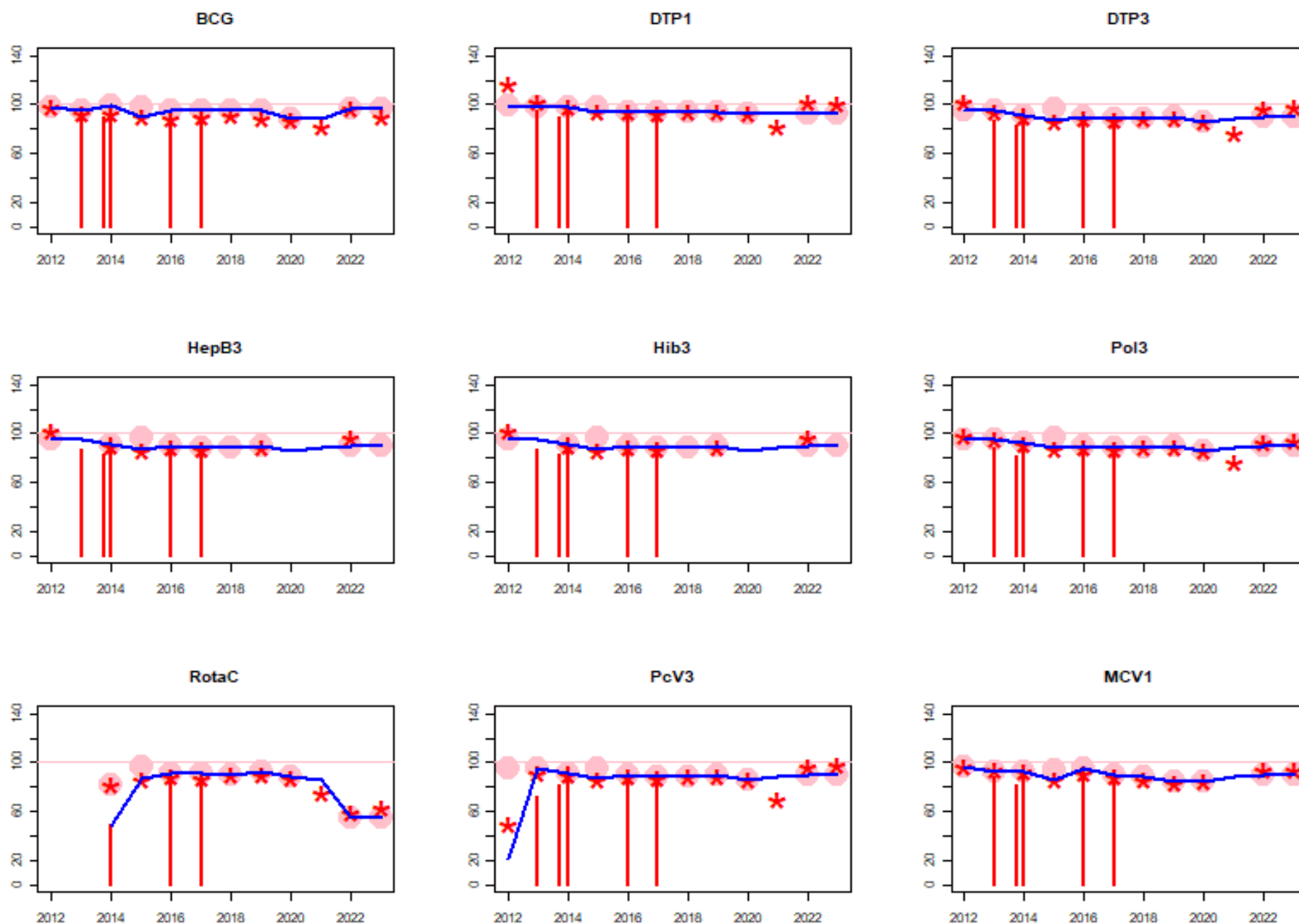




BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

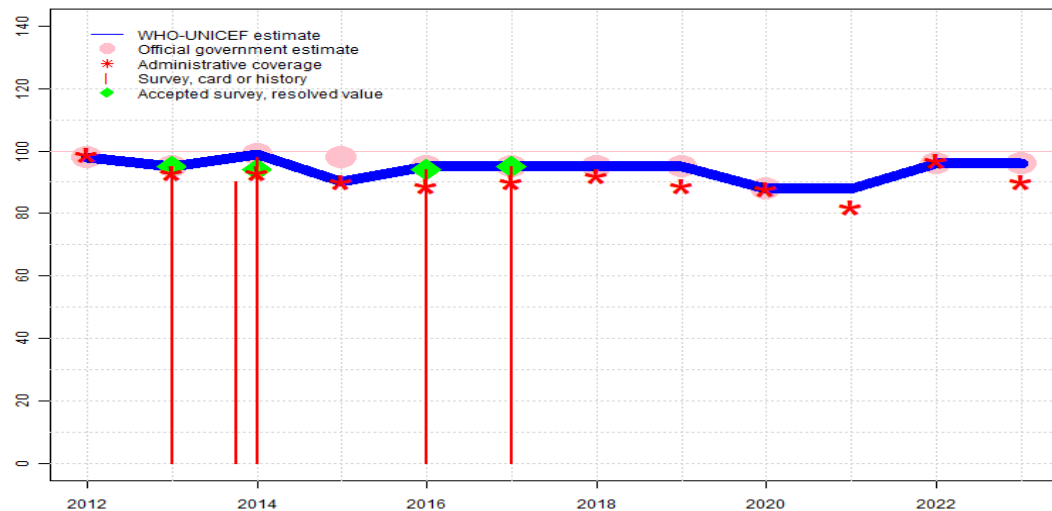
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

Zimbabwe - BCG

ZWE - BCG



Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a change in reported target population source as well as evidence of more doses administered in 2022 than in 2019. GoC=R+ D+
- 2021: . Reported data excluded. Decline in reported administrative coverage is largely due to an unexplained increase in target population of 14 percent between 2020 and 2021. The reported number of doses administered increased for some vaccine-doses in 2021 compared to 2020. Estimate challenged by: 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. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. Programme reports one month vaccine stockout at national level. Reported official coverage estimates are based on the 2015 coverage survey. Reported number of children vaccinated has declined across the most recent four year period. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 2 survey(s). Estimate challenged by: D-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+
- 2012: Estimate informed by reported data. Estimate challenged by: D-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	98	95	99	90	95	95	95	95	88	88	96	96
Estimate GoC	•	•••	•	•••	•••	•••	•••	•••	••	•	••	••
Official	98	95	99	98	95	95	95	95	88	NA	96	96
Administrative	99	93	93	90	89	90	92	89	88	82	97	90
Survey	NA	95	*	NA	94	95	NA	NA	NA	NA	NA	NA

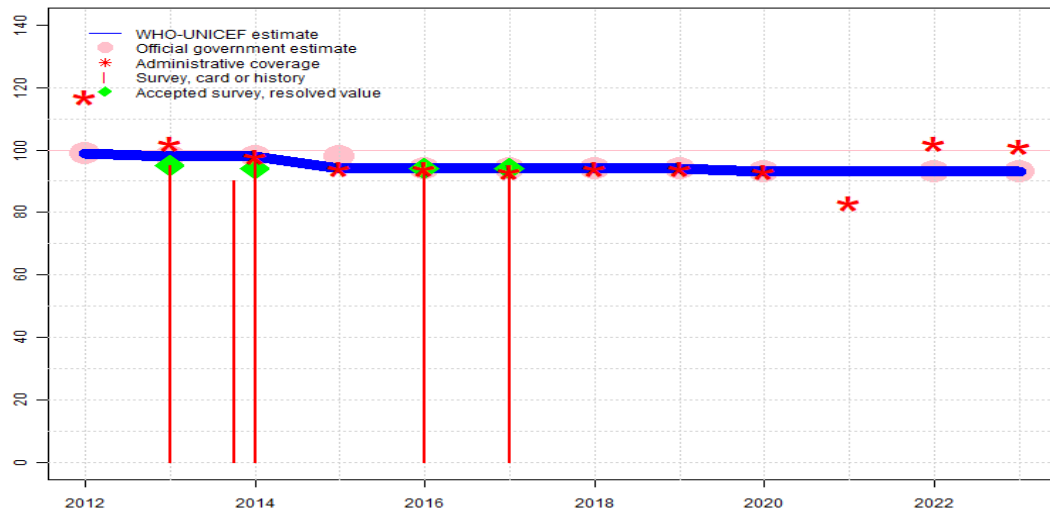
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zimbabwe - DTP1

ZWE - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	98	98	94	94	94	94	94	93	93	93	93
Estimate GoC	•	•••	•••	•••	•••	•••	•••	•••	••	••	••	••
Official	99	98	98	98	94	94	94	94	93	NA	93	93
Administrative	117	102	98	94	94	93	94	94	93	83	102	101
Survey	NA	95	*	NA	94	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.

