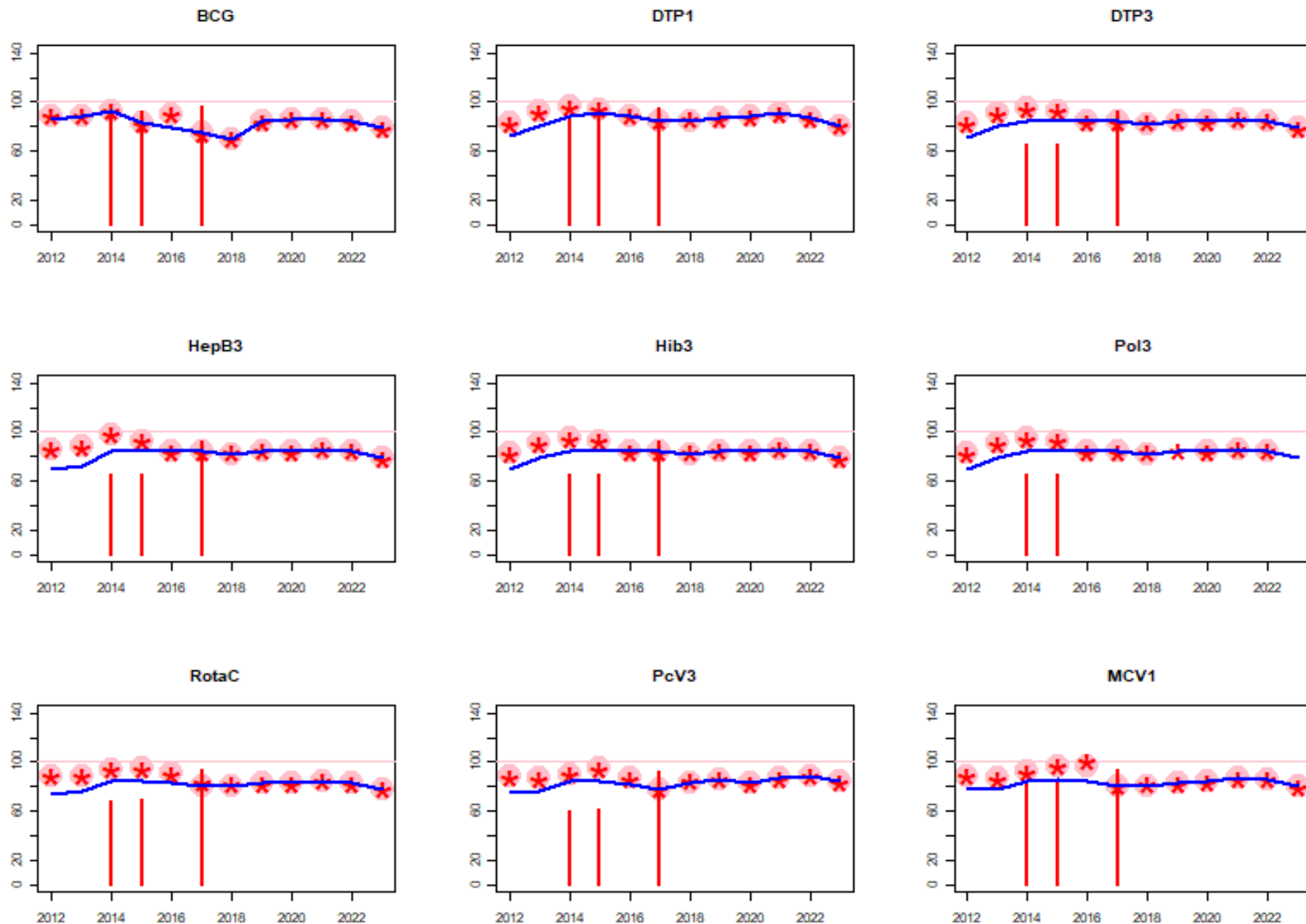




**BACKGROUND NOTE:** Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local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

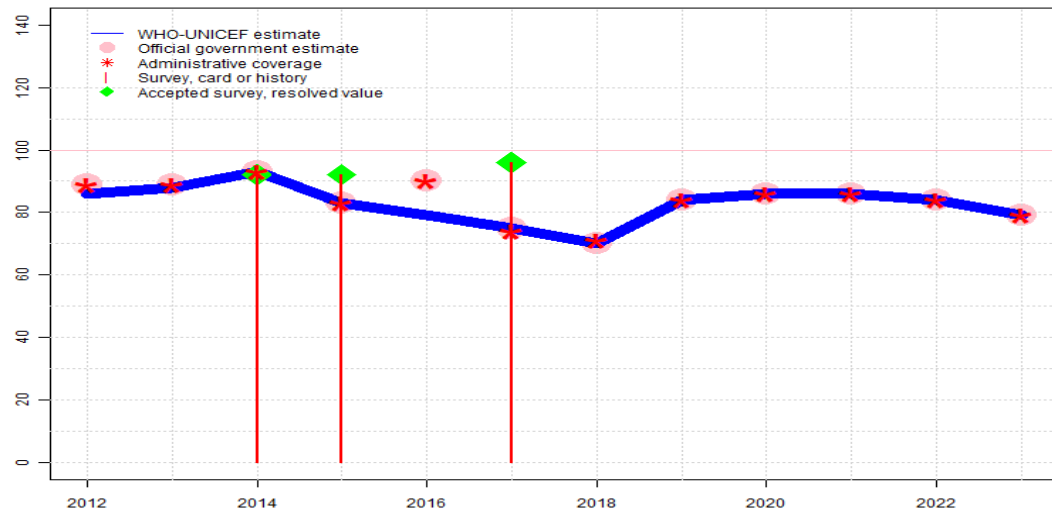
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**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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# South Africa - BCG

ZAF - BCG



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 86   | 88   | 93   | 83   | 79   | 75   | 70   | 84   | 86   | 86   | 84   | 79   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | ••   | ••   | ••   | ••   |
| Official       | 89   | 89   | 93   | 83   | 90   | 75   | 70   | 84   | 86   | 86   | 84   | 79   |
| Administrative | 89   | 89   | 93   | 83   | 90   | 74   | 71   | 84   | 86   | 86   | 84   | 79   |
| Survey         | NA   | NA   | 92   | 92   | NA   | 96   | 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.

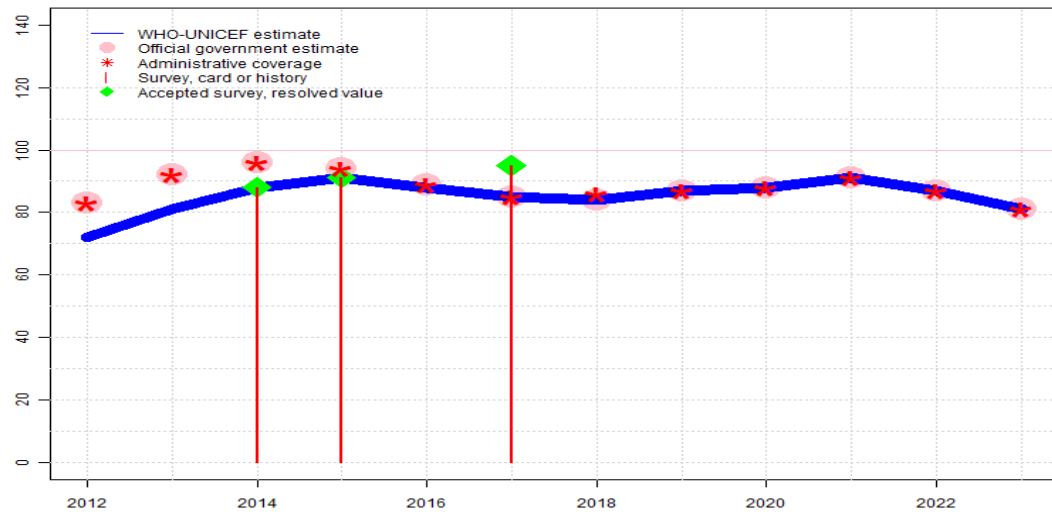
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported data suggests increase in doses administered, in spite of one month national vaccine stockout, and recovery from prior year supply disruption. Estimate challenged by: S-
- 2018: Estimate informed by reported data. Programme reports three months vaccine stockout at national level. Estimate challenged by: S-
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported denominator increased 16 percent between 2016 and 2017. Decline in reported coverage unexplained. Estimate follows trend in reported data consistent with other antigens. Estimate challenged by: S-
- 2016: Estimate informed by interpolation between reported data. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. . Estimate challenged by: S-
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Programme reports three months national level stockout. Estimate challenged by: D-S-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: D-
- 2013: Reported data calibrated to 2003 and 2014 levels. Decreases in coverage may reflect use of revised target population estimates. Estimate challenged by: R-
- 2012: Reported data calibrated to 2003 and 2014 levels. Estimate challenged by: R-

