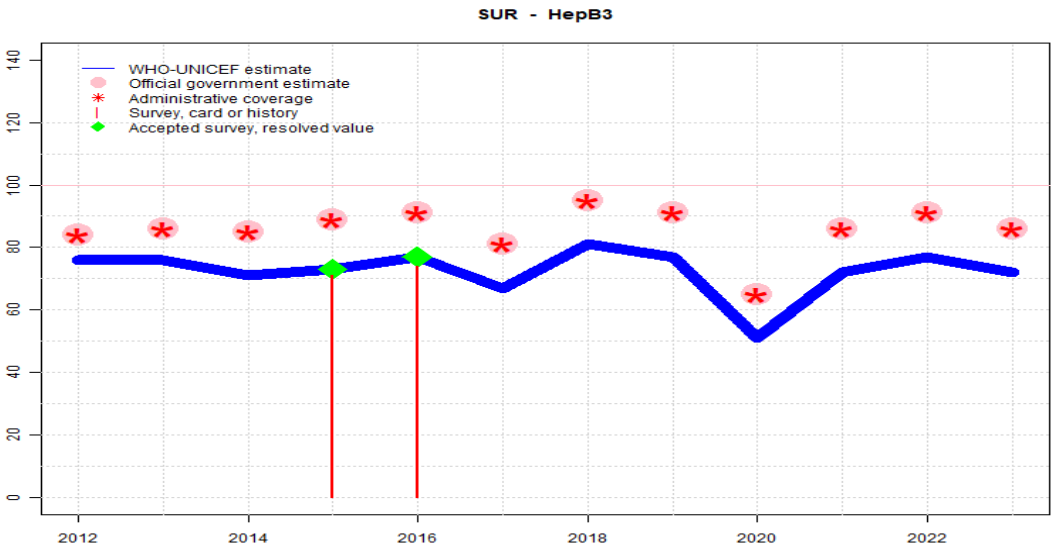
2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 71 percent modifed for recall bias to 73 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 65 percent. Estimate challenged by: R-

2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

2012: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

Suriname - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	76	76	71	73	77	67	81	77	51	72	77	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	86	85	89	91	81	95	91	65	86	91	86
Administrative	84	86	85	89	91	81	95	91	65	86	91	86
Survey	NA	NA	NA	71	74	NA	NA	NA	NA	NA	NA	NA

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

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● 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 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-

2022: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-

2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-

2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Programme reports large increase in third doses of DTP-Hib-HepB following recovery from 1-month vaccine stockout in 2017. Increase in reported first dose is of lesser magnitude resulting in no dropout. Estimate challenged by: R-

2017: Reported data calibrated to 2016 levels. Programme reports 1-month vaccine stockout. Estimate challenged by: R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 77 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 74 percent modifed for recall bias to 77 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 67 percent. Estimate challenged by: R-

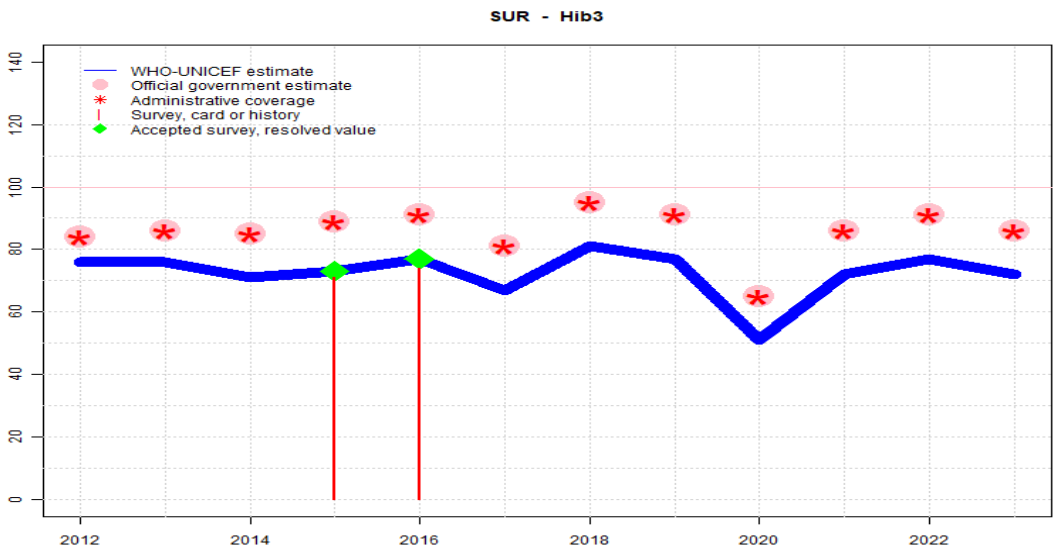
2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 71 percent modifed for recall bias to 73 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 65 percent. Estimate challenged by: R-

2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

2012: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

Suriname - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	76	76	71	73	77	67	81	77	51	72	77	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	86	85	89	91	81	95	91	65	86	91	86
Administrative	84	86	85	89	91	81	95	91	65	86	91	86
Survey	NA	NA	NA	71	74	NA	NA	NA	NA	NA	NA	NA