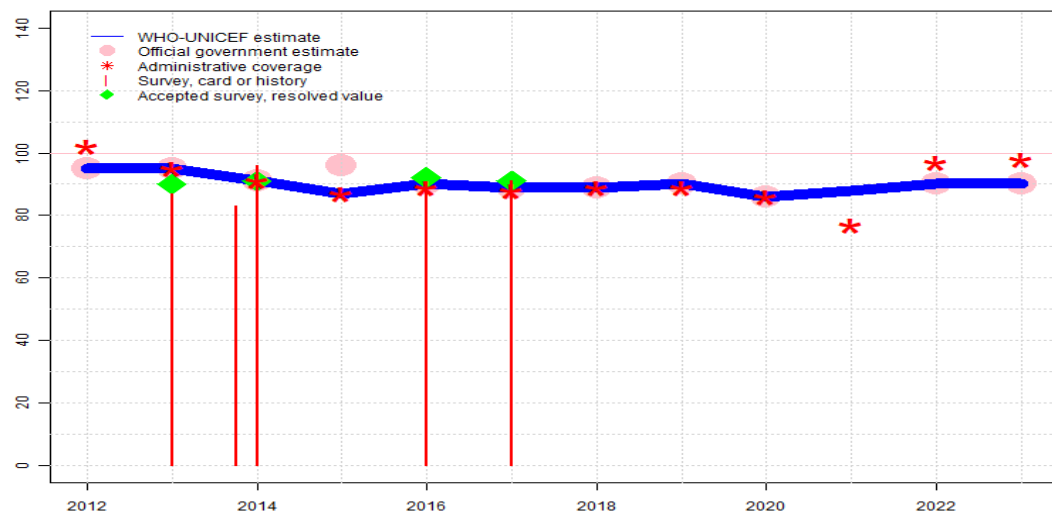
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Reported data excluded. Decline in reported administrative coverage is largely due to an unexplained increase in target population of 14 percent between 2020 and 2021. The reported number of doses administered increased for some vaccine-doses in 2021 compared to 2020. 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 informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. Reported official coverage estimates are based on the 2015 coverage survey. Reported number of children vaccinated has declined across the most recent four year period. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 2 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Zimbabwe - DTP3

ZWE - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	95	95	91	87	90	89	89	90	86	88	90	90
Estimate GoC	•	•	•••	•••	•••	•••	•••	•••	••	••	••	••
Official	95	95	91	96	90	89	89	90	86	NA	90	90
Administrative	102	95	91	87	89	88	89	89	86	77	97	98
Survey	NA	87	*	NA	90	91	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.

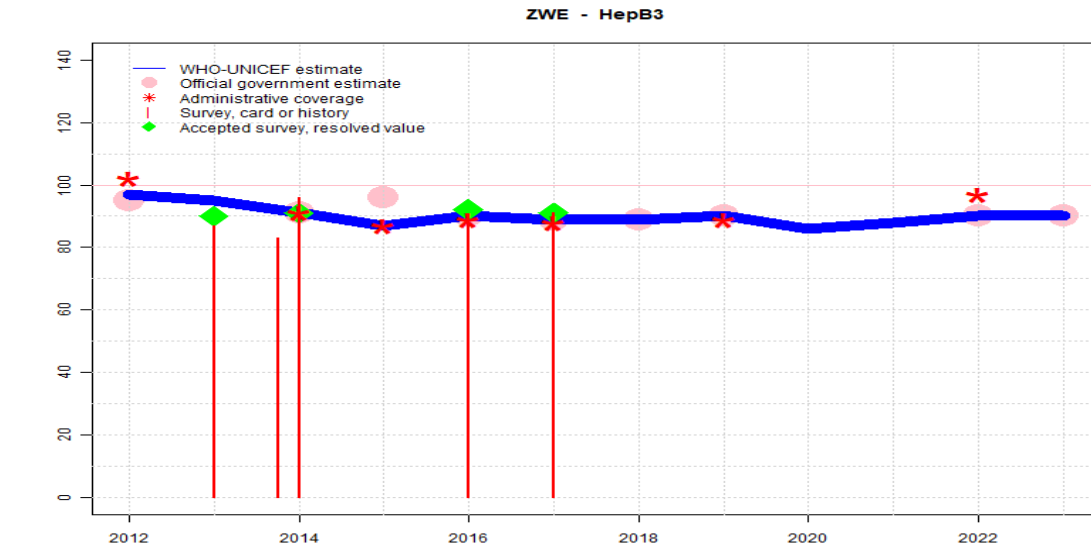
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports a change in reported target population source as well as evidence of more doses administered in 2022 than in 2019. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Reported data excluded. Decline in reported administrative coverage is largely due to an unexplained increase in target population of 14 percent between 2020 and 2021. The reported number of doses administered increased for some vaccine-doses in 2021 compared to 2020. 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 informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Zimbabwe Multiple Indicator Cluster Survey 2019 card or history results of 90 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 77 percent. Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. Reported official coverage estimates are based on the 2015 coverage survey. Reported number of children vaccinated has declined across the most recent four year period. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 2 survey(s). Report on Evaluation of Coverage Achieved during Zimbabwe Measles/Rubella and Vitamin A Catch up Campaign Combined with Assessment of Routine Immunization, 2015 card or history results of 96 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 87 percent and 3rd dose card only coverage of 84 percent. Zimbabwe Demographic and Health Survey 2015 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 75 percent. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Zimbabwe Multiple Indicator Cluster Survey 2014 card or history results of 87 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage of 76 percent. Estimate challenged by: D-
- 2012: Estimate informed by reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Zimbabwe - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	97	95	91	87	90	89	89	90	86	88	90	90
Estimate GoC	•	••	•••	•••	•••	•••	••	•••	•	•	••	••
Official	95	NA	91	96	90	89	89	90	NA	NA	90	90
Administrative	102	NA	91	87	89	88	NA	89	NA	NA	97	NA
Survey	NA	87	*	NA	90	91	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.