# South Africa - DTP1

ZAF - DTP1



## Description:

- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports vaccine stockout of unspecified duration at subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Programme reports one month vaccine stockout at national and district levels. Estimate challenged by: D-R-
- 2015: Estimate of 91 percent assigned by working group. Estimate based on survey results. Estimate challenged by: R-
- 2014: Estimate of 88 percent assigned by working group. Estimate based on survey results. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-
- 2013: Estimate of 81 percent assigned by working group. Estimate is based on the year to year change in the reported data from 2012 to 2013. Decreases in coverage may reflect use of revised target population estimates. Estimate challenged by: R-
- 2012: Reported data calibrated to 2005 and 2013 levels. Estimate challenged by: R-S-

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 72   | 81   | 88   | 91   | 88   | 85   | 84   | 87   | 88   | 91   | 87   | 81   |
| Estimate GoC   | •    | •    | •    | •    | •    | •••  | •    | •••  | ••   | ••   | ••   | ••   |
| Official       | 83   | 92   | 96   | 94   | 89   | 85   | 84   | 87   | 88   | 91   | 87   | 81   |
| Administrative | 83   | 92   | 96   | 94   | 89   | 85   | 86   | 87   | 88   | 91   | 87   | 81   |
| Survey         | NA   | NA   | 88   | 91   | NA   | 95   | NA   | NA   | NA   | NA   | NA   | NA   |

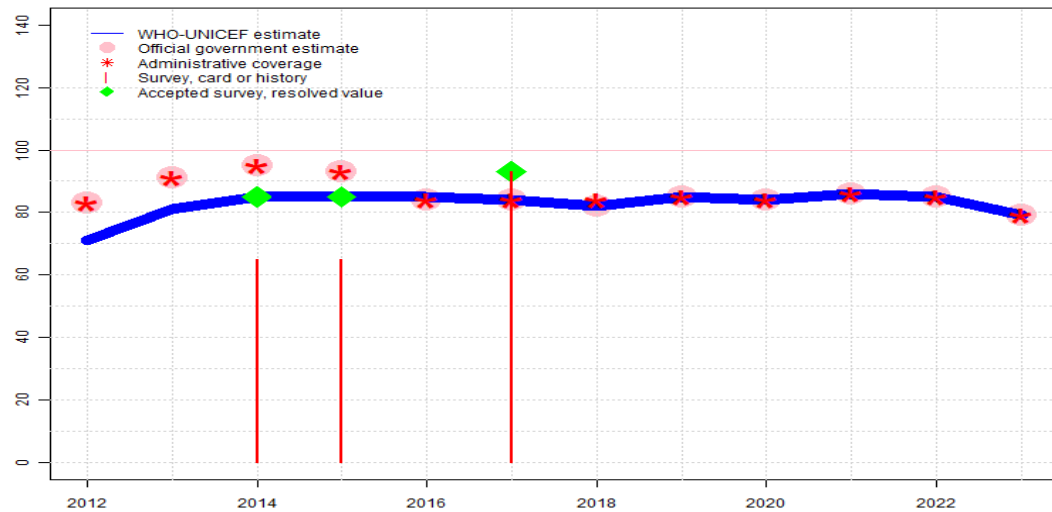
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# South Africa - DTP3

ZAF - DTP3



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 71   | 81   | 85   | 85   | 85   | 84   | 82   | 85   | 84   | 86   | 85   | 79   |
| Estimate GoC   | •    | •    | •    | •    | •    | •••  | •    | •••  | ••   | ••   | ••   | ••   |
| Official       | 83   | 91   | 95   | 93   | 84   | 84   | 82   | 85   | 84   | 86   | 85   | 79   |
| Administrative | 83   | 91   | 95   | 93   | 84   | 84   | 84   | 85   | 84   | 86   | 85   | 79   |
| Survey         | NA   | NA   | 65   | 65   | NA   | 93   | 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.

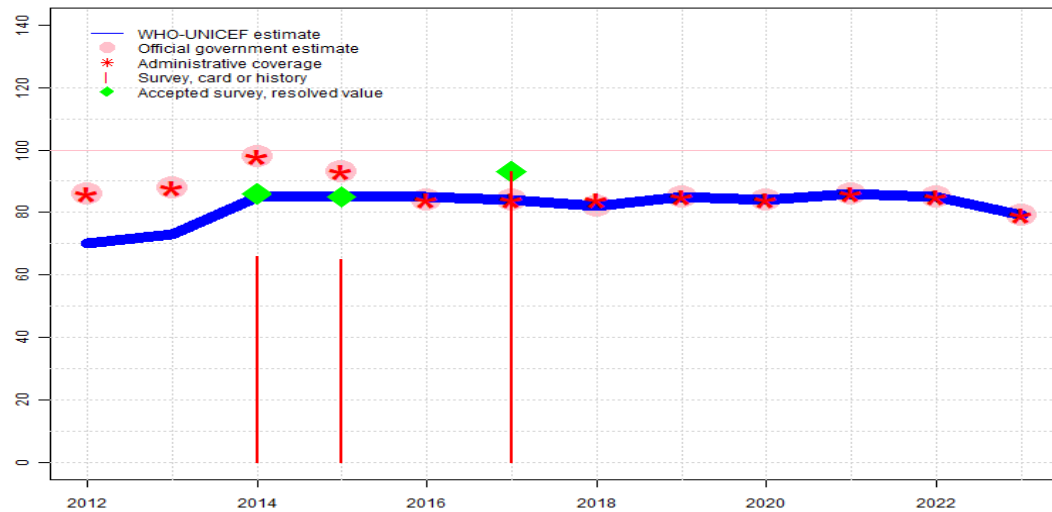
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports vaccine stockout of unspecified duration at subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Programme reports one month vaccine stockout at national and district levels. Estimate challenged by: D-R-
- 2015: Estimate of 85 percent assigned by working group. Estimate based on survey results. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 65 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 62 percent. Estimate challenged by: R-
- 2014: Estimate of 85 percent assigned by working group. Estimate based on survey results. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 65 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 61 percent and 3rd dose card only coverage of 59 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-
- 2013: Reported data calibrated to 2003 and 2014 levels. Decreases in coverage may reflect use of revised target population estimates. Estimate challenged by: R-
- 2012: Reported data calibrated to 2003 and 2014 levels. Estimate challenged by: R-S-

# South Africa - HepB3

ZAF - HepB3



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 70   | 73   | 85   | 85   | 85   | 84   | 82   | 85   | 84   | 86   | 85   | 79   |
| Estimate GoC   | •    | •    | •    | •    | •    | •••  | •    | •••  | ••   | ••   | ••   | ••   |
| Official       | 86   | 88   | 98   | 93   | 84   | 84   | 82   | 85   | 84   | 86   | 85   | 79   |
| Administrative | 86   | 88   | 98   | 93   | 84   | 84   | 84   | 85   | 84   | 86   | 85   | 79   |
| Survey         | NA   | NA   | 66   | 65   | NA   | 93   | 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.

