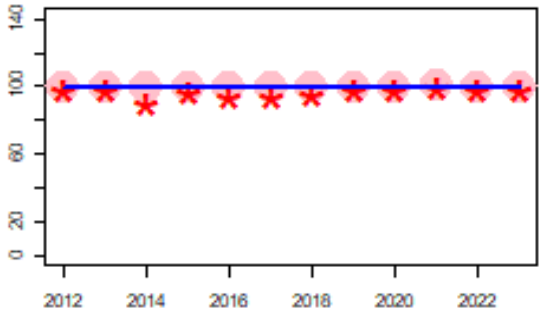
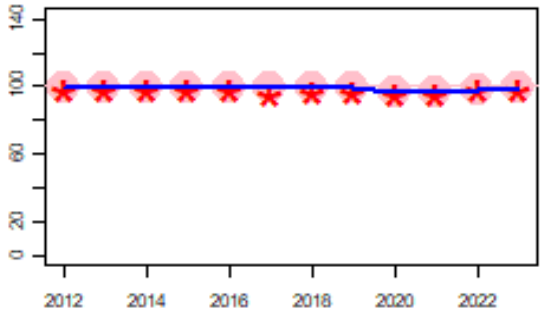
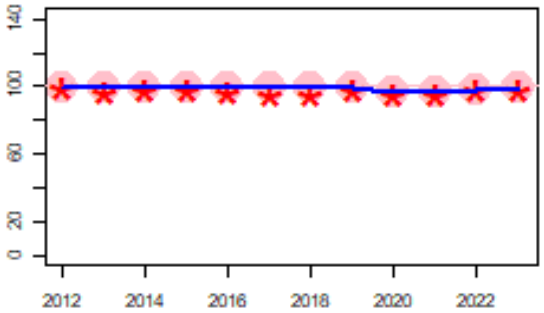
BCG