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

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Description:

2023: Reported data calibrated to 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-

2022: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: R-

2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-

2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Programme reports large increase in third doses of DTP-Hib-HepB following recovery from 1-month vaccine stockout in 2017. Increase in reported first dose is of lesser magnitude resulting in no dropout. Estimate challenged by: R-

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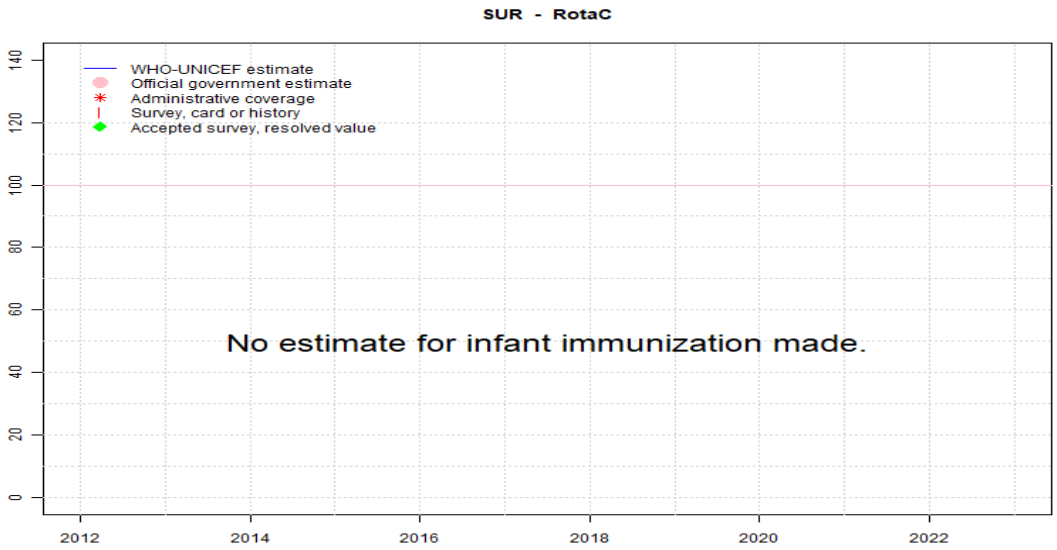
2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Suriname Multiple Indicator Cluster Survey 2018 card or history results of 71 percent modifed for recall bias to 73 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 65 percent. Estimate challenged by: R-

2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

2012: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

Suriname - RotaC



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

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

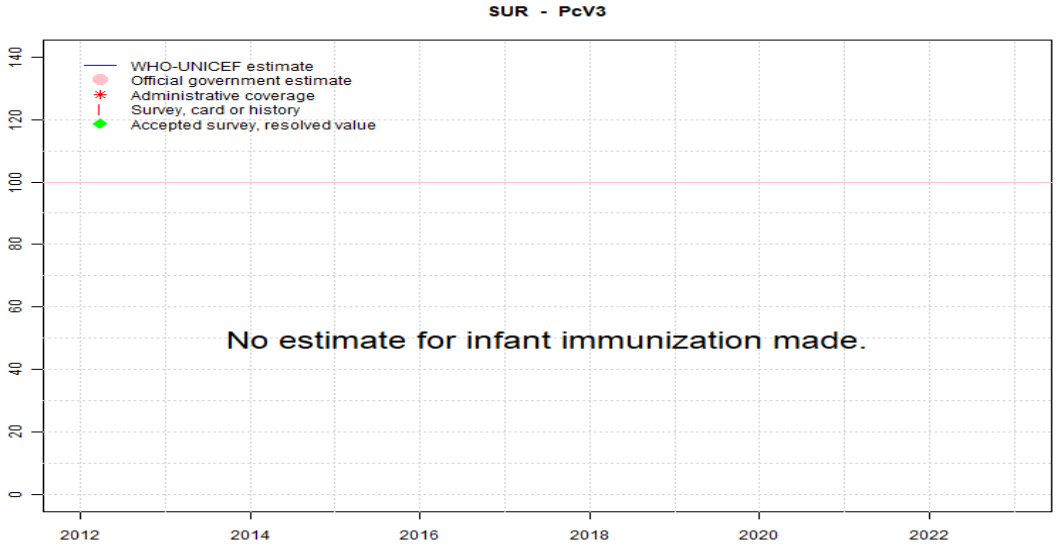
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Suriname - PcV3