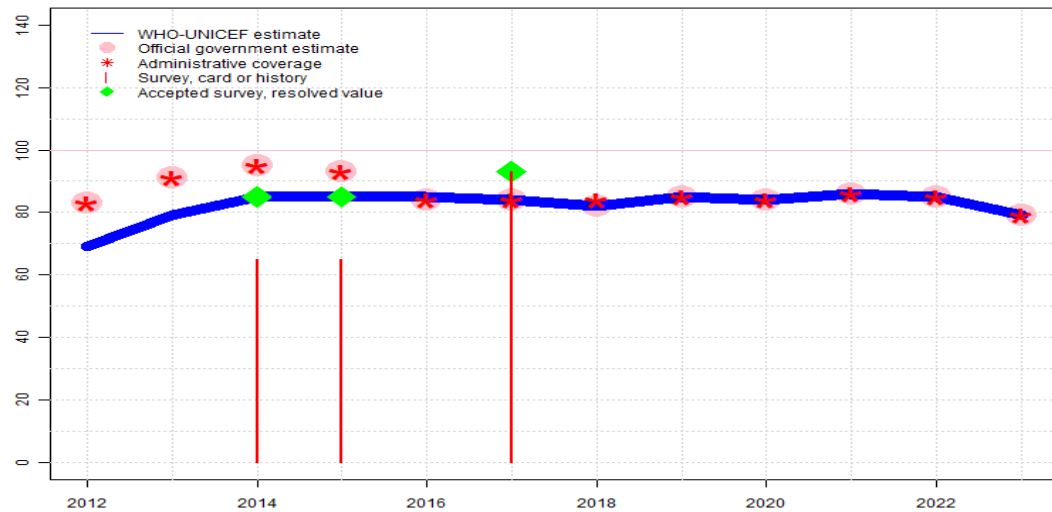
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports vaccine stockout of unspecified duration at subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Programme reports one month vaccine stockout at national and district levels. Estimate challenged by: D-R-
- 2015: Estimate of 85 percent assigned by working group. Estimate based on survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 65 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 62 percent. Estimate challenged by: R-
- 2014: Estimate of 85 percent assigned by working group. Estimate based on survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 66 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 61 percent and 3rd dose card only coverage of 60 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-
- 2013: Reported data calibrated to 2011 and 2014 levels. Decreases in coverage may reflect use of revised target population estimates. Estimate challenged by: R-S-
- 2012: Reported data calibrated to 2011 and 2014 levels. Estimate challenged by: D-R-S-

# South Africa - Hib3

ZAF - Hib3



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 69   | 79   | 85   | 85   | 85   | 84   | 82   | 85   | 84   | 86   | 85   | 79   |
| Estimate GoC   | •    | •    | •    | •    | •    | •••  | •    | •••  | ••   | ••   | ••   | ••   |
| Official       | 83   | 91   | 95   | 93   | 84   | 84   | 82   | 85   | 84   | 86   | 85   | 79   |
| Administrative | 83   | 91   | 95   | 93   | 84   | 84   | 84   | 85   | 84   | 86   | 85   | 79   |
| Survey         | NA   | NA   | 65   | 65   | NA   | 93   | 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.

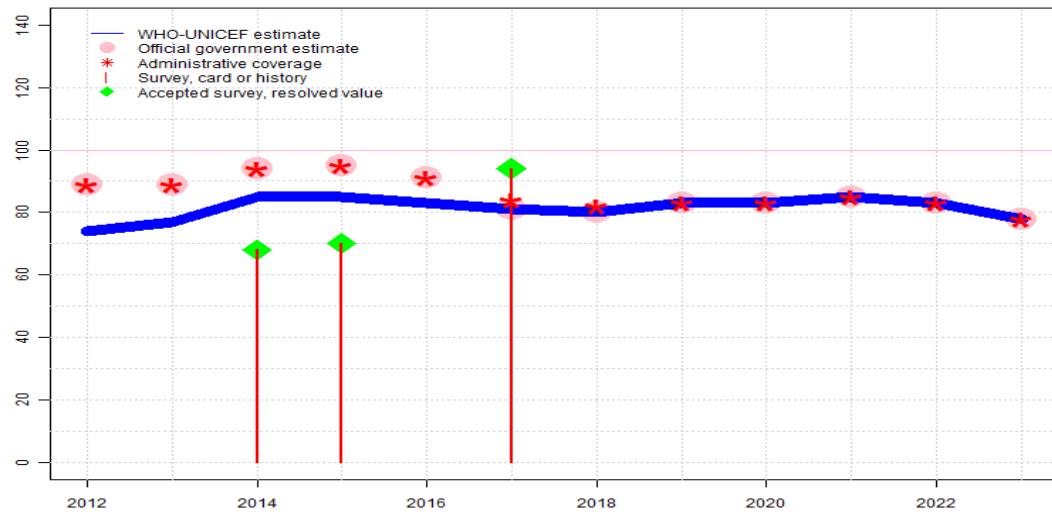
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports vaccine stockout of unspecified duration at subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Programme reports one month vaccine stockout at national and district levels. Estimate challenged by: D-R-
- 2015: Estimate of 85 percent assigned by working group. Estimate based on survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 65 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 62 percent. Estimate challenged by: R-
- 2014: Estimate of 85 percent assigned by working group. Estimate based on survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 65 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 61 percent and 3rd dose card only coverage of 59 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-
- 2013: Reported data calibrated to 2010 and 2014 levels. Decreases in coverage may reflect use of revised target population estimates. Estimate challenged by: R-
- 2012: Reported data calibrated to 2010 and 2014 levels. Estimate challenged by: R-S-

# South Africa - RotaC

ZAF - RotaC



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 74   | 77   | 85   | 85   | 83   | 81   | 80   | 83   | 83   | 85   | 83   | 78   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | ••   | ••   | ••   | ••   |
| Official       | 89   | 89   | 94   | 95   | 91   | 81   | 80   | 83   | 83   | 85   | 83   | 78   |
| Administrative | 89   | 89   | 94   | 95   | 91   | 84   | 82   | 83   | 83   | 85   | 83   | 78   |
| Survey         | NA   | NA   | 68   | 70   | NA   | 94   | 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.

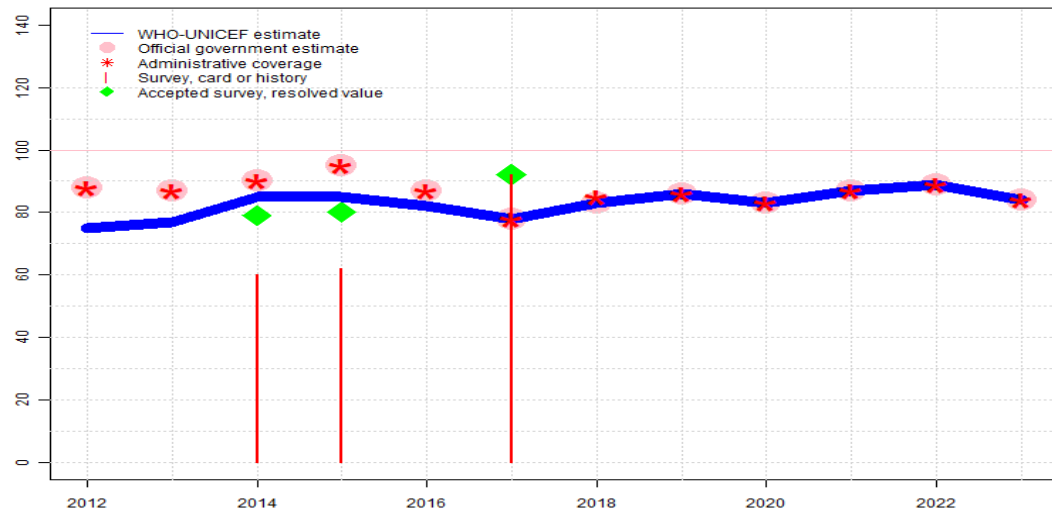
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports vaccine stockout of unspecified duration at subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: S-
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported denominator increased 16 percent between 2016 and 2017. Estimate challenged by: S-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. . Estimate challenged by: R-S-
- 2015: Estimate of 85 percent assigned by working group. Estimate based on survey results for DTP3 adjusted for recall bias. Estimate challenged by: R-S-
- 2014: Estimate of 85 percent assigned by working group. Estimate based on survey results for DTP3 adjusted for recall bias. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-S-
- 2013: Reported data calibrated to 2011 and 2014 levels. Decreases in coverage may reflect use of revised target population estimates. Estimate challenged by: R-
- 2012: Reported data calibrated to 2011 and 2014 levels. Estimate challenged by: D-R-