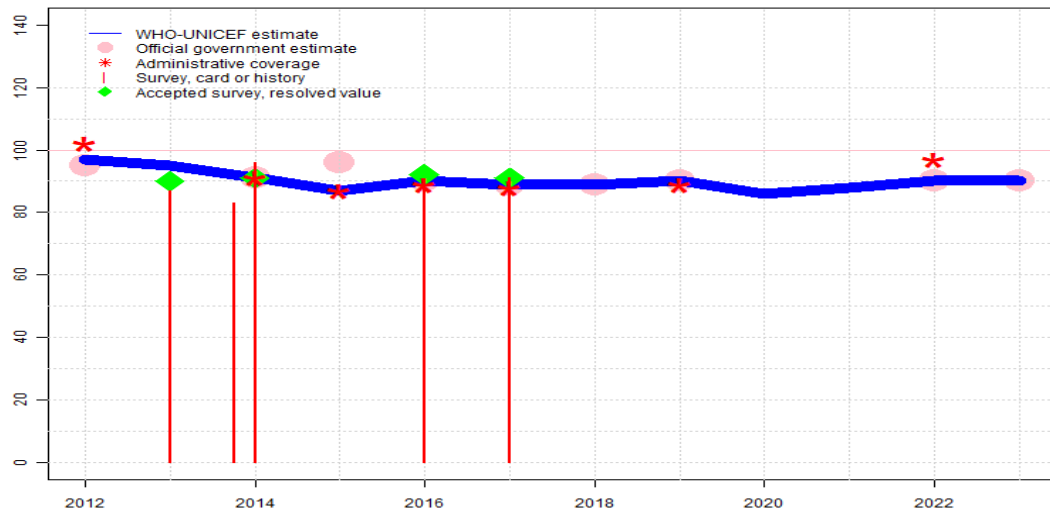
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by prior year estimated coverage. GoC=No accepted empirical data
- 2020: Estimate based on DTP3 coverage. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Zimbabwe Multiple Indicator Cluster Survey 2019 card or history results of 90 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 77 percent. Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. Reported official coverage estimates are based on the 2015 coverage survey. Reported number of children vaccinated has declined across the most recent four year period. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 2 survey(s). Report on Evaluation of Coverage Achieved during Zimbabwe Measles/Rubella and Vitamin A Catch up Campaign Combined with Assessment of Routine Immunization, 2015 card or history results of 96 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 87 percent and 3rd dose card only coverage of 84 percent. Zimbabwe Demographic and Health Survey 2015 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 75 percent. GoC=R+ S+ D+
- 2013: Estimate of 95 percent assigned by working group. Estimate is based on estimated coverage for DTP3. Zimbabwe Multiple Indicator Cluster Survey 2014 card or history results of 87 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage of 76 percent. GoC=S+
- 2012: Reported data calibrated to 2009 and 2013 levels. Estimate challenged by: D-R-

Zimbabwe - Hib3

ZWE - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	97	95	91	87	90	89	89	90	86	88	90	90
Estimate GoC	•	••	•••	•••	•••	•••	••	•••	•	•	••	••
Official	95	NA	91	96	90	89	89	90	NA	NA	90	90
Administrative	102	NA	91	87	89	88	NA	89	NA	NA	97	NA
Survey	NA	87	*	NA	90	91	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.

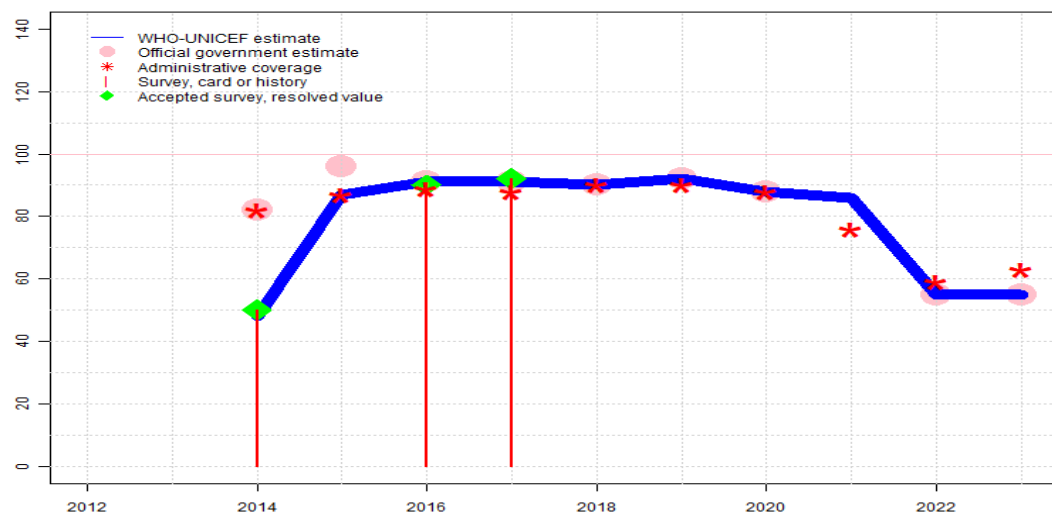
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by prior year estimated coverage. GoC=No accepted empirical data
- 2020: Estimate based on DTP3 coverage. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Zimbabwe Multiple Indicator Cluster Survey 2019 card or history results of 90 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 77 percent. Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. Reported official coverage estimates are based on the 2015 coverage survey. Reported number of children vaccinated has declined across the most recent four year period. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 2 survey(s). Report on Evaluation of Coverage Achieved during Zimbabwe Measles/Rubella and Vitamin A Catch up Campaign Combined with Assessment of Routine Immunization, 2015 card or history results of 96 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 87 percent and 3rd dose card only coverage of 84 percent. Zimbabwe Demographic and Health Survey 2015 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 75 percent. GoC=R+ S+ D+
- 2013: Estimate of 95 percent assigned by working group. Estimate is based on estimated coverage for DTP3. Zimbabwe Multiple Indicator Cluster Survey 2014 card or history results of 87 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage of 76 percent. GoC=S+
- 2012: Reported data calibrated to 2009 and 2013 levels. Estimate challenged by: D-R-

Zimbabwe - RotaC

ZWE - RotaC



Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+
- 2022: Estimate informed by reported data. Programme reports an eight month vaccine stockout at national and subnational levels. GoC=R+ D+
- 2021: Estimate reflects relative change in reported doses administered from 2020 to 2021 applied to estimated coverage for 2020. Reported data excluded. Decline in reported administrative coverage is largely due to an unexplained increase in target population of 14 percent between 2020 and 2021. The reported number of doses administered increased for some vaccine-doses in 2021 compared to 2020. Programme reports a two-month vaccine stock-out. GoC=Assigned by working group. No empirical data accepted for 2021.
- 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 informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. Estimate challenged by: S-
- 2015: Estimate is based on administrative reported coverage following introduction in 2014. Reported official coverage estimates are based on the 2015 coverage survey. Reported number of children vaccinated has declined across the most recent four year period. Estimate challenged by: S-
- 2014: Rotavirus vaccine introduced during 2014. Reported coverage of 82 percent achieved in 67 percent of the target population. Estimate is based on coverage among the national target population. Estimate challenged by: R-S-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	48	87	91	91	90	92	88	86	55	55
Estimate GoC	NA	NA	•	•	•••	•••	•••	•••	••	•	••	••
Official	NA	NA	82	96	91	91	90	92	88	NA	55	55
Administrative	NA	NA	82	87	89	88	90	90	88	76	59	63
Survey	NA	NA	50	NA	90	92	NA	NA	NA	NA	NA	NA

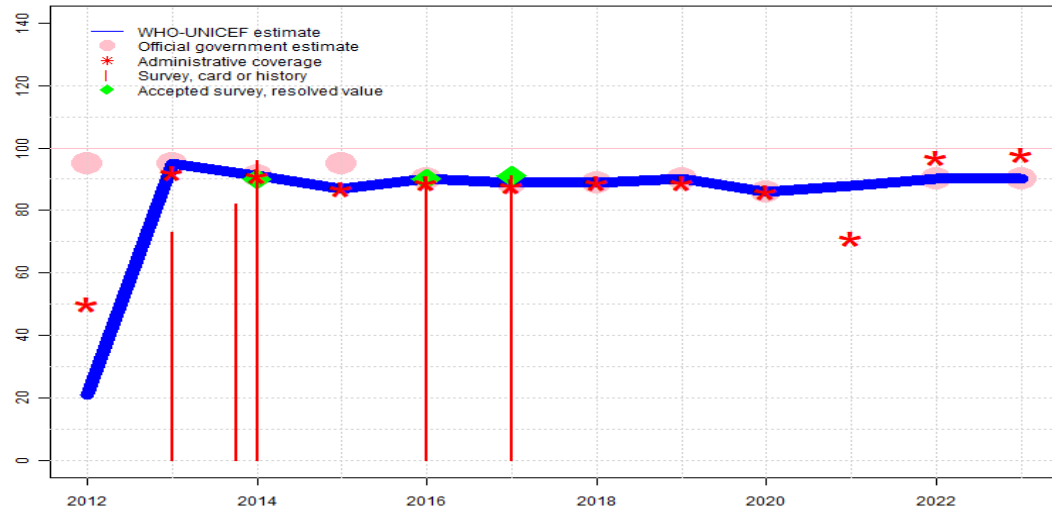
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zimbabwe - PcV3