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

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

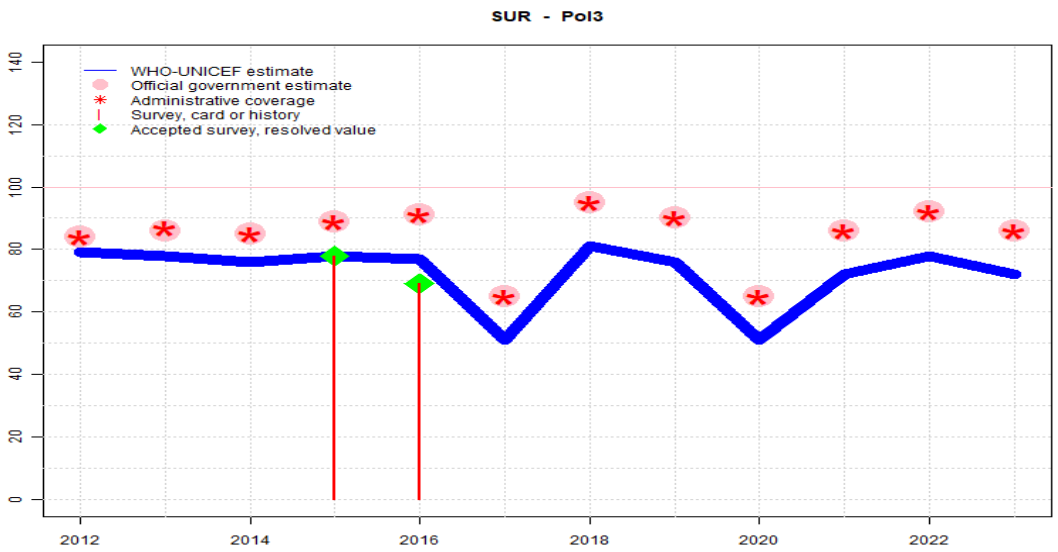
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Suriname - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	79	78	76	78	77	51	81	76	51	72	78	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	86	85	89	91	65	95	90	65	86	92	86
Administrative	84	87	85	89	91	65	95	90	65	86	92	86
Survey	NA	NA	NA	78	69	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Description:

2023: Reported data calibrated to 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: R-

2022: Reported data calibrated to 2016 levels. Programme reports one month oral polio vaccine stockout at national level. Estimate challenged by: R-

2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-

2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2018: Reported data calibrated to 2016 levels. Programme appears to have recovered from prior years vaccine stockout. Estimate challenged by: R-S-

2017: Reported data calibrated to 2016 levels. Programme reports OPV 3-month stockout. Estimate challenged by: R-S-

2016: Estimate of 77 percent assigned by working group. Estimate is based on survey result for DTP3. Estimate challenged by: R-

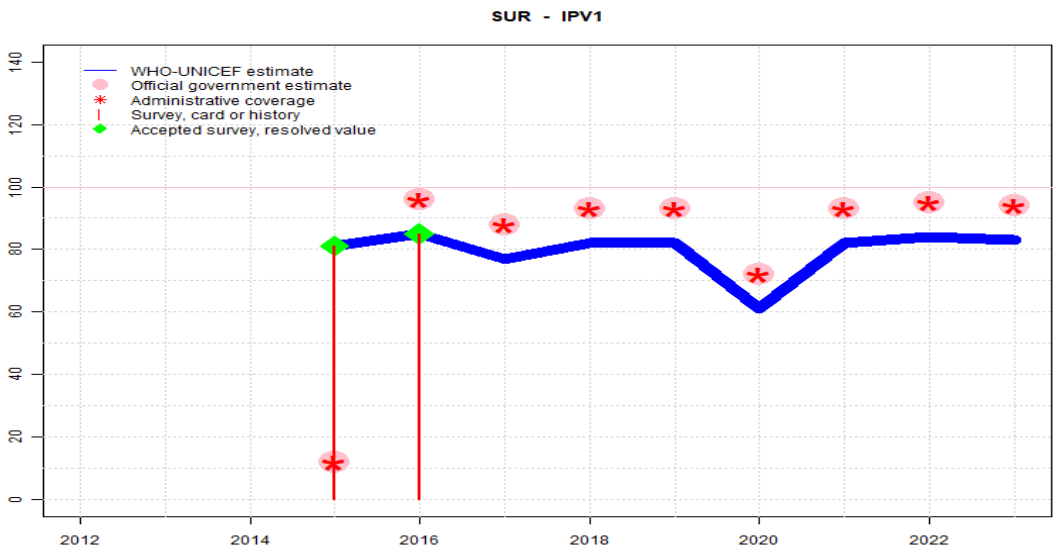
2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 78 percent based on 1 survey(s). Estimate challenged by: R-

2014: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

2013: Reported data calibrated to 2009 and 2015 levels. Estimate challenged by: R-

2012: Reported data calibrated to 2009 and 2015 levels. One month vaccine shortage. Estimate challenged by: R-

Suriname - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	81	85	77	82	82	61	82	84	83
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	12	96	88	93	93	72	93	95	94
Administrative	NA	NA	NA	12	96	88	93	93	72	93	95	94
Survey	NA	NA	NA	81	85	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Description:

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

2023: Reported data calibrated to 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: R-

2022: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-

2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-

2019: Reported data calibrated to 2016 levels. Programme reports one month vaccine stockout. Estimate challenged by: R-