# South Africa - PcV3

ZAF - PcV3



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 75   | 77   | 85   | 85   | 82   | 78   | 83   | 86   | 83   | 87   | 89   | 84   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •••  | •••  | ••   | ••   | ••   | ••   |
| Official       | 88   | 87   | 90   | 95   | 87   | 78   | 83   | 86   | 83   | 87   | 89   | 84   |
| Administrative | 88   | 87   | 90   | 95   | 87   | 78   | 85   | 86   | 83   | 87   | 89   | 84   |
| Survey         | NA   | NA   | 60   | 62   | NA   | 92   | 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.

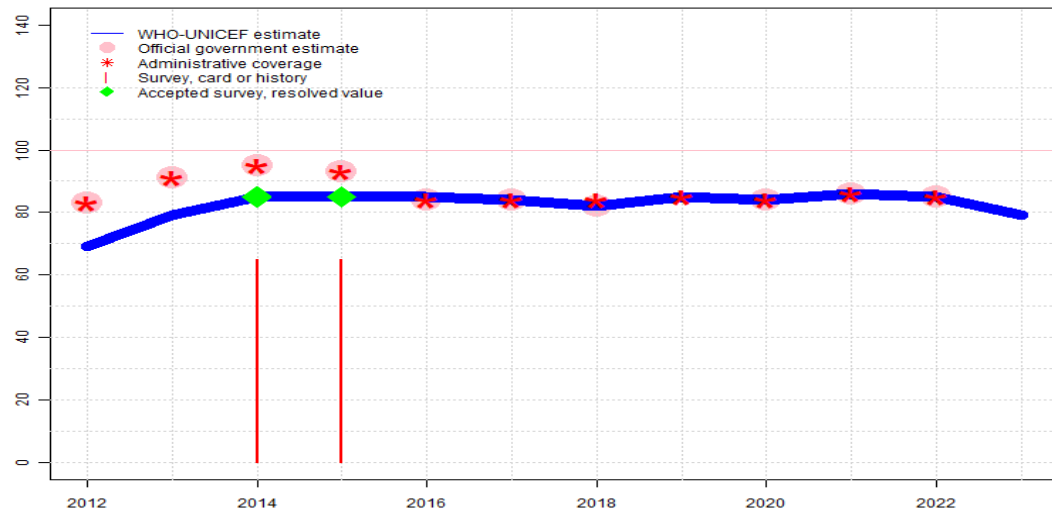
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports vaccine stockout of unspecified duration at subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported denominator increased 16 percent between 2016 and 2017. Estimate challenged by: S-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. . Estimate challenged by: R-
- 2015: Estimate of 85 percent assigned by working group. Estimate based on survey results for DTP3 adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 62 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 59 percent. Estimate challenged by: R-
- 2014: Estimate of 85 percent assigned by working group. Estimate based on survey results for DTP3 adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 60 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 60 percent and 3rd dose card only coverage of 55 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-
- 2013: Reported data calibrated to 2011 and 2014 levels. Decreases in coverage may reflect use of revised target population estimates. Estimate challenged by: R-
- 2012: Reported data calibrated to 2011 and 2014 levels. Estimate challenged by: R-

# South Africa - Pol3

ZAF - Pol3



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 69   | 79   | 85   | 85   | 85   | 84   | 82   | 85   | 84   | 86   | 85   | 79   |
| Estimate GoC   | •    | •    | •    | •    | •    | •••  | ••   | ••   | ••   | ••   | ••   | •    |
| Official       | 83   | 91   | 95   | 93   | 84   | 84   | 82   | NA   | 84   | 86   | 85   | NA   |
| Administrative | 83   | 91   | 95   | 93   | 84   | 84   | 84   | 85   | 84   | 86   | 85   | NA   |
| Survey         | NA   | NA   | 65   | 65   | 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.

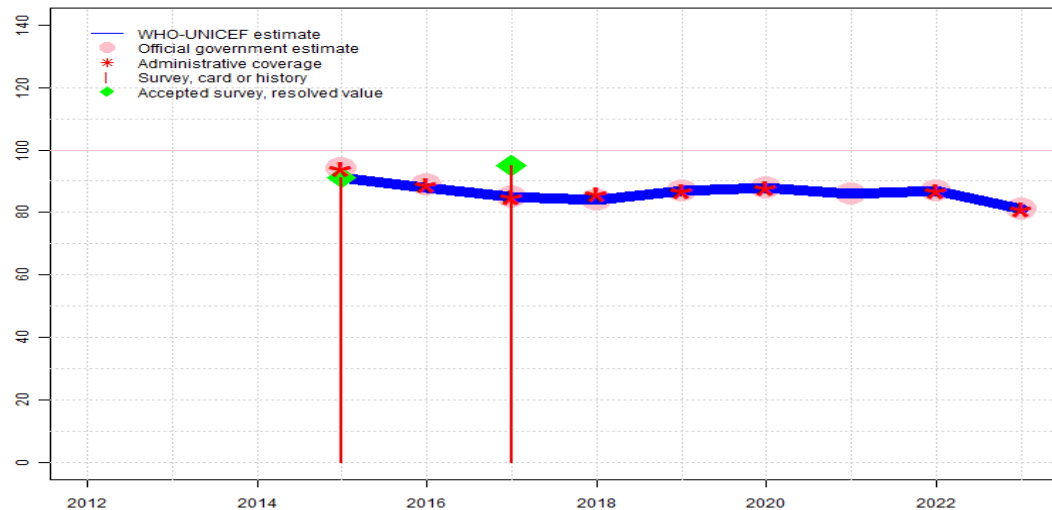
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2023: Estimated coverage informed by estimated DTP3. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Programme reports one month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. Programme reports one month OPV stockout at national level. GoC=R+ D+
- 2018: Estimate informed by reported data. GoC=R+ D+
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. . Estimate challenged by: D-R-
- 2015: Estimate of 85 percent assigned by working group. Estimate based on survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 65 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 62 percent. Estimate challenged by: R-
- 2014: Estimate of 85 percent assigned by working group. Estimate based on survey results adjusted for recall bias. South Africa Demographic and Health Survey (SADHS) 2016 card or history results of 65 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 61 percent and 3rd dose card only coverage of 59 percent. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-
- 2013: Reported data calibrated to 2010 and 2014 levels. Decreases in coverage may reflect use of revised target population estimates. Estimate challenged by: R-
- 2012: Reported data calibrated to 2010 and 2014 levels. Estimate challenged by: R-S-

# South Africa - IPV1

ZAF - IPV1



## Description:

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

- 2023: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Estimate challenged by: S-
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Reported denominator increased 16 percent between 2016 and 2017. GoC=R+ S+ D+
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Programme reports one month national and district stockout. Estimate challenged by: D-R-
- 2015: Estimate of 91 percent assigned by working group. Estimate based on survey results. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