ZWE - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	21	95	91	87	90	89	89	90	86	88	90	90
Estimate GoC	•	•	•••	•••	•••	•••	•••	•••	••	•	••	••
Official	95	95	91	95	90	89	89	90	86	NA	90	90
Administrative	50	92	91	87	89	88	89	89	86	71	97	98
Survey	NA	73	*	NA	90	91	NA	NA	NA	NA	NA	NA

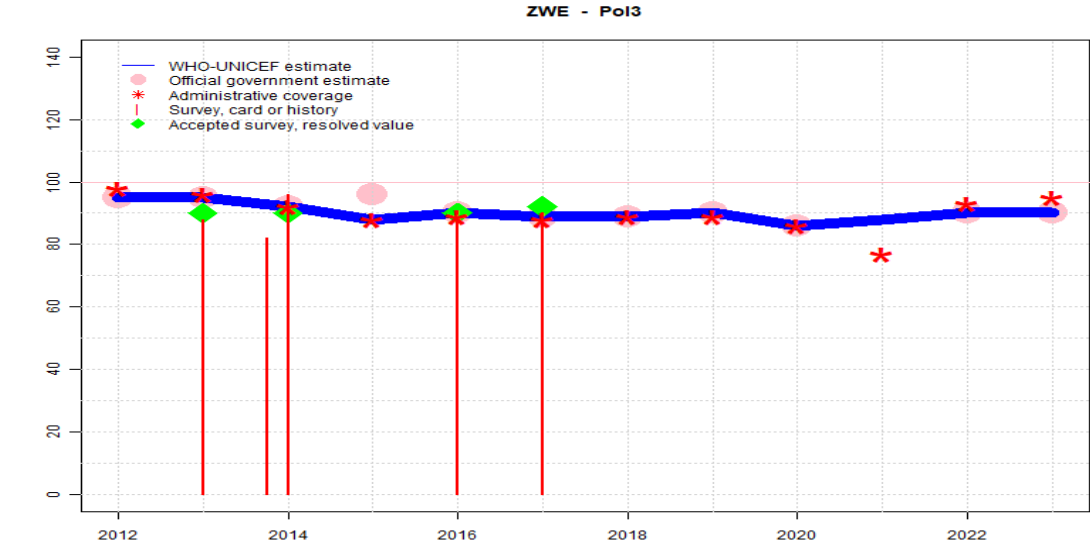
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Reported data excluded. Decline in reported administrative coverage is largely due to an unexplained increase in target population of 14 percent between 2020 and 2021. The reported number of doses administered increased for some vaccine-doses in 2021 compared to 2020. Reported data excluded due to decline in reported coverage from 86 percent to 71 percent with increase to 90 percent. GoC=Assigned by working group. No empirical data accepted for 2021.
- 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 informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. Reported official coverage estimates are based on the 2015 coverage survey. Reported number of children vaccinated has declined across the most recent four year period. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 2 survey(s). Report on Evaluation of Coverage Achieved during Zimbabwe Measles/Rubella and Vitamin A Catch up Campaign Combined with Assessment of Routine Immunization, 2015 card or history results of 96 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 86 percent and 3rd dose card only coverage of 84 percent. Zimbabwe Demographic and Health Survey 2015 card or history results of 82 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 77 percent and 3rd dose card only coverage of 74 percent. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Zimbabwe Multiple Indicator Cluster Survey 2014 results ignored by working group. Survey results likely reflect introduction period. Zimbabwe Multiple Indicator Cluster Survey 2014 card or history results of 73 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 63 percent. Estimate challenged by: D-
- 2012: Fifty percent coverage attained in 42 percent of the target population. Estimate challenged by: R-S-



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	95	95	92	88	90	89	89	90	86	88	90	90
Estimate GoC	•	•	•••	•••	•••	•••	•••	•••	••	••	••	••
Official	95	95	92	96	90	89	89	90	86	NA	90	90
Administrative	98	96	92	88	89	88	89	89	86	77	93	95
Survey	NA	88	*	NA	89	90	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.

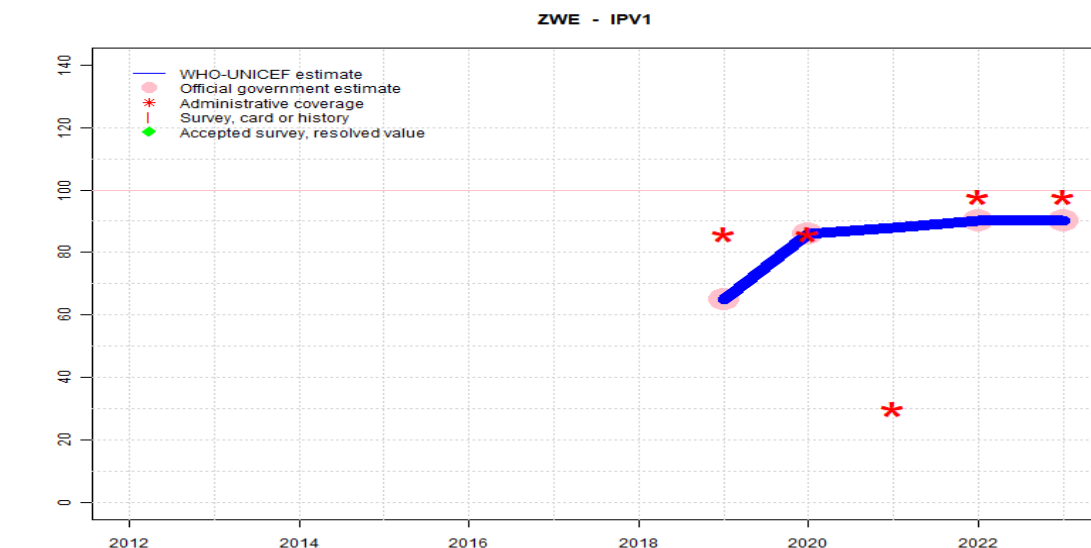
Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+
- 2022: Estimate informed by reported data. . GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. Reported data excluded. Decline in reported administrative coverage is largely due to an unexplained increase in target population of 14 percent between 2020 and 2021. The reported number of doses administered increased for some vaccine-doses in 2021 compared to 2020. GoC=R+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports less than one month vaccine stockout at national level. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Zimbabwe Multiple Indicator Cluster Survey 2019 card or history results of 90 percent modified for recall bias to 92 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 86 percent and 3rd dose card only coverage of 83 percent. Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Zimbabwe Multiple Indicator Cluster Survey 2019 card or history results of 89 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 79 percent and 3rd dose card only coverage of 76 percent. Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. Reported official coverage estimates are based on the 2015 coverage survey. Reported number of children vaccinated has declined across the most recent four year period. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 2 survey(s). Report on Evaluation of Coverage Achieved during Zimbabwe Measles/Rubella and Vitamin A Catch up Campaign Combined with Assessment of Routine Immunization, 2015 card or history results of 96 percent modified for recall bias to 95 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 86 percent and 3rd dose card only coverage of 84 percent. Zimbabwe Demographic and Health Survey 2015 card or history results of 82 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 73 percent. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Zimbabwe Multiple Indicator Cluster Survey 2014 card or history results of 88 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 80 percent and 3rd dose card only coverage of 76 percent. Estimate challenged by: D-

Zimbabwe - Pol3

2012: Estimate informed by reported data. Estimate challenged by: D-

Zimbabwe - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	65	86	88	90	90
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	••	••	•	••	••
Official	NA	NA	NA	NA	NA	NA	NA	65	86	NA	90	90
Administrative	NA	NA	NA	NA	NA	NA	NA	86	86	30	98	98
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

Description:

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

2023: Estimate informed by reported data. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+