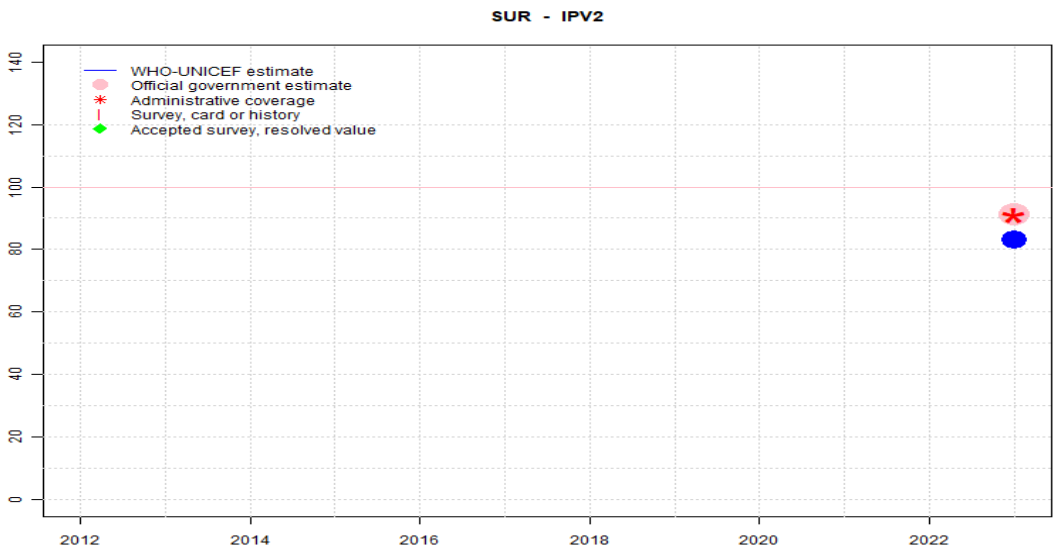
2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Estimate challenged by: R-

2017: Reported data calibrated to 2016 levels. Programme reports IPV 1-month stockout. Estimate challenged by: R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 85 percent based on 1 survey(s). Estimate is based on reported data following introduction. Estimate challenged by: R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 81 percent based on 1 survey(s). Inactivated polio vaccine during 2015. Estimate challenged by: D-R-

Suriname - IPV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	83
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	91
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	91
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

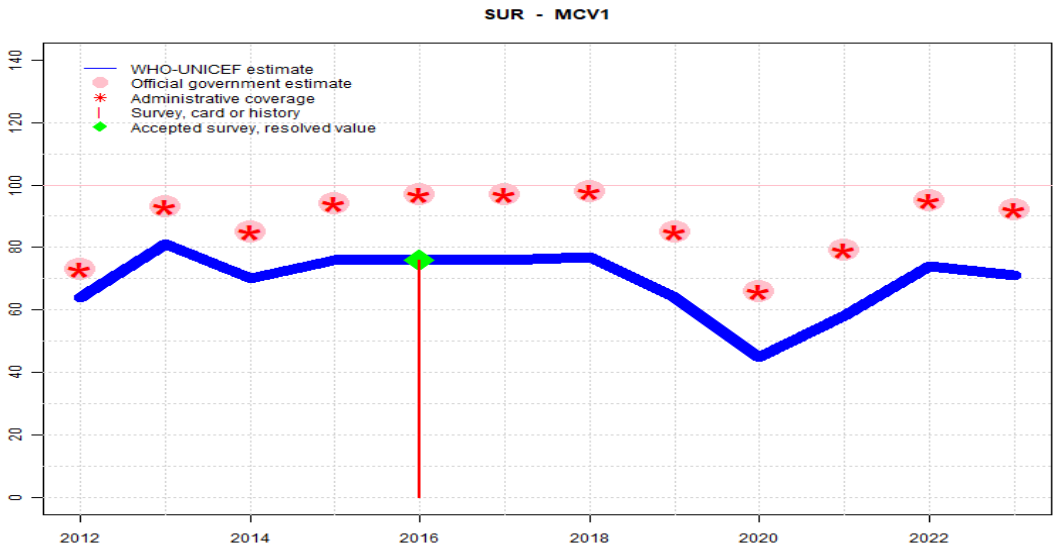
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

Estimates for a 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: Second dose of IPV introduced in 2023. Estimate is based on estimated IPV1 coverage and assumes no dropout. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: R-

Suriname - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	64	81	70	76	76	76	77	64	45	58	74	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	73	93	85	94	97	97	98	85	66	79	95	92
Administrative	73	93	85	94	97	97	98	85	66	79	95	92
Survey	NA	NA	NA	NA	76	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Description:

2023: Reported data calibrated to 2016 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-

2022: Reported data calibrated to 2016 levels. . Estimate challenged by: R-

2021: Reported data calibrated to 2016 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Programme reports three months vaccine stock-out. Estimate challenged by: R-

2018: Reported data calibrated to 2016 levels. Programme reports four months stockout of AD syringes. Estimate challenged by: R-

2017: Reported data calibrated to 2016 levels. Estimate challenged by: R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 76 percent based on 1 survey(s). Estimate challenged by: D-R-