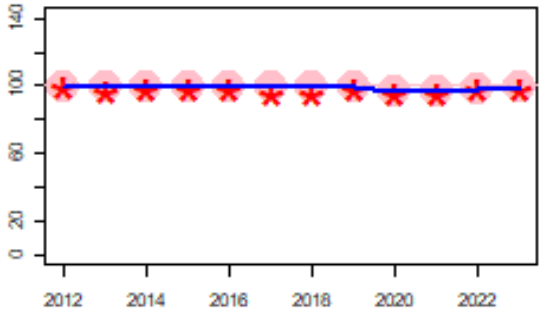
DTP1



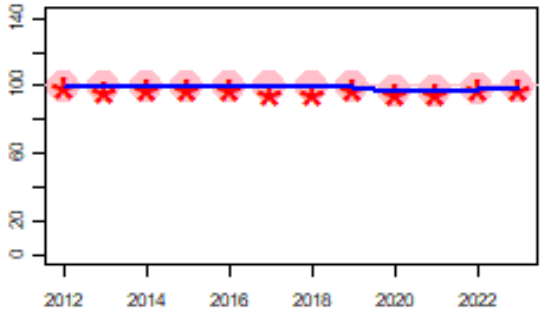
DTP3



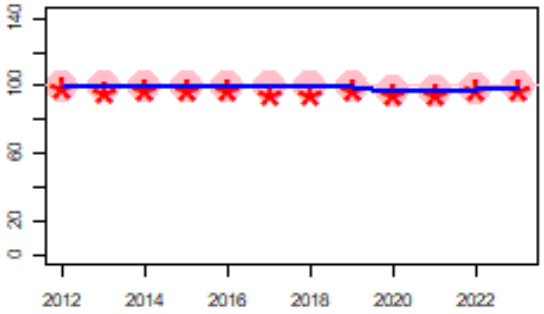
HepB3



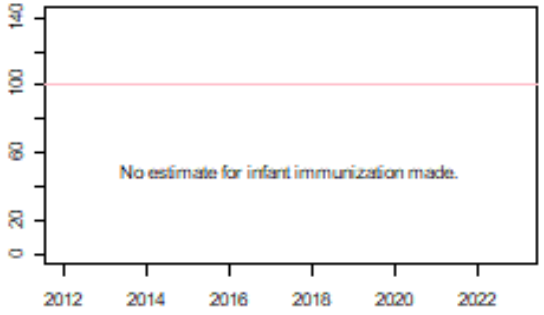
Hib3



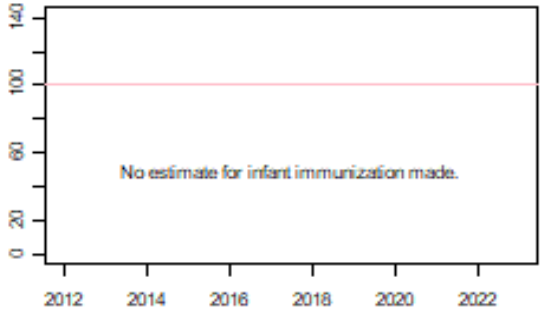
Pol3



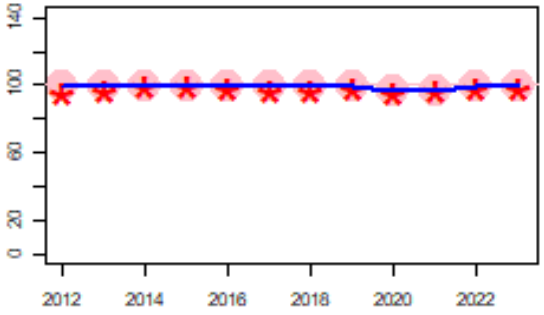
RotaC



PcV3



MCV1



BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

*Burton et al. 2009. Bull World Health Organ.
*Burton et al. 2012. PLoS One.
*Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES.

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV. Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

IPV2: percentage of surviving infants who received a 2nd dose of inactivated polio vaccine. IPV2 coverage estimates produced for OPV using countries.

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Co verage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration nor are the data represented in the accompanying graph and data table.

HepBB: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HepB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HepB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

Hib3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

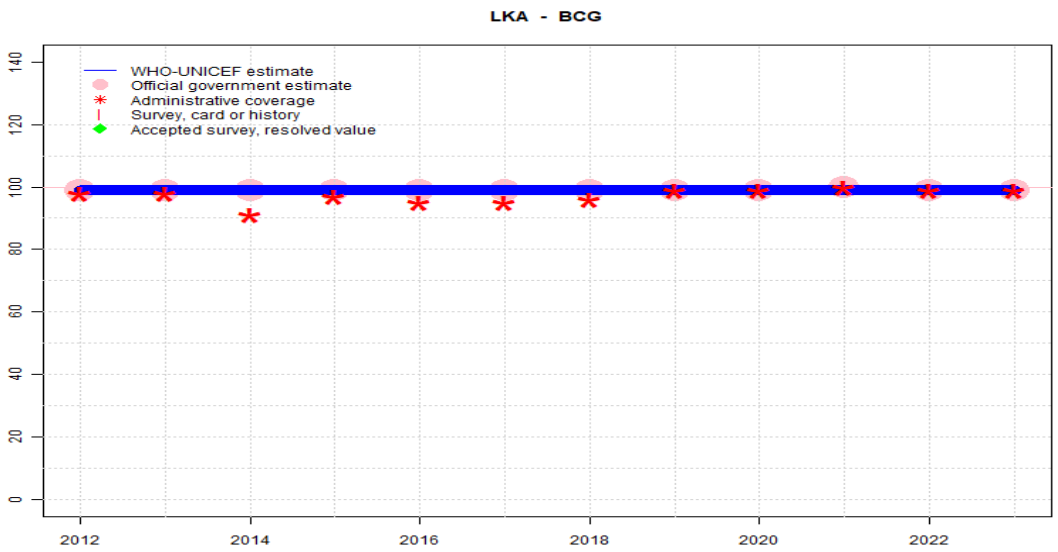
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

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

MengA: percentage of children who received one dose of meningococcal A conjugate vaccine. MengA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

Sri Lanka - BCG



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	••	••	••	••	••	••	••	••	••	••	•	•
Official	99	99	99	99	99	99	99	99	99	100	99	99
Administrative	98	98	91	97	95	95	96	99	99	100	99	99
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.