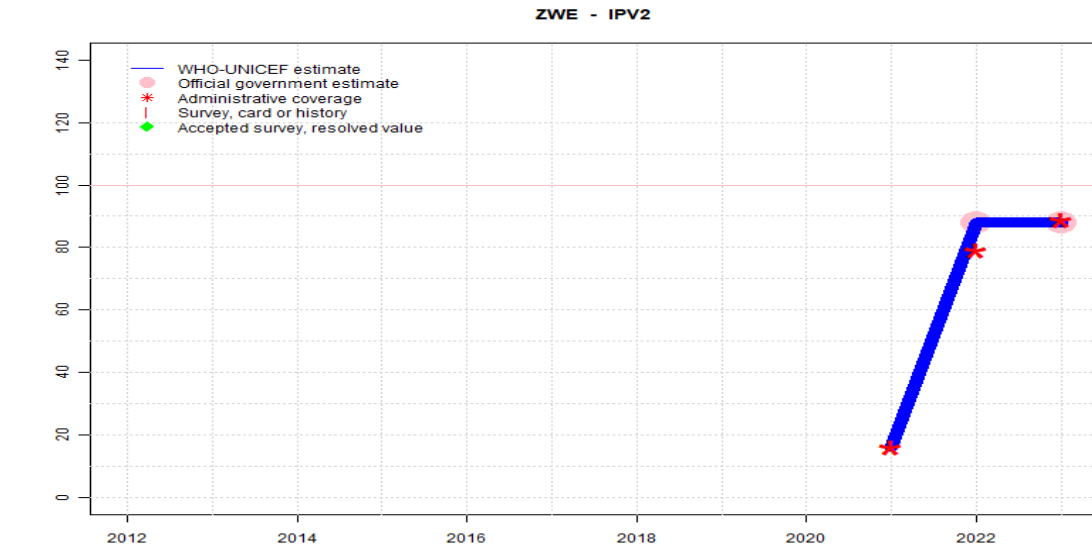
2022: Estimate informed by reported data. . GoC=R+ D+

2021: Estimate informed by interpolation between reported data. Reported data excluded. Decline in reported administrative coverage is largely due to an unexplained increase in target population of 14 percent between 2020 and 2021. The reported number of doses administered increased for some vaccine-doses in 2021 compared to 2020. Reported data excluded due to decline in reported coverage from 86 percent to 30 percent with increase to 90 percent. Large decline in administrative coverage in 2021 is unexplained. Estimate challenged by: D-

2020: Estimate informed by reported data. Inactivated polio virus vaccine fully introduced at national level in 2020. GoC=R+ D+

2019: Estimate informed by reported data. Inactivated polio virus vaccine introduced in April 2019. IPV is administered as a full dose recommended at 14 weeks of age. Programme reports 86 percent administrative coverage achieved in 75 percent of the target population. GoC=R+ D+

Zimbabwe - 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. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+

2022: Estimate informed by reported data. Estimate challenged by: D-

2021: Estimate is exceptionally based on reported administrative coverage during introduction. Reported data excluded. Decline in reported administrative coverage is largely due to an unexplained increase in target population of 14 percent between 2020 and 2021. The reported number of doses administered increased for some vaccine-doses in 2021 compared to 2020. Second dose of inactivated polio vaccine introduced during 2021. 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	16	88	88
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	●	●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	88	88
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	16	79	89
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

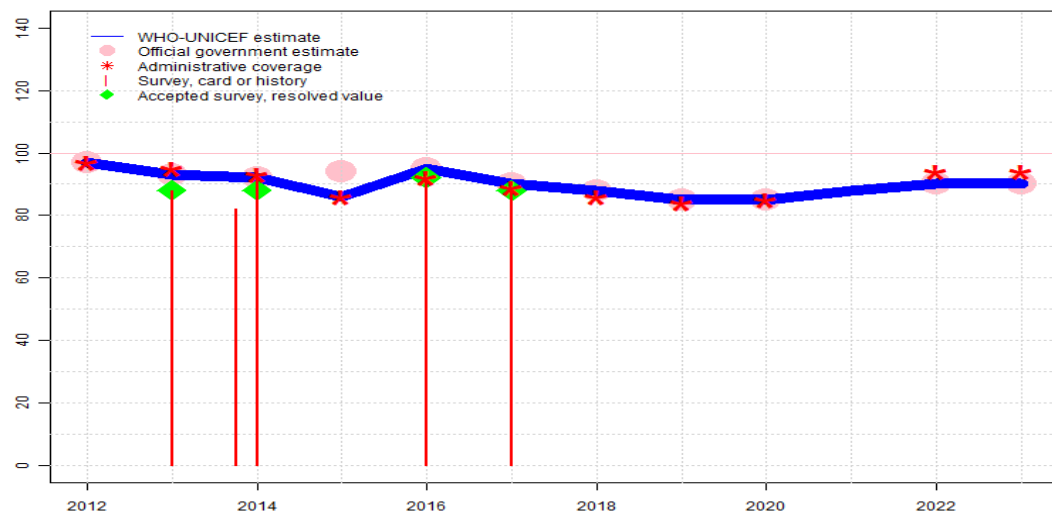
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zimbabwe - MCV1

ZWE - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	97	93	92	86	95	90	88	85	85	88	90	90
Estimate GoC	•	•	•••	•••	•••	•••	•••	•••	••	•	••	••
Official	97	93	92	94	95	90	88	85	85	NA	90	90
Administrative	97	95	93	86	92	89	86	84	85	NA	94	94
Survey	NA	88	*	NA	92	88	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.
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

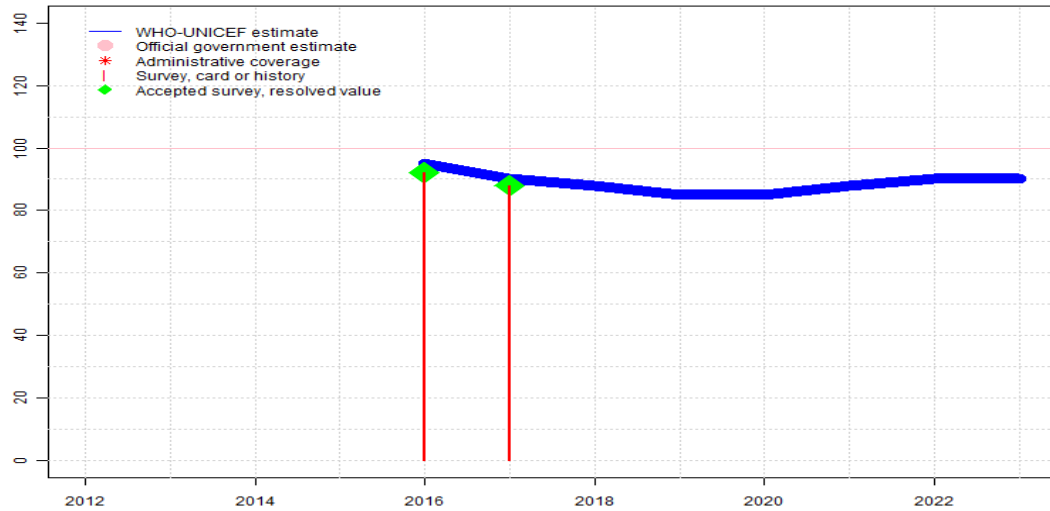
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2023: Estimate informed by reported data. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports less than one month vaccine stockout at national level. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Programme reported two months vaccine stockout at the national level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2015: Estimate informed by reported administrative data. Reported official coverage estimates are based on the 2015 coverage survey. Reported number of children vaccinated has declined across the most recent four year period. GoC=R+ S+ D+
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 2 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Estimate challenged by: D-
- 2012: Estimate informed by reported data. Estimate challenged by: D-

Zimbabwe - RCV1

ZWE - RCV1



Description:

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

- 2023: Estimate based on estimated MCV1. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ D+
- 2021: Estimate based on estimated MCV1. GoC=No accepted empirical data
- 2020: Estimate based on estimated MCV1. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2018: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2017: Estimate based on estimated MCV1. Reported official coverage estimates are based on the 2015 coverage survey. GoC=R+ S+ D+
- 2016: Estimate based on estimated MCV1. Reported official coverage estimates are based on the 2015 coverage survey. Rubella containing vaccine introduced in October 2015. GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	95	90	88	85	85	88	90	90
Estimate GoC	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	92	88	NA	NA	NA	NA	NA	NA