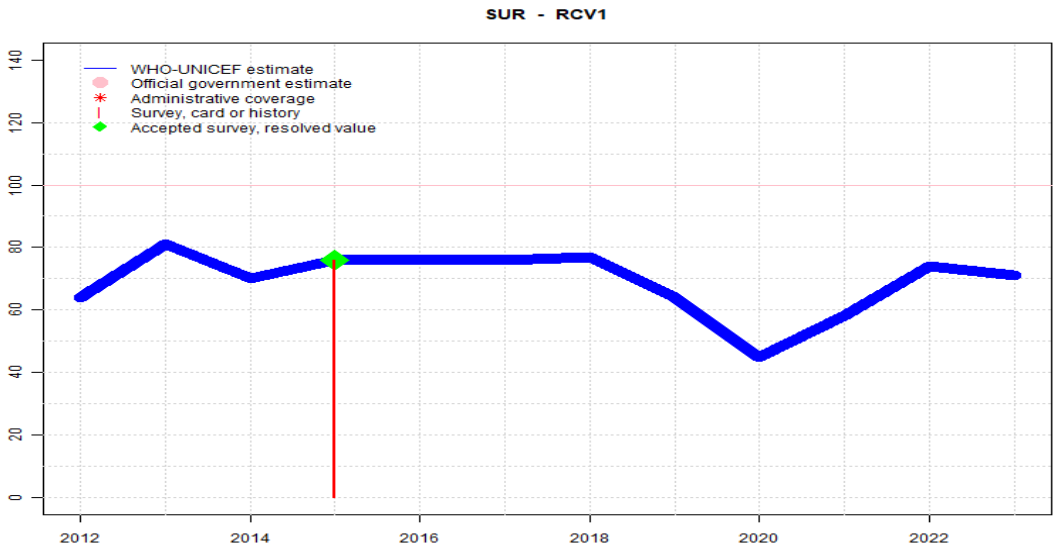
2015: Reported data calibrated to 2009 and 2016 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2009 and 2016 levels. Programme reports a three months stockout at national level. Estimate challenged by: R-

2013: Reported data calibrated to 2009 and 2016 levels. Increase in coverage reflects recovery from prior years stockout in spite of two months stockout during 2013 at national level and in 2 districts. Estimate challenged by: R-

2012: Reported data calibrated to 2009 and 2016 levels. One month vaccine shortage. Estimate challenged by: R-

Suriname - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	64	81	70	76	76	76	77	64	45	58	74	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	76	NA	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Description:

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 decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-

2022: Estimate based on estimated MCV1. Estimate challenged by: R-

2021: Estimate based on estimated MCV1. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: D-R-

2020: Estimate based on estimated MCV1. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-R-

2019: Estimate based on estimated MCV1. Estimate challenged by: R-

2018: Estimate based on estimated MCV1. Programme reports four months stockout of AD syringes. Estimate challenged by: R-

2017: Estimate based on estimated MCV1. Estimate challenged by: R-

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

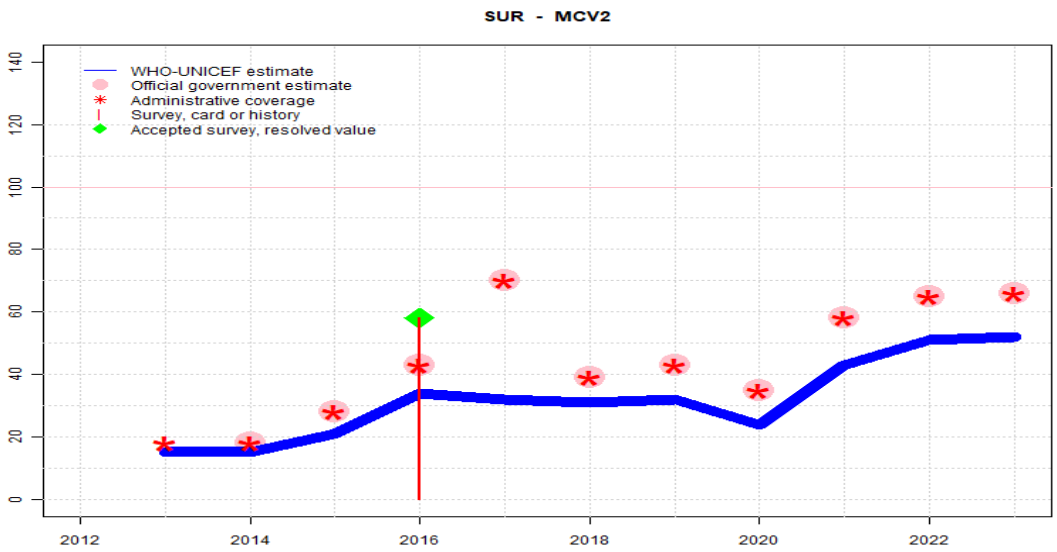
2015: Estimate based on estimated MCV1. Estimate challenged by: R-

2014: Estimate based on estimated MCV1. Estimate challenged by: R-

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

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

Suriname - MCV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	15	15	21	34	32	31	32	24	43	51	52
Estimate GoC	NA	•	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	18	28	43	70	39	43	35	58	65	66
Administrative	NA	18	18	28	43	70	39	43	35	58	65	66
Survey	NA	NA	NA	NA	58	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Description:

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

2023: Estimate informed by increase in administrative coverage between 2022 to 2023, applied to the estimated MCV2 coverage for 2022. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: R-

2022: Estimate informed by the ratio of reported administrative doses for MCV2:MCV1 applied to the estimated MCV1 coverage level. Estimate challenged by: R-