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2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

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

2018: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

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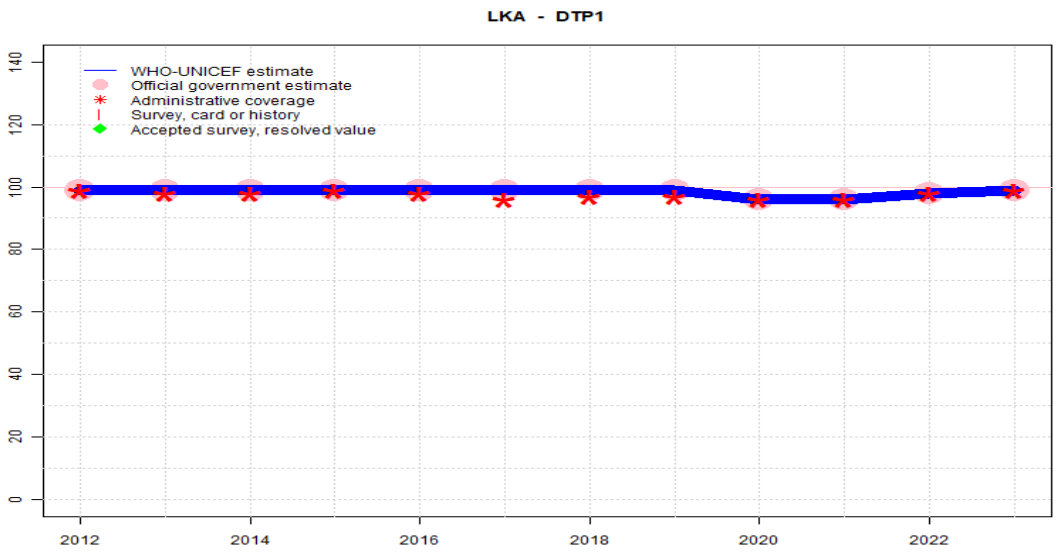
2013: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

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

Sri Lanka - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	96	96	98	99
Estimate GoC	••	••	••	••	••	••	••	••	••	••	•	•
Official	99	99	99	99	99	99	99	99	96	96	98	99
Administrative	99	98	98	99	98	96	97	97	96	96	98	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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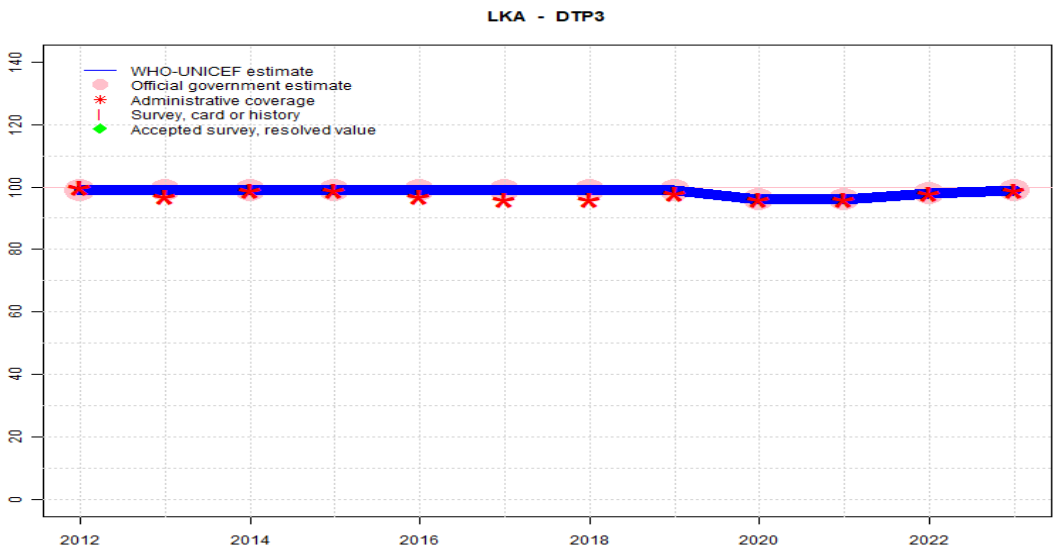
2012: Estimate informed by reported data. GoC=R+ D+