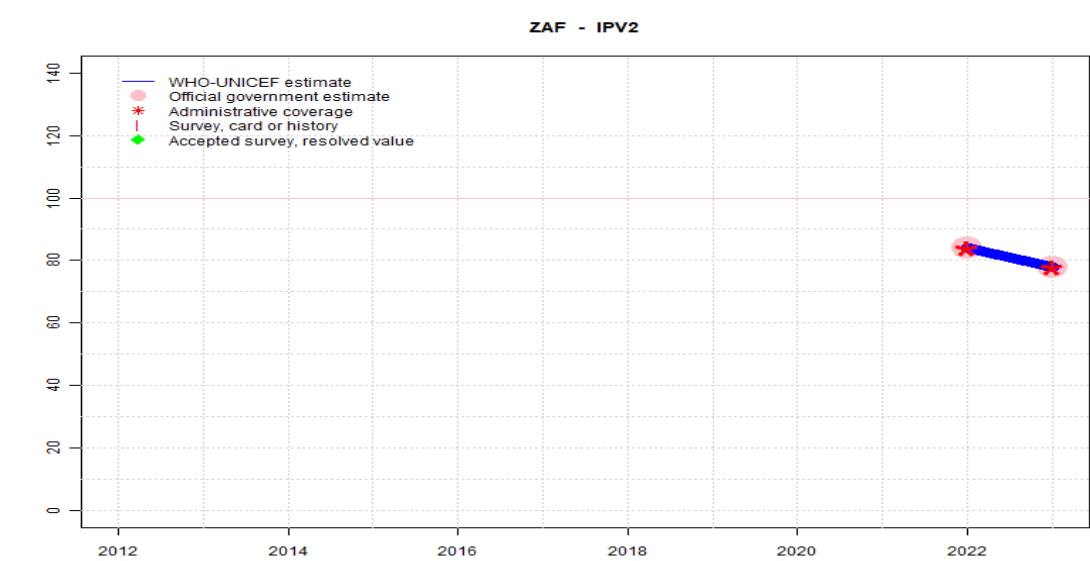
|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | NA   | NA   | NA   | 91   | 88   | 85   | 84   | 87   | 88   | 86   | 87   | 81   |
| Estimate GoC   | NA   | NA   | NA   | •    | •    | •••  | •    | •••  | ••   | ••   | ••   | ••   |
| Official       | NA   | NA   | NA   | 94   | 89   | 85   | 84   | 87   | 88   | 86   | 87   | 81   |
| Administrative | NA   | NA   | NA   | 94   | 89   | 85   | 86   | 87   | 88   | NA   | 87   | 81   |
| Survey         | NA   | NA   | NA   | 91   | NA   | 95   | 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.

# South Africa - 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. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. Second dose of inactivated polio vaccine introduced prior to 2021 and reporting began in 2022. GoC=R+ D+

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 84   | 78   |
| Estimate GoC   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | ●●   | ●●   |
| Official       | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 84   | 78   |
| Administrative | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 84   | 78   |
| Survey         | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   |

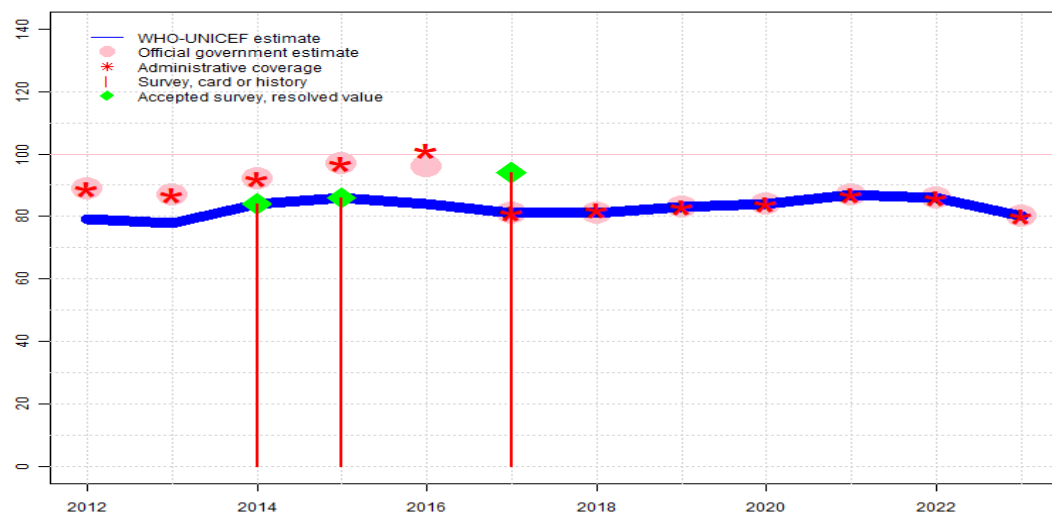
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# South Africa - MCV1

ZAF - MCV1



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 79   | 78   | 84   | 86   | 84   | 81   | 81   | 83   | 84   | 87   | 86   | 80   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | ••   | ••   | ••   | ••   |
| Official       | 89   | 87   | 92   | 97   | 96   | 81   | 81   | 83   | 84   | 87   | 86   | 80   |
| Administrative | 89   | 87   | 92   | 97   | 101  | 81   | 82   | 83   | 84   | 87   | 86   | 80   |
| Survey         | NA   | NA   | 84   | 86   | NA   | 94   | NA   | NA   | NA   | NA   | NA   | NA   |

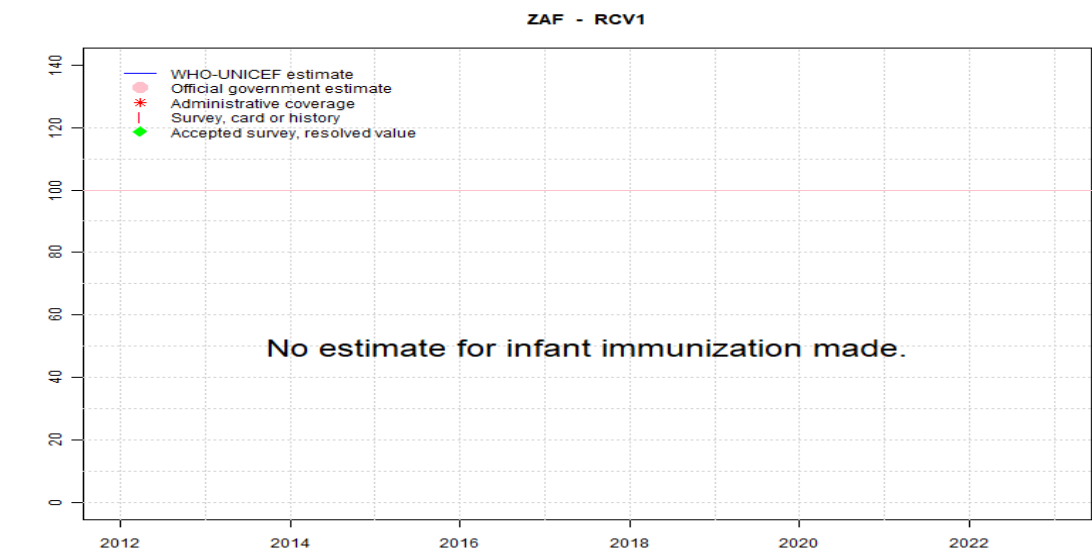
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Reported coverage reflects doses administered at 6 months of age. Estimate challenged by: S-
- 2018: Estimate informed by reported data. Reported coverage reflects doses administered at 6 months of age. Estimate challenged by: S-
- 2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported denominator increased 16 percent between 2016 and 2017. Reported coverage reflects doses administered at 6 months of age. Decline in reported coverage is unexplained. Estimate follows trend in reported data consistent with other antigens. Estimate challenged by: S-
- 2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Recommended age of vaccination for measles changed for first dose from nine months to 6 months. Estimate challenged by: R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 86 percent based on 1 survey(s). Estimate challenged by: R-
- 2014: Estimate of 84 percent assigned by working group. Estimate based on survey results. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: R-
- 2013: Reported data calibrated to 2003 and 2014 levels. Decreases in coverage may reflect use of revised target population estimates. Decline in reported coverage may be due to two months of stockouts. Estimate challenged by: R-
- 2012: Reported data calibrated to 2003 and 2014 levels. Estimate challenged by: R-



|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | NA   | 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   |