2021: Across the time-series, with the exception of 2017, reported number of MCV2 doses administered is 75 percent or less than the reported number of MCV1 doses while the target population size is similar for the first and second dose. It is believed that the survey for the 2016 cohort (perhaps inclusive of those in the 2017 cohort as well) reflect activities related to a change in recommended age for MCV2. As such, estimated coverage is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-

2020: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: R-

2019: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Programme reports three months vaccine stockout. Estimate challenged by: R-

2018: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Estimate challenged by: R-S-

2017: Reported number of MCV2 doses appear to include doses given outside the target age of 18 months. The number of MCV2 doses administered is roughly twice that compared to reported values for 2016 and 2018. As such, estimate is based on the interpolated ratio of MCV2-to-MCV1 doses administered for 2016 and 2018 applied to estimated MCV1 coverage. Reported data excluded due to an increase from 43 percent to 70 percent with decrease 39 percent. Estimate challenged by: D-R-S-

2016: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Programme reports several measles-mumps-rubella doses given administered to children beyond their second year of life. These doses are not included in the

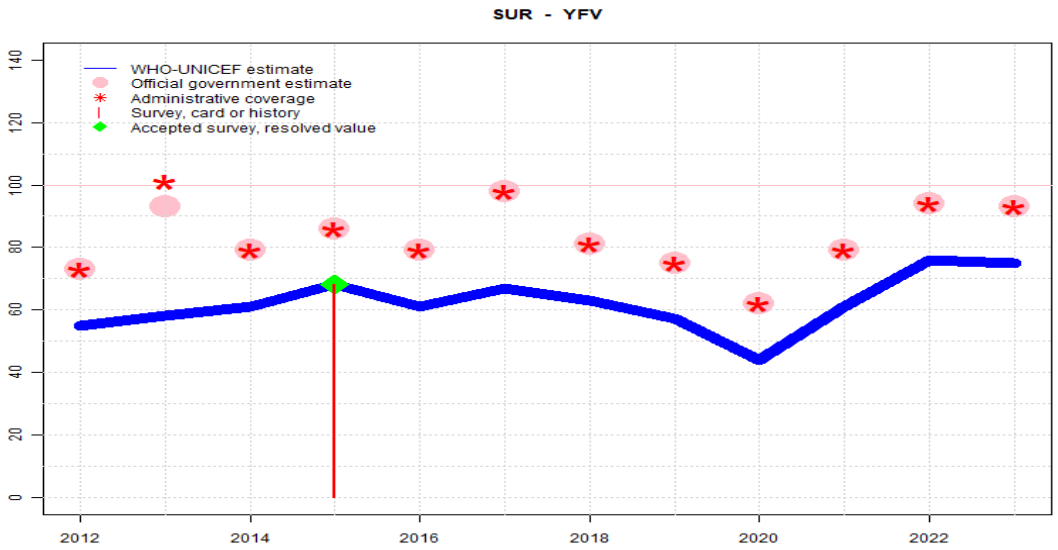
reported coverage. Recommended age for MCV2 changed from four years to 18 months during 2016. Estimate challenged by: R-S-

2015: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Estimate challenged by: R-S-

2014: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Estimate challenged by: R-S-

2013: Estimate is based on the ratio of administered MCV2-to-MCV1 doses applied to estimated MCV1 coverage. Second dose of MCV introduced during 2005 but not systematically provided until 2013. Reporting started in 2013. Presentation is MMR and is recommended at 4 years of age. Estimate challenged by: R-

Suriname - YFV



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	55	58	61	68	61	67	63	57	44	61	76	75
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	73	93	79	86	79	98	81	75	62	79	94	93
Administrative	73	101	79	86	79	98	81	75	62	79	94	93
Survey	NA	NA	NA	68	NA	NA	NA	NA	NA	NA	NA	NA

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

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

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

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

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

Description:

2023: Reported data calibrated to 2015 levels. Reported decline in target population of surviving infants of seven percent between 2022 and 2023. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: R-

2022: Reported data calibrated to 2015 levels. Programme reports one month vaccine stockout at national level.. Estimate challenged by: R-

2021: Reported data calibrated to 2015 levels. Reported coverage aligns with recovery from COVID-19 related service disruptions. Estimate challenged by: R-

2020: Reported data calibrated to 2015 levels. WHO and UNICEF observe that recent survey results suggest lower levels of coverage than that reported by the programme during the past 10 years. Further investigation to understand underlying differences is warranted, and WHO and UNICEF recommend a high-quality independent empirical assessment to confirm reported levels of coverage. Decline in reported coverage is unexplained by country but aligns with COVID-19 pandemic service disruptions. Estimate challenged by: D-R-

2019: Reported data calibrated to 2015 levels. Estimate challenged by: R-

2018: Reported data calibrated to 2015 levels. Programme reports four months stockout of AD syringes. Estimate challenged by: R-

2017: Programme reports 98 percent coverage achieved in 87 percent of the national target population. Estimate reflects annualized coverage in the national target population and calibrated to the level of coverage established by the survey for the 2015 cohort. Reported data excluded due to an increase from 79 percent to 98 percent with decrease 81 percent. Estimate challenged by: R-