Sri Lanka - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	96	96	98	99
Estimate GoC	••	••	••	••	••	••	••	••	••	••	•	•
Official	99	99	99	99	99	99	99	99	96	96	98	99
Administrative	100	97	99	99	97	96	96	98	96	96	98	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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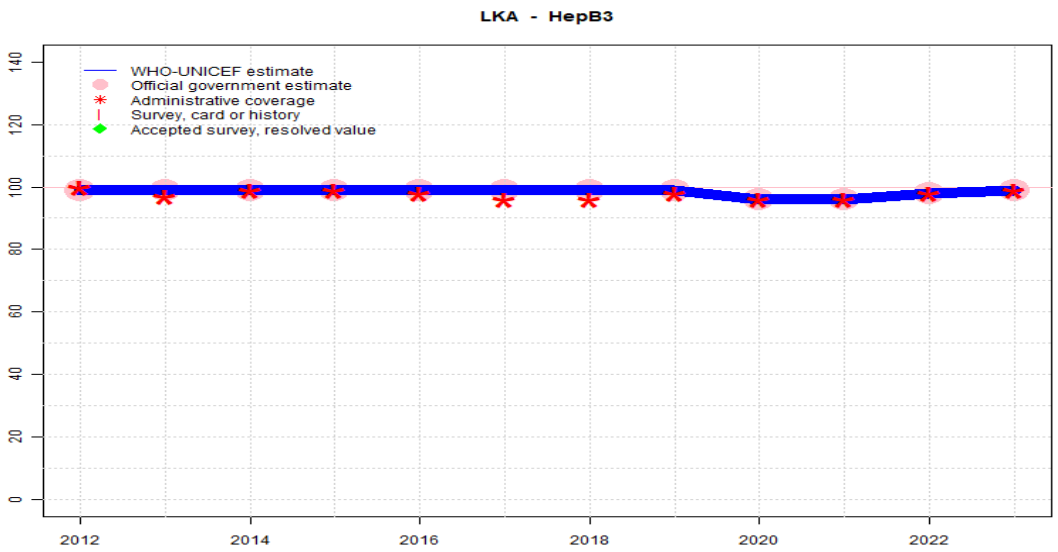
2013: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

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

Sri Lanka - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	96	96	98	99
Estimate GoC	••	••	••	••	••	••	••	••	••	••	•	•
Official	99	99	99	99	99	99	99	99	96	96	98	99
Administrative	100	97	99	99	98	96	96	98	96	96	98	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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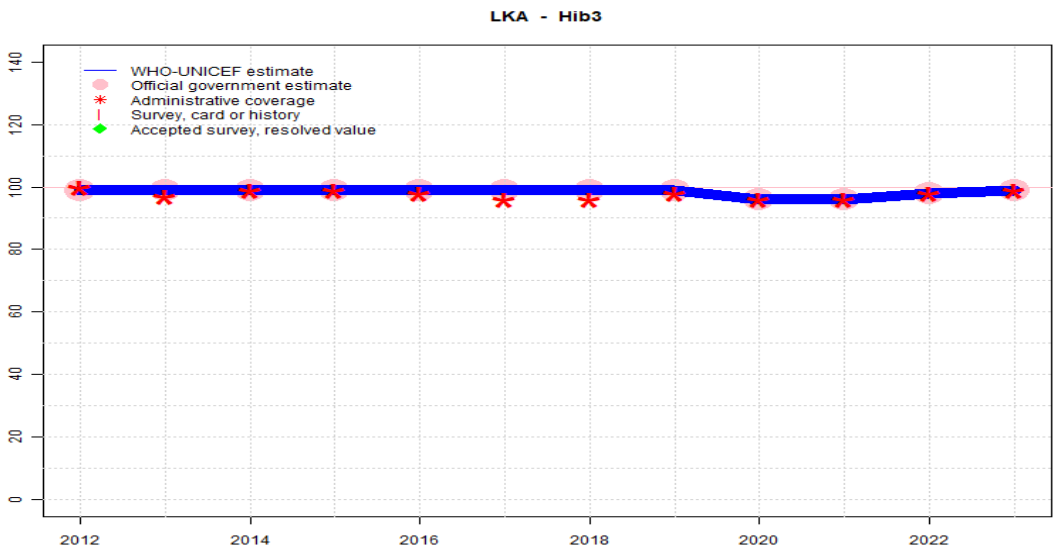
2012: Estimate informed by reported data. GoC=R+ D+