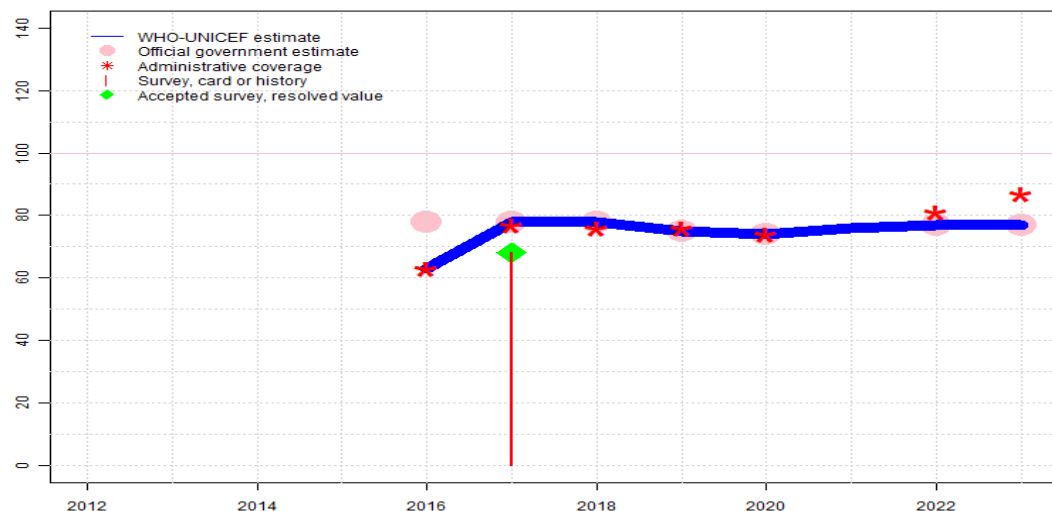
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Zimbabwe - MCV2

ZWE - 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. WHO and UNICEF are aware of a 2023-2024 DHS and await final results. GoC=R+ D+

2022: Estimate informed by reported data. GoC=R+ D+

2021: Estimate informed by interpolation between reported data. GoC=No accepted empirical data

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. Programme reported two months vaccine stockout at the national level. GoC=R+ S+ D+

2017: Estimate informed by reported data supported by survey. Survey evidence of 68 percent based on 1 survey(s). Reported official coverage estimates are based on the 2015 coverage survey. Estimate based on reported coverage. GoC=R+ S+ D+

2016: Estimate informed by reported data. Reported official coverage estimates are based on the 2015 coverage survey. Second dose of measles containing vaccine introduced in October 2015. Reporting began in 2016. GoC=R+ S+ D+

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	63	78	78	75	74	76	77	77
Estimate GoC	NA	NA	NA	NA	•••	•••	•••	•••	••	•	••	••
Official	NA	NA	NA	NA	NA	78	78	75	74	NA	77	77
Administrative	NA	NA	NA	NA	63	77	76	76	74	NA	81	87
Survey	NA	NA	NA	NA	NA	68	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.

Zimbabwe - 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.

2017 Zimbabwe Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.5	12-23 m	1157	86
BCG	Card	85.6	12-23 m	1157	86
BCG	Card or History	94.6	12-23 m	1157	86
BCG	History	9	12-23 m	1157	86
DTP1	C or H <12 months	94.4	12-23 m	1157	86
DTP1	Card	85.9	12-23 m	1157	86
DTP1	Card or History	94.5	12-23 m	1157	86
DTP1	History	8.6	12-23 m	1157	86
DTP3	C or H <12 months	90.3	12-23 m	1157	86
DTP3	Card	83.4	12-23 m	1157	86
DTP3	Card or History	91	12-23 m	1157	86
DTP3	History	7.6	12-23 m	1157	86
HepB1	C or H <12 months	94.4	12-23 m	1157	86
HepB1	Card	85.9	12-23 m	1157	86
HepB1	Card or History	94.5	12-23 m	1157	86
HepB1	History	8.6	12-23 m	1157	86
HepB3	C or H <12 months	90.3	12-23 m	1157	86
HepB3	Card	83.4	12-23 m	1157	86
HepB3	Card or History	91	12-23 m	1157	86
HepB3	History	7.6	12-23 m	1157	86
Hib1	C or H <12 months	94.4	12-23 m	1157	86
Hib1	Card	85.9	12-23 m	1157	86
Hib1	Card or History	94.5	12-23 m	1157	86
Hib1	History	8.6	12-23 m	1157	86

Hib3	C or H <12 months	90.3	12-23 m	1157	86
Hib3	Card	83.4	12-23 m	1157	86
Hib3	Card or History	91	12-23 m	1157	86
Hib3	History	7.6	12-23 m	1157	86
MCV1	C or H <12 months	84.9	12-23 m	1157	86
MCV1	Card	80.1	12-23 m	1157	86
MCV1	Card or History	87.9	12-23 m	1157	86
MCV1	History	7.8	12-23 m	1157	86
MCV2	C or H <12 months	67.5	24-35 m	1256	-
MCV2	Card	57.8	24-35 m	1256	-
MCV2	Card or History	68.4	24-35 m	1256	-
MCV2	History	10.6	24-35 m	1256	-
PcV1	C or H <12 months	93.8	12-23 m	1157	86
PcV1	Card	85.8	12-23 m	1157	86
PcV1	Card or History	93.9	12-23 m	1157	86
PcV1	History	8.1	12-23 m	1157	86
PcV3	C or H <12 months	89.8	12-23 m	1157	86
PcV3	Card	83.3	12-23 m	1157	86
PcV3	Card or History	90.6	12-23 m	1157	86
PcV3	History	7.3	12-23 m	1157	86
Pol1	C or H <12 months	94.6	12-23 m	1157	86
Pol1	Card	85.9	12-23 m	1157	86
Pol1	Card or History	94.7	12-23 m	1157	86
Pol1	History	8.8	12-23 m	1157	86
Pol3	C or H <12 months	89	12-23 m	1157	86
Pol3	Card	82.9	12-23 m	1157	86
Pol3	Card or History	89.9	12-23 m	1157	86
Pol3	History	7	12-23 m	1157	86
RotaC	C or H <12 months	91.5	12-23 m	1157	86
RotaC	Card	83.9	12-23 m	1157	86
RotaC	Card or History	91.7	12-23 m	1157	86
RotaC	History	7.8	12-23 m	1157	86

2016 Zimbabwe Multiple Indicator Cluster Survey 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.1	24-35 m	1256	-
BCG	Card	78.1	24-35 m	1256	-
BCG	Card or History	94.1	24-35 m	1256	-

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BCG	History	15.9	24-35 m	1256	-
DTP1	C or H <12 months	93.7	24-35 m	1256	-
DTP1	Card	78.8	24-35 m	1256	-
DTP1	Card or History	94.3	24-35 m	1256	-
DTP1	History	15.5	24-35 m	1256	-
DTP3	C or H <12 months	88.4	24-35 m	1256	-
DTP3	Card	76.6	24-35 m	1256	-
DTP3	Card or History	90.3	24-35 m	1256	-
DTP3	History	13.7	24-35 m	1256	-
HepB1	C or H <12 months	93.7	24-35 m	1256	-
HepB1	Card	78.8	24-35 m	1256	-
HepB1	Card or History	94.3	24-35 m	1256	-
HepB1	History	15.5	24-35 m	1256	-
HepB3	C or H <12 months	88.4	24-35 m	1256	-
HepB3	Card	76.6	24-35 m	1256	-
HepB3	Card or History	90.3	24-35 m	1256	-
HepB3	History	13.7	24-35 m	1256	-
Hib1	C or H <12 months	93.7	24-35 m	1256	-
Hib1	Card	78.8	24-35 m	1256	-
Hib1	Card or History	94.3	24-35 m	1256	-
Hib1	History	15.5	24-35 m	1256	-
Hib3	C or H <12 months	88.4	24-35 m	1256	-
Hib3	Card	76.6	24-35 m	1256	-
Hib3	Card or History	90.3	24-35 m	1256	-
Hib3	History	13.7	24-35 m	1256	-
MCV1	C or H <12 months	85.5	24-35 m	1256	-
MCV1	Card	76.7	24-35 m	1256	-
MCV1	Card or History	91.7	24-35 m	1256	-
MCV1	History	15	24-35 m	1256	-
PcV1	C or H <12 months	93.2	24-35 m	1256	-
PcV1	Card	78.8	24-35 m	1256	-
PcV1	Card or History	93.8	24-35 m	1256	-
PcV1	History	15	24-35 m	1256	-
PcV3	C or H <12 months	87.6	24-35 m	1256	-
PcV3	Card	76.2	24-35 m	1256	-
PcV3	Card or History	89.5	24-35 m	1256	-
PcV3	History	13.3	24-35 m	1256	-
Pol1	C or H <12 months	93.9	24-35 m	1256	-
Pol1	Card	78.8	24-35 m	1256	-
Pol1	Card or History	94.5	24-35 m	1256	-