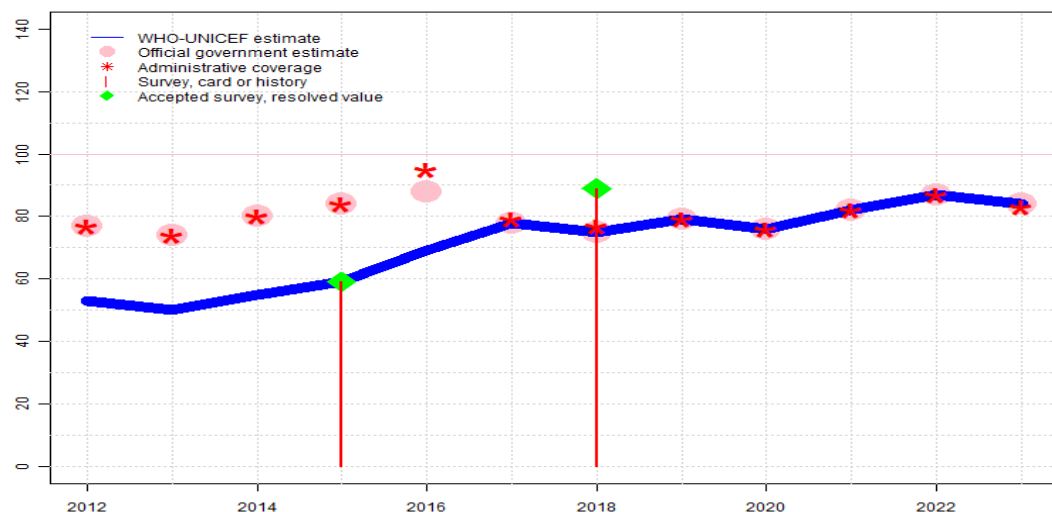
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# South Africa - MCV2

ZAF - MCV2



## 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. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. 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 informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+

2021: Estimate informed by reported data. Estimated coverage levels may not fully account for the contribution of the private sector, as data on administered doses in the private sector are only partially collected in all provinces. GoC=R+ D+

2020: Estimate informed by reported data. Estimate challenged by: S-

2019: Estimate informed by reported data. GoC=R+ S+ D+

2018: Estimate based on reported coverage for consistency with other vaccine-doses. Estimate challenged by: S-

2017: Estimate based on reported coverage for consistency with other vaccine-doses. Reported denominator increased 16 percent between 2016 and 2017. Estimate challenged by: S-

2016: Reported data calibrated to 2015 and 2017 levels. Reported data excluded. Data reported for 2016 inconsistent with previous and subsequent years. Recommended age of vaccination for measles changed for second dose from 18 months to 12 months. Estimate challenged by: D-R-S-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 59 percent based on 1 survey(s). Estimate challenged by: D-R-

2014: Reported data calibrated to 2003 and 2015 levels. Unexplained decline in reported target population for 2014 compared to 2013 following substantial increase in target population between 2012 and 2013. WHO and UNICEF encourage a revision of the reported coverage time series using updated population estimates following the release of the recent census. Estimate challenged by: D-R-

2013: Reported data calibrated to 2003 and 2015 levels. Decreases in coverage may reflect use of revised target population estimates. Decline in reported coverage may be due to two months of stockouts. Estimate challenged by: D-R-

2012: Reported data calibrated to 2003 and 2015 levels. Estimate challenged by: D-R-

|                | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 53   | 50   | 55   | 59   | 69   | 78   | 75   | 79   | 76   | 82   | 87   | 84   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •••  | •    | ••   | ••   | ••   |
| Official       | 77   | 74   | 80   | 84   | 88   | 78   | 75   | 79   | 76   | 82   | 87   | 84   |
| Administrative | 77   | 74   | 80   | 84   | 95   | 79   | 77   | 79   | 76   | 82   | 87   | 83   |
| Survey         | NA   | NA   | NA   | 59   | NA   | NA   | 89   | 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.

# South Africa - 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.

## 2018 Republic of South Africa Expanded Programme on Immunisation (EPI) National Coverage Survey Report 2020

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| MCV2    | Card                | 72.6     | 24-35 m    | 20867  | 83         |
| MCV2    | Card or History     | 88.7     | 24-35 m    | 20867  | 83         |
| MCV2    | History             | 16.7     | 24-35 m    | 20867  | 83         |

## 2017 Republic of South Africa Expanded Programme on Immunisation (EPI) National Coverage Survey Report 2020

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG     | Card                | 79.1     | 24-35 m    | 20867  | 83         |
| BCG     | Card or History     | 96.1     | 24-35 m    | 20867  | 83         |
| BCG     | History             | 17.5     | 24-35 m    | 20867  | 83         |
| DTP1    | Card                | 78.6     | 24-35 m    | 20867  | 83         |
| DTP1    | Card or History     | 95.3     | 24-35 m    | 20867  | 83         |
| DTP1    | History             | 17.2     | 24-35 m    | 20867  | 83         |
| DTP3    | Card                | 76.7     | 24-35 m    | 20867  | 83         |
| DTP3    | Card or History     | 93.2     | 24-35 m    | 20867  | 83         |
| DTP3    | History             | 17.1     | 24-35 m    | 20867  | 83         |
| HepB1   | Card                | 78.6     | 24-35 m    | 20867  | 83         |
| HepB1   | Card or History     | 95.3     | 24-35 m    | 20867  | 83         |
| HepB1   | History             | 17.2     | 24-35 m    | 20867  | 83         |
| HepB3   | Card                | 76.7     | 24-35 m    | 20867  | 83         |

|       |                 |      |         |       |    |
|-------|-----------------|------|---------|-------|----|
| HepB3 | Card or History | 93.2 | 24-35 m | 20867 | 83 |
| HepB3 | History         | 17.1 | 24-35 m | 20867 | 83 |
| Hib1  | Card            | 78.6 | 24-35 m | 20867 | 83 |
| Hib1  | Card or History | 95.3 | 24-35 m | 20867 | 83 |
| Hib1  | History         | 17.2 | 24-35 m | 20867 | 83 |
| Hib3  | Card            | 76.7 | 24-35 m | 20867 | 83 |
| Hib3  | Card or History | 93.2 | 24-35 m | 20867 | 83 |
| Hib3  | History         | 17.1 | 24-35 m | 20867 | 83 |
| IPV1  | Card            | 78.6 | 24-35 m | 20867 | 83 |
| IPV1  | Card or History | 95.3 | 24-35 m | 20867 | 83 |
| IPV1  | History         | 17.2 | 24-35 m | 20867 | 83 |
| MCV1  | Card            | 77.2 | 24-35 m | 20867 | 83 |
| MCV1  | Card or History | 93.6 | 24-35 m | 20867 | 83 |
| MCV1  | History         | 17   | 24-35 m | 20867 | 83 |
| PcV1  | Card            | 78.9 | 24-35 m | 20867 | 83 |
| PcV1  | Card or History | 95.5 | 24-35 m | 20867 | 83 |
| PcV1  | History         | 17.3 | 24-35 m | 20867 | 83 |
| PcV3  | Card            | 75.5 | 24-35 m | 20867 | 83 |
| PcV3  | Card or History | 91.8 | 24-35 m | 20867 | 83 |
| PcV3  | History         | 16.9 | 24-35 m | 20867 | 83 |
| Pol1  | Card            | 77.6 | 24-35 m | 20867 | 83 |
| Pol1  | Card or History | 94.3 | 24-35 m | 20867 | 83 |
| Pol1  | History         | 17.3 | 24-35 m | 20867 | 83 |
| RotaC | Card            | 77.3 | 24-35 m | 20867 | 83 |
| RotaC | Card or History | 93.8 | 24-35 m | 20867 | 83 |
| RotaC | History         | 17.1 | 24-35 m | 20867 | 83 |