Sri Lanka - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	96	96	98	99
Estimate GoC	••	••	••	••	••	••	••	••	••	••	•	•
Official	99	99	99	99	99	99	99	99	96	96	98	99
Administrative	100	97	99	99	98	96	96	98	96	96	98	99
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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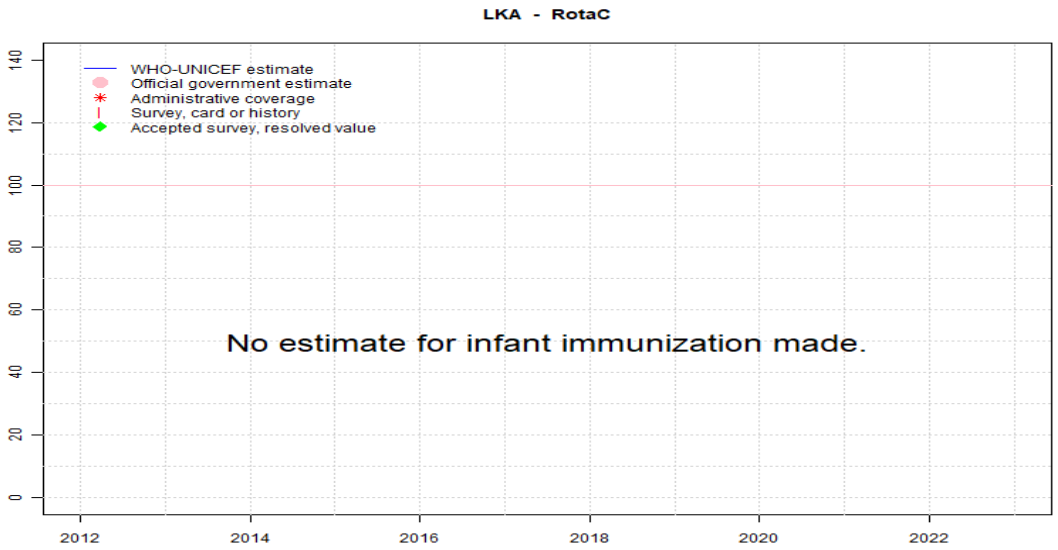
2012: Estimate informed by reported data. GoC=R+ D+

Sri Lanka - RotaC



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

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

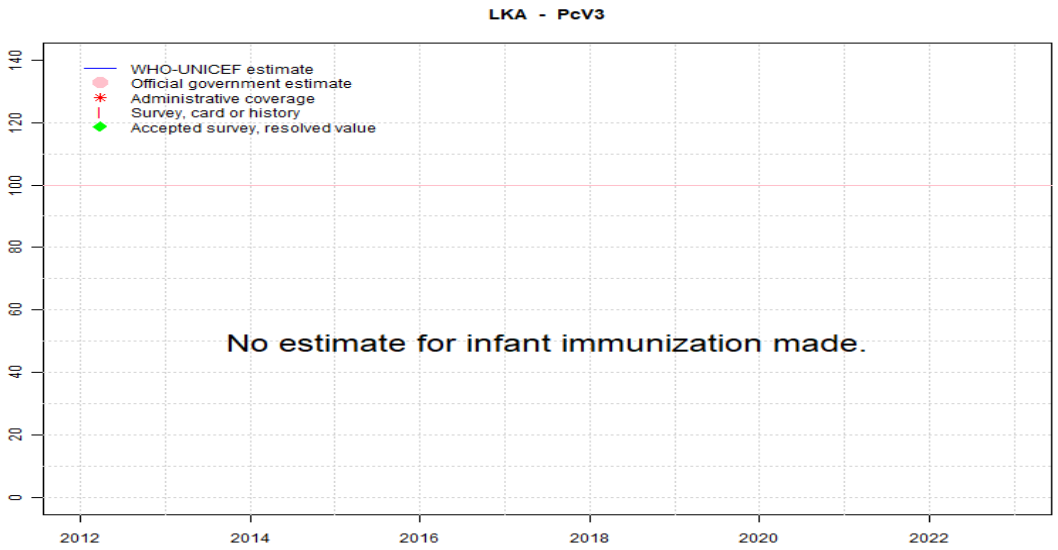
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