Pol1	History	15.8	24-35 m	1256	-
Pol3	C or H <12 months	86.6	24-35 m	1256	-
Pol3	Card	75.8	24-35 m	1256	-
Pol3	Card or History	89.2	24-35 m	1256	-
Pol3	History	13.4	24-35 m	1256	-
RotaC	C or H <12 months	89.5	24-35 m	1256	-
RotaC	Card	77	24-35 m	1256	-
RotaC	Card or History	90.5	24-35 m	1256	-
RotaC	History	13.5	24-35 m	1256	-

2014 Report on Evaluation of Coverage Achieved during Zimbabwe Measles/Rubella and Vitamin A Catch up Campaign Combined with Assessment of Routine Immunization, 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	86.7	12-23 m	3000	89
BCG	Card or History	98	12-23 m	3000	89
DTP1	Card	86.7	12-23 m	3000	89
DTP1	Card or History	97.6	12-23 m	3000	89
DTP3	Card	84.2	12-23 m	3000	89
DTP3	Card or History	95.8	12-23 m	3000	89
HepB1	Card	86.7	12-23 m	3000	89
HepB1	Card or History	97.6	12-23 m	3000	89
HepB3	Card	84.2	12-23 m	3000	89
HepB3	Card or History	95.8	12-23 m	3000	89
Hib1	Card	86.7	12-23 m	3000	89
Hib1	Card or History	97.6	12-23 m	3000	89
Hib3	Card	84.2	12-23 m	3000	89
Hib3	Card or History	95.8	12-23 m	3000	89
MCV1	Card	82	12-23 m	3000	89
MCV1	Card or History	93.5	12-23 m	3000	89
PcV1	Card	86.3	12-23 m	3000	89
PcV1	Card or History	97.4	12-23 m	3000	89
PcV3	Card	83.6	12-23 m	3000	89
PcV3	Card or History	95.6	12-23 m	3000	89
Pol1	Card	86.3	12-23 m	3000	89
Pol1	Card or History	97.4	12-23 m	3000	89
Pol3	Card	84.1	12-23 m	3000	89

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Pol3	Card or History	95.6	12-23 m	3000	89
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2014 Zimbabwe Demographic and Health Survey 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	89.4	12-23 m	1216	78
BCG	Card	77.7	12-23 m	948	78
BCG	Card or History	89.9	12-23 m	1216	78
DTP1	C or H <12 months	89.2	12-23 m	1216	78
DTP1	Card	77.7	12-23 m	948	78
DTP1	Card or History	89.5	12-23 m	1216	78
DTP3	C or H <12 months	82	12-23 m	1216	78
DTP3	Card	74.6	12-23 m	948	78
DTP3	Card or History	83.4	12-23 m	1216	78
HepB1	C or H <12 months	89.2	12-23 m	1216	78
HepB1	Card	77.7	12-23 m	948	78
HepB1	Card or History	89.5	12-23 m	1216	78
HepB3	C or H <12 months	82	12-23 m	1216	78
HepB3	Card	74.6	12-23 m	948	78
HepB3	Card or History	83.4	12-23 m	1216	78
Hib1	C or H <12 months	89.2	12-23 m	1216	78
Hib1	Card	77.7	12-23 m	948	78
Hib1	Card or History	89.5	12-23 m	1216	78
Hib3	C or H <12 months	82	12-23 m	1216	78
Hib3	Card	74.6	12-23 m	948	78
Hib3	Card or History	83.4	12-23 m	1216	78
MCV1	C or H <12 months	76.2	12-23 m	1216	78
MCV1	Card	72.1	12-23 m	948	78
MCV1	Card or History	81.9	12-23 m	1216	78
PcV1	C or H <12 months	87.7	12-23 m	1216	78
PcV1	Card	77	12-23 m	948	78
PcV1	Card or History	88	12-23 m	1216	78
PcV3	C or H <12 months	80.9	12-23 m	1216	78
PcV3	Card	73.5	12-23 m	948	78
PcV3	Card or History	82.2	12-23 m	1216	78
Pol1	C or H <12 months	89.2	12-23 m	1216	78
Pol1	Card	77.6	12-23 m	948	78
Pol1	Card or History	89.5	12-23 m	1216	78
Pol3	C or H <12 months	81	12-23 m	1216	78

Pol3	Card	73.3	12-23 m	948	78
Pol3	Card or History	82.3	12-23 m	1216	78
RotaC	C or H <12 months	48.6	12-23 m	1216	78
RotaC	Card	41.7	12-23 m	948	78
RotaC	Card or History	49.5	12-23 m	1216	78

2013 Zimbabwe Multiple Indicator Cluster Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.4	12-23 m	1990	81
BCG	Card	79.4	12-23 m	-	81
BCG	Card or History	94.7	12-23 m	1990	81
BCG	History	15.4	12-23 m	-	81
DTP1	C or H <12 months	93.7	12-23 m	1990	81
DTP1	Card	80.4	12-23 m	-	81
DTP1	Card or History	94.6	12-23 m	1990	81
DTP1	History	14.1	12-23 m	-	81
DTP3	C or H <12 months	85.4	12-23 m	1990	81
DTP3	Card	76.1	12-23 m	-	81
DTP3	Card or History	87.3	12-23 m	1990	81
DTP3	History	11.2	12-23 m	-	81
HepB1	C or H <12 months	93.7	12-23 m	1990	81
HepB1	Card	80.4	12-23 m	-	81
HepB1	Card or History	94.6	12-23 m	1990	81
HepB1	History	14.1	12-23 m	-	81
HepB3	C or H <12 months	85.4	12-23 m	1990	81
HepB3	Card	76.1	12-23 m	-	81
HepB3	Card or History	87.3	12-23 m	1990	81
HepB3	History	11.2	12-23 m	-	81
Hib1	C or H <12 months	93.7	12-23 m	1990	81
Hib1	Card	80.4	12-23 m	-	81
Hib1	Card or History	94.6	12-23 m	1990	81
Hib1	History	14.1	12-23 m	-	81
Hib3	C or H <12 months	85.4	12-23 m	1990	81
Hib3	Card	76.1	12-23 m	-	81
Hib3	Card or History	87.3	12-23 m	1990	81
Hib3	History	11.2	12-23 m	-	81
MCV1	C or H <12 months	82.6	12-23 m	1990	81
MCV1	Card	73.5	12-23 m	-	81

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MCV1	Card or History	87.6	12-23 m	1990	81
MCV1	History	14	12-23 m	-	81
PcV1	C or H <12 months	79.3	12-23 m	1990	81
PcV1	Card	68	12-23 m	-	81
PcV1	Card or History	79.9	12-23 m	1990	81
PcV1	History	12	12-23 m	-	81
PcV3	C or H <12 months	71.1	12-23 m	1990	81
PcV3	Card	62.9	12-23 m	-	81
PcV3	Card or History	72.8	12-23 m	1990	81
PcV3	History	9.9	12-23 m	-	81
Pol1	C or H <12 months	94.2	12-23 m	1990	81
Pol1	Card	80.5	12-23 m	-	81
Pol1	Card or History	95	12-23 m	1990	81
Pol1	History	14.5	12-23 m	-	81
Pol3	C or H <12 months	84.9	12-23 m	1990	81
Pol3	Card	75.9	12-23 m	-	81
Pol3	Card or History	87.5	12-23 m	1990	81
Pol3	History	11.6	12-23 m	-	81