## 2015 South Africa Demographic and Health Survey (SADHS) 2016

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG     | C or H <12 months   | 92.2     | 12-23 m    | 677    | 66         |
| BCG     | Card                | 64.6     | 12-23 m    | 449    | 66         |
| BCG     | Card or History     | 92.5     | 12-23 m    | 677    | 66         |
| BCG     | History             | 27.9     | 12-23 m    | 228    | 66         |
| DTP1    | C or H <12 months   | 90.1     | 12-23 m    | 677    | 66         |
| DTP1    | Card                | 66.3     | 12-23 m    | 449    | 66         |
| DTP1    | Card or History     | 91.2     | 12-23 m    | 677    | 66         |
| DTP1    | History             | 24.8     | 12-23 m    | 228    | 66         |
| DTP3    | C or H <12 months   | 64.6     | 12-23 m    | 677    | 66         |

# South Africa - survey details

|       |                   |      |         |     |    |
|-------|-------------------|------|---------|-----|----|
| DTP3  | Card              | 62.2 | 12-23 m | 449 | 66 |
| DTP3  | Card or History   | 65   | 12-23 m | 677 | 66 |
| DTP3  | History           | 2.8  | 12-23 m | 228 | 66 |
| HepB1 | C or H <12 months | 90   | 12-23 m | 677 | 66 |
| HepB1 | Card              | 65.8 | 12-23 m | 449 | 66 |
| HepB1 | Card or History   | 90.2 | 12-23 m | 677 | 66 |
| HepB1 | History           | 24.4 | 12-23 m | 228 | 66 |
| HepB3 | C or H <12 months | 64.8 | 12-23 m | 677 | 66 |
| HepB3 | Card              | 61.7 | 12-23 m | 449 | 66 |
| HepB3 | Card or History   | 65   | 12-23 m | 677 | 66 |
| HepB3 | History           | 3.3  | 12-23 m | 228 | 66 |
| Hib1  | C or H <12 months | 90.1 | 12-23 m | 677 | 66 |
| Hib1  | Card              | 66.3 | 12-23 m | 449 | 66 |
| Hib1  | Card or History   | 91.2 | 12-23 m | 677 | 66 |
| Hib1  | History           | 24.8 | 12-23 m | 228 | 66 |
| Hib3  | C or H <12 months | 64.6 | 12-23 m | 677 | 66 |
| Hib3  | Card              | 62.2 | 12-23 m | 449 | 66 |
| Hib3  | Card or History   | 65   | 12-23 m | 677 | 66 |
| Hib3  | History           | 2.8  | 12-23 m | 228 | 66 |
| IPV1  | C or H <12 months | 90.1 | 12-23 m | 677 | 66 |
| IPV1  | Card              | 66.3 | 12-23 m | 449 | 66 |
| IPV1  | Card or History   | 91.2 | 12-23 m | 677 | 66 |
| IPV1  | History           | 24.8 | 12-23 m | 228 | 66 |
| MCV1  | C or H <12 months | 82   | 12-23 m | 677 | 66 |
| MCV1  | Card              | 62.3 | 12-23 m | 449 | 66 |
| MCV1  | Card or History   | 86.1 | 12-23 m | 677 | 66 |
| MCV1  | History           | 23.9 | 12-23 m | 228 | 66 |
| MCV2  | C or H <24 months | 56.7 | 24-35 m | 660 | -  |
| MCV2  | Card              | 48.5 | 24-35 m | 402 | -  |
| MCV2  | Card or History   | 59.2 | 24-35 m | 660 | -  |
| MCV2  | History           | 10.7 | 24-35 m | 258 | -  |
| PcV1  | C or H <12 months | 88.6 | 12-23 m | 677 | 66 |
| PcV1  | Card              | 65.9 | 12-23 m | 449 | 66 |
| PcV1  | Card or History   | 88.7 | 12-23 m | 677 | 66 |
| PcV1  | History           | 22.8 | 12-23 m | 228 | 66 |
| PcV3  | C or H <12 months | 58.5 | 12-23 m | 677 | 66 |
| PcV3  | Card              | 59.1 | 12-23 m | 449 | 66 |
| PcV3  | Card or History   | 61.9 | 12-23 m | 677 | 66 |
| PcV3  | History           | 2.8  | 12-23 m | 228 | 66 |
| Pol1  | C or H <12 months | 90.1 | 12-23 m | 677 | 66 |

|       |                   |      |         |     |    |
|-------|-------------------|------|---------|-----|----|
| Pol1  | Card              | 66.3 | 12-23 m | 449 | 66 |
| Pol1  | Card or History   | 91.2 | 12-23 m | 677 | 66 |
| Pol1  | History           | 24.8 | 12-23 m | 228 | 66 |
| Pol3  | C or H <12 months | 64.6 | 12-23 m | 677 | 66 |
| Pol3  | Card              | 62.2 | 12-23 m | 449 | 66 |
| Pol3  | Card or History   | 65   | 12-23 m | 677 | 66 |
| Pol3  | History           | 2.8  | 12-23 m | 228 | 66 |
| RotaC | C or H <12 months | 69.8 | 12-23 m | 677 | 66 |
| RotaC | Card              | 63.3 | 12-23 m | 449 | 66 |
| RotaC | Card or History   | 70.1 | 12-23 m | 677 | 66 |
| RotaC | History           | 6.8  | 12-23 m | 228 | 66 |

## 2014 South Africa Demographic and Health Survey (SADHS) 2016

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG     | C or H <12 months   | 90.7     | 24-35 m    | 660    | -          |
| BCG     | Card                | 60.7     | 24-35 m    | 402    | -          |
| BCG     | Card or History     | 91.5     | 24-35 m    | 660    | -          |
| BCG     | History             | 30.8     | 24-35 m    | 258    | -          |
| DTP1    | C or H <12 months   | 86.8     | 24-35 m    | 660    | -          |
| DTP1    | Card                | 60.9     | 24-35 m    | 402    | -          |
| DTP1    | Card or History     | 87.5     | 24-35 m    | 660    | -          |
| DTP1    | History             | 26.6     | 24-35 m    | 258    | -          |
| DTP3    | C or H <12 months   | 62.4     | 24-35 m    | 660    | -          |
| DTP3    | Card                | 59       | 24-35 m    | 402    | -          |
| DTP3    | Card or History     | 64.9     | 24-35 m    | 660    | -          |
| DTP3    | History             | 5.9      | 24-35 m    | 258    | -          |
| HepB1   | C or H <12 months   | 86.3     | 24-35 m    | 660    | -          |
| HepB1   | Card                | 60.9     | 24-35 m    | 402    | -          |
| HepB1   | Card or History     | 87       | 24-35 m    | 660    | -          |
| HepB1   | History             | 26.2     | 24-35 m    | 258    | -          |
| HepB3   | C or H <12 months   | 63.6     | 24-35 m    | 660    | -          |
| HepB3   | Card                | 60       | 24-35 m    | 402    | -          |
| HepB3   | Card or History     | 65.8     | 24-35 m    | 660    | -          |
| HepB3   | History             | 5.9      | 24-35 m    | 258    | -          |
| Hib1    | C or H <12 months   | 86.8     | 24-35 m    | 660    | -          |
| Hib1    | Card                | 60.9     | 24-35 m    | 402    | -          |
| Hib1    | Card or History     | 87.5     | 24-35 m    | 660    | -          |
| Hib1    | History             | 26.6     | 24-35 m    | 258    | -          |