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

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

Sri Lanka - PcV3



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

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

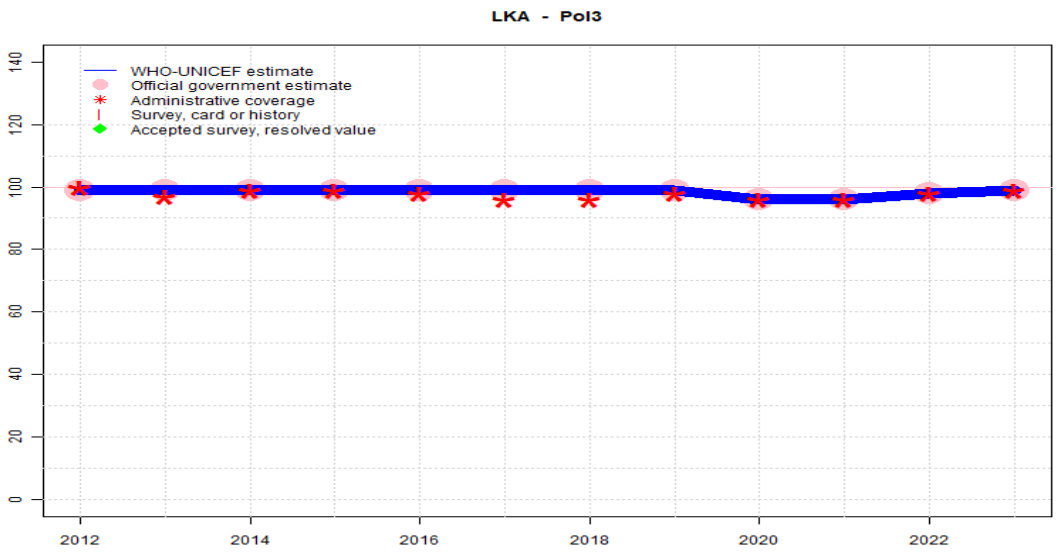
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

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

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

Sri Lanka - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	96	96	98	99
Estimate GoC	••	••	••	••	••	••	••	••	••	••	•	•
Official	99	99	99	99	99	99	99	99	96	96	98	99
Administrative	100	97	99	99	98	96	96	98	96	96	98	99
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:

2023: Estimate informed by reported data. Reported target population declined 10 percent from 2022 to 2023. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported target population declined 12 percent from 2021 to 2022. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. WHO and UNICEF are aware of rolling district level coverage assessments in the country. Estimate challenged by: D-

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

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

2018: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2017: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2016: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