2016: Reported data calibrated to 2015 levels. Programme reports a three week vaccine stockout. Estimate challenged by: R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 68 percent based on 1 survey(s). Estimate challenged by: R-

2014: Reported data calibrated to 2015 levels. Estimate is based on reported data. Decline in reported number of doses administered is unexplained. Estimate challenged by: R-

2013: Reported data calibrated to 2015 levels. Reported data excluded. Increase reflects expansion of service delivery following introduction to national birth cohort in 2012 and suboptimal recording practices.Reported data excluded due to an increase from 73 percent to 93 percent with decrease 79 percent. Estimate challenged by: D-R-

2012: Reported data calibrated to 2015 levels. Yellow fever vaccine is now offered to the entire national target population. Estimate challenged by: R-

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

2016 Suriname Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	C or H <12 months	79.6	12-23 m	753	77
DTP1	Card	70.3	12-23 m	753	77
DTP1	Card or History	80	12-23 m	753	77
DTP1	History	9.7	12-23 m	753	77
DTP3	C or H <12 months	70	12-23 m	753	77
DTP3	Card	66.6	12-23 m	753	77
DTP3	Card or History	73.9	12-23 m	753	77
DTP3	History	7.3	12-23 m	753	77
HepB1	C or H <12 months	79.6	12-23 m	753	77
HepB1	Card	70.3	12-23 m	753	77
HepB1	Card or History	80	12-23 m	753	77
HepB1	History	9.7	12-23 m	753	77
HepB3	C or H <12 months	70	12-23 m	753	77
HepB3	Card	66.6	12-23 m	753	77
HepB3	Card or History	73.9	12-23 m	753	77
HepB3	History	7.3	12-23 m	753	77
HepBB	C or H <12 months	71.3	12-23 m	753	77
HepBB	Card	59.9	12-23 m	753	77
HepBB	Card or History	71.3	12-23 m	753	77
HepBB	History	11.4	12-23 m	753	77
Hib1	C or H <12 months	79.6	12-23 m	753	77
Hib1	Card	70.3	12-23 m	753	77
Hib1	Card or History	80	12-23 m	753	77
Hib1	History	9.7	12-23 m	753	77
Hib3	C or H <12 months	70	12-23 m	753	77
Hib3	Card	66.6	12-23 m	753	77
Hib3	Card or History	73.9	12-23 m	753	77
Hib3	History	7.3	12-23 m	753	77
IPV1	C or H <12 months	84.9	12-23 m	753	77
IPV1	Card	75.8	12-23 m	753	77
IPV1	Card or History	85.3	12-23 m	753	77
IPV1	History	9.5	12-23 m	753	77
MCV1	C or H <12 months	73.8	24-35 m	942	-
MCV1	Card	68.1	24-35 m	942	-
MCV1	Card or History	75.7	24-35 m	942	-
MCV1	History	7.5	24-35 m	942	-
MCV2	C or H <24 months	54.2	24-35 m	942	-
MCV2	Card	51.8	24-35 m	942	-
MCV2	Card or History	58.3	24-35 m	942	-
MCV2	History	6.4	24-35 m	942	-
Pol3	C or H <12 months	65	12-23 m	753	77
Pol3	Card	62.7	12-23 m	753	77
Pol3	Card or History	69.4	12-23 m	753	77
Pol3	History	6.7	12-23 m	753	77

2015 Suriname Multiple Indicator Cluster Survey 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	C or H <12 months	73.7	24-35 m	942	-
DTP1	Card	66.1	24-35 m	942	-
DTP1	Card or History	74.4	24-35 m	942	-
DTP1	History	8.3	24-35 m	942	-
DTP3	C or H <12 months	66.9	24-35 m	942	-
DTP3	Card	65.2	24-35 m	942	-
DTP3	Card or History	71.2	24-35 m	942	-
DTP3	History	6	24-35 m	942	-
HepB1	C or H <12 months	73.7	24-35 m	942	-
HepB1	Card	66.1	24-35 m	942	-
HepB1	Card or History	74.4	24-35 m	942	-
HepB1	History	8.3	24-35 m	942	-
HepB3	C or H <12 months	66.9	24-35 m	942	-
HepB3	Card	65.2	24-35 m	942	-
HepB3	Card or History	71.2	24-35 m	942	-

HepB3	History	6	24-35 m	942	-
HepBB	C or H <12 months	68.1	24-35 m	942	-
HepBB	Card	55.9	24-35 m	942	-
HepBB	Card or History	68.4	24-35 m	942	-
HepBB	History	12.5	24-35 m	942	-
Hib1	C or H <12 months	73.7	24-35 m	942	-
Hib1	Card	66.1	24-35 m	942	-
Hib1	Card or History	74.4	24-35 m	942	-
Hib1	History	8.3	24-35 m	942	-
Hib3	C or H <12 months	66.9	24-35 m	942	-
Hib3	Card	65.2	24-35 m	942	-
Hib3	Card or History	71.2	24-35 m	942	-
Hib3	History	6	24-35 m	942	-
IPV1	C or H <12 months	80.9	24-35 m	942	-
IPV1	Card	70.5	24-35 m	942	-
IPV1	Card or History	81.2	24-35 m	942	-
IPV1	History	10.7	24-35 m	942	-
Pol3	C or H <12 months	74.1	24-35 m	942	-
Pol3	Card	69.3	24-35 m	942	-
Pol3	Card or History	78.4	24-35 m	942	-
Pol3	History	9.1	24-35 m	942	-
YFV	C or H <12 months	66.3	24-35 m	942	-
YFV	Card	61	24-35 m	942	-
YFV	Card or History	68.2	24-35 m	942	-
YFV	History	7.2	24-35 m	942	-