# South Africa - survey details

|       |                   |      |         |     |   |
|-------|-------------------|------|---------|-----|---|
| Hib3  | C or H <12 months | 62.4 | 24-35 m | 660 | - |
| Hib3  | Card              | 59   | 24-35 m | 402 | - |
| Hib3  | Card or History   | 64.9 | 24-35 m | 660 | - |
| Hib3  | History           | 5.9  | 24-35 m | 258 | - |
| MCV1  | C or H <12 months | 77.4 | 24-35 m | 660 | - |
| MCV1  | Card              | 58.6 | 24-35 m | 402 | - |
| MCV1  | Card or History   | 84.4 | 24-35 m | 660 | - |
| MCV1  | History           | 25.8 | 24-35 m | 258 | - |
| PcV1  | C or H <12 months | 84.8 | 24-35 m | 660 | - |
| PcV1  | Card              | 60.5 | 24-35 m | 402 | - |
| PcV1  | Card or History   | 85.5 | 24-35 m | 660 | - |
| PcV1  | History           | 24.9 | 24-35 m | 258 | - |
| PcV3  | C or H <12 months | 54.5 | 24-35 m | 660 | - |
| PcV3  | Card              | 55.4 | 24-35 m | 402 | - |
| PcV3  | Card or History   | 60.2 | 24-35 m | 660 | - |
| PcV3  | History           | 4.8  | 24-35 m | 258 | - |
| Pol1  | C or H <12 months | 86.8 | 24-35 m | 660 | - |
| Pol1  | Card              | 60.9 | 24-35 m | 402 | - |
| Pol1  | Card or History   | 87.5 | 24-35 m | 660 | - |
| Pol1  | History           | 26.6 | 24-35 m | 258 | - |
| Pol3  | C or H <12 months | 62.4 | 24-35 m | 660 | - |
| Pol3  | Card              | 59   | 24-35 m | 402 | - |
| Pol3  | Card or History   | 64.9 | 24-35 m | 660 | - |
| Pol3  | History           | 5.9  | 24-35 m | 258 | - |
| RotaC | C or H <12 months | 65.3 | 24-35 m | 660 | - |
| RotaC | Card              | 57.2 | 24-35 m | 402 | - |
| RotaC | Card or History   | 67.5 | 24-35 m | 660 | - |
| RotaC | History           | 10.3 | 24-35 m | 258 | - |

## 2007 South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG     | Card                | 74       | 12-23 m    | 776    | 69         |
| BCG     | Card or History     | 85.5     | 12-23 m    | 776    | 69         |
| BCG     | History             | 86.1     | 12-23 m    | 776    | 69         |
| DTP1    | Card                | 63.6     | 12-23 m    | 776    | 69         |
| DTP1    | Card or History     | 72.8     | 12-23 m    | 776    | 69         |
| DTP1    | History             | 76.5     | 12-23 m    | 776    | 69         |

|       |                 |      |         |     |    |
|-------|-----------------|------|---------|-----|----|
| DTP3  | Card            | 55.3 | 12-23 m | 776 | 69 |
| DTP3  | Card or History | 62.6 | 12-23 m | 776 | 69 |
| DTP3  | History         | 65.9 | 12-23 m | 776 | 69 |
| HepB3 | Card            | 49.7 | 12-23 m | 776 | 69 |
| HepB3 | Card or History | 56.3 | 12-23 m | 776 | 69 |
| HepB3 | History         | 56.3 | 12-23 m | 776 | 69 |
| Hib3  | Card            | 40.1 | 12-23 m | 776 | 69 |
| Hib3  | Card or History | 45.2 | 12-23 m | 776 | 69 |
| Hib3  | History         | 48.1 | 12-23 m | 776 | 69 |
| MCV1  | Card            | 56.5 | 12-23 m | 776 | 69 |
| MCV1  | Card or History | 64.8 | 12-23 m | 776 | 69 |
| MCV1  | History         | 68.7 | 12-23 m | 776 | 69 |
| Pol3  | Card            | 58.9 | 12-23 m | 776 | 69 |
| Pol3  | Card or History | 67.2 | 12-23 m | 776 | 69 |
| Pol3  | History         | 69.1 | 12-23 m | 776 | 69 |

## 2003 South Africa Demographic and Health Survey 2003

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Cards seen |
|---------|---------------------|----------|------------|--------|------------|
| BCG     | C or H <12 months   | 81.2     | 12-23 m    | 408    | 71         |
| BCG     | Card                | 71       | 12-23 m    | 408    | 71         |
| BCG     | Card or History     | 81.2     | 12-23 m    | 408    | 71         |
| BCG     | History             | 10.2     | 12-23 m    | 408    | 71         |
| DTP1    | C or H <12 months   | 66.9     | 12-23 m    | 408    | 71         |
| DTP1    | Card                | 67.6     | 12-23 m    | 408    | 71         |
| DTP1    | Card or History     | 76.7     | 12-23 m    | 408    | 71         |
| DTP1    | History             | 9.1      | 12-23 m    | 408    | 71         |
| DTP3    | C or H <12 months   | 49.9     | 12-23 m    | 408    | 71         |
| DTP3    | Card                | 61.1     | 12-23 m    | 408    | 71         |
| DTP3    | Card or History     | 67       | 12-23 m    | 408    | 71         |
| DTP3    | History             | 5.9      | 12-23 m    | 408    | 71         |
| HepB1   | C or H <12 months   | 67.9     | 12-23 m    | 408    | 71         |
| HepB1   | Card                | 68.4     | 12-23 m    | 408    | 71         |
| HepB1   | Card or History     | 76.8     | 12-23 m    | 408    | 71         |
| HepB1   | History             | 8.4      | 12-23 m    | 408    | 71         |
| HepB3   | C or H <12 months   | 49       | 12-23 m    | 408    | 71         |
| HepB3   | Card                | 62.7     | 12-23 m    | 408    | 71         |
| HepB3   | Card or History     | 66.8     | 12-23 m    | 408    | 71         |
| HepB3   | History             | 4.1      | 12-23 m    | 408    | 71         |

## South Africa - survey details

|      |                   |      |         |     |    |
|------|-------------------|------|---------|-----|----|
| MCV1 | C or H <12 months | 22.3 | 12-23 m | 408 | 71 |
| MCV1 | Card              | 55.6 | 12-23 m | 408 | 71 |
| MCV1 | Card or History   | 62   | 12-23 m | 408 | 71 |
| MCV1 | History           | 6.4  | 12-23 m | 408 | 71 |
| Pol1 | C or H <12 months | 69.2 | 12-23 m | 408 | 71 |
| Pol1 | Card              | 69.5 | 12-23 m | 408 | 71 |
| Pol1 | Card or History   | 78.3 | 12-23 m | 408 | 71 |
| Pol1 | History           | 8.8  | 12-23 m | 408 | 71 |
| Pol3 | C or H <12 months | 49.9 | 12-23 m | 408 | 71 |
| Pol3 | Card              | 63   | 12-23 m | 408 | 71 |
| Pol3 | Card or History   | 65.1 | 12-23 m | 408 | 71 |
| Pol3 | History           | 2.1  | 12-23 m | 408 | 71 |

1997 South Africa Demographic and Health Survey 1998

Vaccine Confirmation method Coverage Age cohort Sample Cards seen

|       |                   |      |         |     |    |
|-------|-------------------|------|---------|-----|----|
| BCG   | C or H <12 months | 96.4 | 12-23 m | 973 | 75 |
| BCG   | Card or History   | 96.8 | 12-23 m | 973 | 75 |
| DTP1  | C or H <12 months | 92.8 | 12-23 m | 973 | 75 |
| DTP1  | Card or History   | 93.3 | 12-23 m | 973 | 75 |
| DTP3  | C or H <12 months | 74.2 | 12-23 m | 973 | 75 |
| DTP3  | Card or History   | 76.4 | 12-23 m | 973 | 75 |
| HepB1 | C or H <12 months | 87.8 | 12-23 m | 973 | 75 |
| HepB1 | Card or History   | 88.2 | 12-23 m | 973 | 75 |
| HepB3 | C or H <12 months | 71.6 | 12-23 m | 973 | 75 |
| HepB3 | Card or History   | 73.9 | 12-23 m | 973 | 75 |
| MCV1  | C or H <12 months | 72.2 | 12-23 m | 973 | 75 |
| MCV1  | Card or History   | 82.2 | 12-23 m | 973 | 75 |
| Pol1  | C or H <12 months | 90.5 | 12-23 m | 973 | 75 |
| Pol1  | Card or History   | 91   | 12-23 m | 973 | 75 |
| Pol3  | C or H <12 months | 70.1 | 12-23 m | 973 | 75 |
| Pol3  | Card or History   | 72.1 | 12-23 m | 973 | 75 |

## South Africa - survey details

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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>