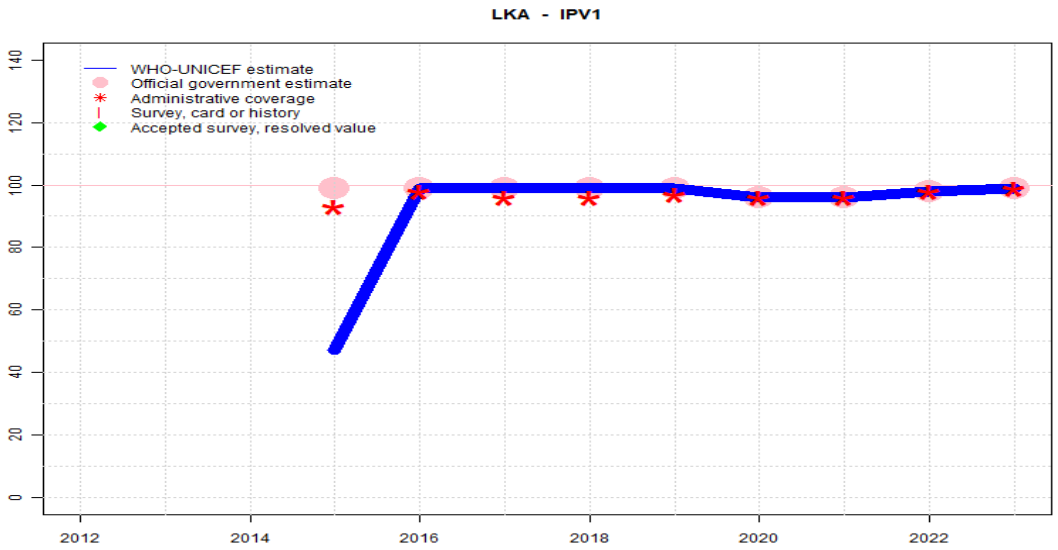
2015: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2014: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2013: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

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

Sri Lanka - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	47	99	99	99	99	96	96	98	99
Estimate GoC	NA	NA	NA	•	••	••	••	••	••	••	•	•
Official	NA	NA	NA	99	99	99	99	99	96	96	98	99
Administrative	NA	NA	NA	93	98	96	96	97	96	96	98	99
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. Reported target population declined 10 percent from 2022 to 2023. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Programme reports using fractional doses of IPV at two and four months since July 2016. Reported coverage reflects that for the second fractional dose. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported target population declined 12 percent from 2021 to 2022. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. WHO and UNICEF are aware of rolling district level coverage assessments in the country. Programme reports using fractional doses of IPV at two and four months since July 2016. Reported coverage reflects that for the second fractional dose. Estimate challenged by: D-

2021: Estimate informed by reported data. Programme reports using fractional doses of IPV at two and four months since July 2016. Reported coverage reflects that for the second fractional dose. GoC=R+ D+

2020: Estimate informed by reported data. Programme reports using fractional doses of IPV at two and four months since July 2016. Reported coverage reflects that for the second fractional dose. GoC=R+

2019: Estimate informed by reported data. Programme reports using fractional doses of IPV at two and four months since July 2016. Reported coverage reflects that for the second fractional dose. GoC=R+

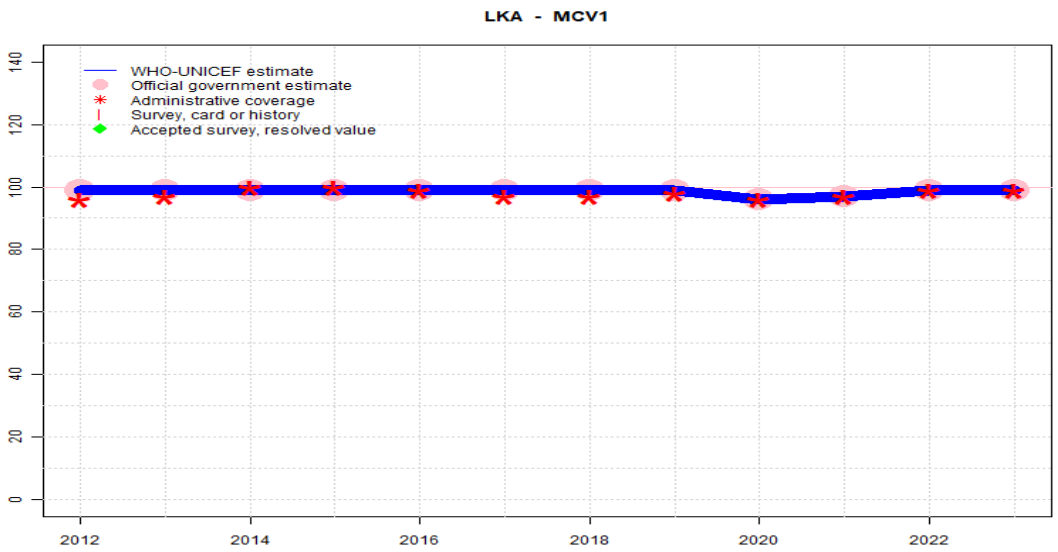
2018: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. Programme reports using fractional doses of IPV at two and four months since July 2016. Reported coverage reflects that for the second fractional dose. GoC=R+ D+