2012 Zimbabwe Multiple Indicator Cluster Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	91.1	24-35 m	2054	-
DTP1	C or H <12 months	90	24-35 m	2054	-
DTP3	C or H <12 months	78.6	24-35 m	2054	-
HepB1	C or H <12 months	90	24-35 m	2054	-
HepB3	C or H <12 months	78.6	24-35 m	2054	-
Hib1	C or H <12 months	90	24-35 m	2054	-
Hib3	C or H <12 months	78.6	24-35 m	2054	-
MCV1	C or H <12 months	75.7	24-35 m	2054	-
PcV1	C or H <12 months	6.2	24-35 m	2054	-
PcV3	C or H <12 months	3.8	24-35 m	2054	-
Pol1	C or H <12 months	91.6	24-35 m	2054	-
Pol3	C or H <12 months	75.8	24-35 m	2054	-

2009 Report on Zimbabwe 2010 Routine Immunization Coverage Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	78.6	12-23 m	600	84
BCG	Card or History	94.8	12-23 m	600	84
DTP1	Card	78.7	12-23 m	600	84
DTP1	Card or History	96.8	12-23 m	600	84
DTP3	Card	72.6	12-23 m	600	84
DTP3	Card or History	91	12-23 m	600	84
MCV1	Card	72.9	12-23 m	600	84
MCV1	Card or History	90.4	12-23 m	600	84
Pol1	Card	78.3	12-23 m	600	84
Pol1	Card or History	96.5	12-23 m	600	84
Pol3	Card	71.3	12-23 m	600	84
Pol3	Card or History	90	12-23 m	600	84

2009 Zimbabwe Demographic and Health Survey 2010-11

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	86.6	12-23 m	1034	68
BCG	Card	66.9	12-23 m	1034	68
BCG	Card or History	86.9	12-23 m	1034	68
BCG	History	20	12-23 m	1034	68
DTP1	C or H <12 months	85.1	12-23 m	1034	68
DTP1	Card	66.6	12-23 m	1034	68
DTP1	Card or History	85.6	12-23 m	1034	68
DTP1	History	19	12-23 m	1034	68
DTP3	C or H <12 months	70	12-23 m	1034	68
DTP3	Card	60.9	12-23 m	1034	68
DTP3	Card or History	72.9	12-23 m	1034	68
DTP3	History	12	12-23 m	1034	68
HepB1	C or H <12 months	85.1	12-23 m	1034	68
HepB1	Card	66.6	12-23 m	1034	68
HepB1	Card or History	85.6	12-23 m	1034	68
HepB1	History	19	12-23 m	1034	68
HepB3	C or H <12 months	70	12-23 m	1034	68
HepB3	Card	60.9	12-23 m	1034	68
HepB3	Card or History	72.9	12-23 m	1034	68
HepB3	History	12	12-23 m	1034	68
Hib1	C or H <12 months	85.1	12-23 m	1034	68
Hib1	Card	66.6	12-23 m	1034	68

Zimbabwe - survey details

Hib1	Card or History	85.6	12-23 m	1034	68
Hib1	History	19	12-23 m	1034	68
Hib3	C or H <12 months	70	12-23 m	1034	68
Hib3	Card	60.9	12-23 m	1034	68
Hib3	Card or History	72.9	12-23 m	1034	68
Hib3	History	12	12-23 m	1034	68
MCV1	C or H <12 months	69.3	12-23 m	1034	68
MCV1	Card	61.3	12-23 m	1034	68
MCV1	Card or History	79.1	12-23 m	1034	68
MCV1	History	17.9	12-23 m	1034	68
Pol1	C or H <12 months	86.6	12-23 m	1034	68
Pol1	Card	67.1	12-23 m	1034	68
Pol1	Card or History	86.7	12-23 m	1034	68
Pol1	History	19.6	12-23 m	1034	68
Pol3	C or H <12 months	69.3	12-23 m	1034	68
Pol3	Card	59.3	12-23 m	1034	68
Pol3	Card or History	72.9	12-23 m	1034	68
Pol3	History	13.6	12-23 m	1034	68

DTP1	Card	70.4	12-23 m	1019	72
DTP1	Card or History	76.9	12-23 m	1019	72
DTP1	History	6.5	12-23 m	1019	72
DTP3	C or H <12 months	55	12-23 m	1019	72
DTP3	Card	58.7	12-23 m	1019	72
DTP3	Card or History	62	12-23 m	1019	72
DTP3	History	3.3	12-23 m	1019	72
MCV1	C or H <12 months	55.9	12-23 m	1019	72
MCV1	Card	60.6	12-23 m	1019	72
MCV1	Card or History	65.6	12-23 m	1019	72
MCV1	History	5.1	12-23 m	1019	72
Pol1	C or H <12 months	76	12-23 m	1019	72
Pol1	Card	71	12-23 m	1019	72
Pol1	Card or History	77	12-23 m	1019	72
Pol1	History	6	12-23 m	1019	72
Pol3	C or H <12 months	59.1	12-23 m	1019	72
Pol3	Card	61.5	12-23 m	1019	72
Pol3	Card or History	65.7	12-23 m	1019	72
Pol3	History	4.3	12-23 m	1019	72

2008 Zimbabwe Multiple Indicator Monitoring Survey (MIMS) 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	90.9	12-23 m	1444	74
DTP1	Card or History	84.6	12-23 m	1444	74
DTP3	Card or History	66.6	12-23 m	1444	74
MCV1	Card or History	76.8	12-23 m	1444	74
Pol1	Card or History	89.2	12-23 m	1444	74
Pol3	Card or History	65.9	12-23 m	1444	74

2004 Zimbabwe Demographic and Health 2005-2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	74.9	12-23 m	1019	72
BCG	Card	69.6	12-23 m	1019	72
BCG	Card or History	75.7	12-23 m	1019	72
BCG	History	6.1	12-23 m	1019	72
DTP1	C or H <12 months	75.3	12-23 m	1019	72

1998 Zimbabwe Demographic and Health Survey 1999, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	87.4	12-23 m	699	69
BCG	Card	68.4	12-23 m	699	69
BCG	Card or History	88.1	12-23 m	699	69
BCG	History	19.7	12-23 m	699	69
DTP1	C or H <12 months	87.5	12-23 m	699	69
DTP1	Card	67.8	12-23 m	699	69
DTP1	Card or History	87.5	12-23 m	699	69
DTP1	History	19.7	12-23 m	699	69
DTP3	C or H <12 months	77.5	12-23 m	699	69
DTP3	Card	65.1	12-23 m	699	69
DTP3	Card or History	80.9	12-23 m	699	69
DTP3	History	15.8	12-23 m	699	69
MCV1	C or H <12 months	71.4	12-23 m	699	69
MCV1	Card	62.3	12-23 m	699	69
MCV1	Card or History	79.1	12-23 m	699	69
MCV1	History	16.9	12-23 m	699	69

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Pol1	C or H <12 months	87.5	12-23 m	699	69						
Pol1	Card	68.2	12-23 m	699	69	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
Pol1	Card or History	87.7	12-23 m	699	69	BCG	C or H <12 months	88.8	24-35 m	669	-
Pol1	History	19.5	12-23 m	699	69	DTP1	C or H <12 months	88.4	24-35 m	669	-
Pol3	C or H <12 months	77.6	12-23 m	699	69	DTP3	C or H <12 months	76.3	24-35 m	669	-
Pol3	Card	65	12-23 m	699	69	MCV1	C or H <12 months	73.6	24-35 m	669	-
Pol3	Card or History	80.7	12-23 m	699	69	Pol1	C or H <12 months	88.6	24-35 m	669	-
Pol3	History	15.7	12-23 m	699	69	Pol3	C or H <12 months	76.9	24-35 m	669	-

1997 Zimbabwe Demographic and Health Survey 1999, 2000

Zimbabwe - survey details

Further information and estimates for previous years are available at:

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

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