2009 Suriname Multiple Indicator Cluster Survey 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
HepBB	C or H <12 months	38	18-29 m	-	-
HepBB	Card	32.8	18-29 m	-	-
HepBB	Card or History	38.5	18-29 m	746	-
HepBB	History	5.7	18-29 m	-	-
MCV1	C or H <18 months	73.9	18-29 m	-	-
MCV1	Card	70.5	18-29 m	-	-
MCV1	Card or History	77.9	18-29 m	746	-
MCV1	History	7.4	18-29 m	-	-
Pol1	C or H <12 months	89.9	18-29 m	-	-
Pol1	Card	80.1	18-29 m	-	-
Pol1	Card or History	90.5	18-29 m	746	-
Pol1	History	10.3	18-29 m	-	-
Pol3	C or H <12 months	79	18-29 m	-	-
Pol3	Card	77.1	18-29 m	-	-
Pol3	Card or History	83.2	18-29 m	746	-
Pol3	History	6.1	18-29 m	-	-
YFV	C or H <12 months	15.1	18-29 m	-	-
YFV	Card	59.3	18-29 m	-	-
YFV	Card or History	64	18-29 m	154	-
YFV	History	4.7	18-29 m	-	-

2005 Suriname Multiple Indicator Cluster Survey 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	C or H <12 months	94.8	12-23 m	412	81
DTP1	Card	83.7	12-23 m	412	81
DTP1	Card or History	95.6	12-23 m	412	81
DTP1	History	12	12-23 m	412	81
DTP3	C or H <12 months	86.1	12-23 m	412	81
DTP3	Card	83.7	12-23 m	412	81
DTP3	Card or History	90.8	12-23 m	412	81
DTP3	History	7.1	12-23 m	412	81
HepB1	C or H <12 months	8.6	12-23 m	412	81
HepB1	Card	9.3	12-23 m	412	81
HepB1	Card or History	9.3	12-23 m	412	81
HepB1	History	0	12-23 m	412	81
HepB3	C or H <12 months	3.2	12-23 m	412	81
HepB3	Card	6	12-23 m	412	81
HepB3	Card or History	6	12-23 m	412	81
HepB3	History	0	12-23 m	412	81
Hib1	C or H <12 months	4.3	12-23 m	412	81
Hib1	Card	4.5	12-23 m	412	81
Hib1	Card or History	4.5	12-23 m	412	81
Hib1	History	0	12-23 m	412	81
Hib3	C or H <12 months	2.7	12-23 m	412	81
Hib3	Card	3.1	12-23 m	412	81
Hib3	Card or History	3.1	12-23 m	412	81
Hib3	History	0	12-23 m	412	81
MCV1	C or H <12 months	79.5	12-23 m	412	81

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MCV1	Card	65.7	12-23 m	412	81
MCV1	Card or History	81	12-23 m	412	81
MCV1	History	15.4	12-23 m	412	81
Pol1	C or H <12 months	97.1	12-23 m	412	81
Pol1	Card	83.5	12-23 m	412	81
Pol1	Card or History	97.7	12-23 m	412	81
Pol1	History	14.2	12-23 m	412	81
Pol3	C or H <12 months	87.6	12-23 m	412	81
Pol3	Card	83.3	12-23 m	412	81
Pol3	Card or History	92.4	12-23 m	412	81
Pol3	History	9.1	12-23 m	412	81
YFV	C or H <12 months	18.1	12-23 m	412	81
YFV	Card	11.9	12-23 m	412	81
YFV	Card or History	19.3	12-23 m	412	81
YFV	History	7.4	12-23 m	412	81

1999 Suriname Multiple Indicator Cluster Survey 2000, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card	83.7	12-23 m	376	85
DTP1	Card or History	88.8	12-23 m	376	85
DTP1	History	5.1	12-23 m	376	85
DTP3	Card	75.8	12-23 m	376	85
DTP3	Card or History	79.1	12-23 m	376	85
DTP3	History	3.3	12-23 m	376	85
MCV1	Card	55.5	12-23 m	376	85
MCV1	Card or History	60.2	12-23 m	376	85
MCV1	History	4.6	12-23 m	376	85
Pol1	Card	84	12-23 m	376	85
Pol1	Card or History	87.8	12-23 m	376	85
Pol1	History	3.8	12-23 m	376	85
Pol3	Card	75.8	12-23 m	376	85
Pol3	Card or History	78.5	12-23 m	376	85
Pol3	History	2.7	12-23 m	376	85

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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