2017: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. Programme using fractional doses of IPV at 2 and 4 months since July 2016. Coverage reported is for the initial fractional dose. GoC=R+ D+

2016: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2015: Inactivated polio vaccine during 2015. Programme reports 93 percent coverage among 50 percent of the target population. Estimate reflects coverage achieved among the total annual national birth cohort. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. Estimate challenged by: R-

Sri Lanka - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	96	97	99	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●	●
Official	99	99	99	99	99	99	99	99	96	97	99	99
Administrative	96	97	100	100	99	97	97	98	96	97	99	99
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:

2023: Estimate informed by reported data. Reported target population declined 10 percent from 2022 to 2023. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-

2022: Estimate informed by reported data. Reported target population declined 12 percent from 2021 to 2022. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. WHO and UNICEF are aware of rolling district level coverage assessments in the country. Estimate challenged by: D-

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

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

2018: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2017: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2016: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

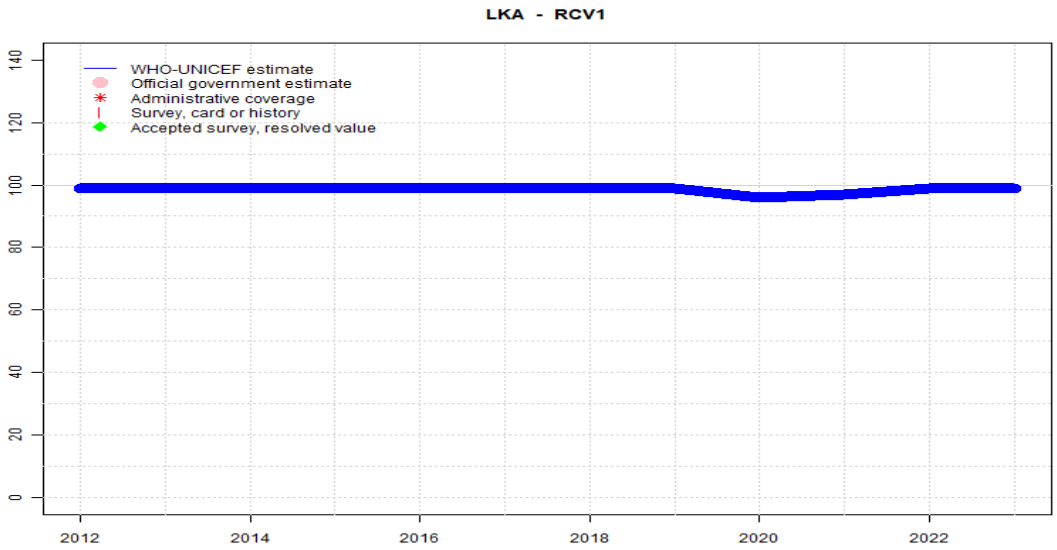
2015: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2014: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2013: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

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

Sri Lanka - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	96	97	99	99
Estimate GoC	••	••	••	••	••	••	••	••	••	••	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	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.

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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:

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

2023: Estimate based on estimated MCV1. Reported target population declined 10 percent from 2022 to 2023. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high quality survey to verify reported levels of coverage. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. Reported target population declined 12 percent from 2021 to 2022. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. WHO and UNICEF are aware of rolling district level coverage assessments in the country. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. GoC=R+ D+

2020: Estimate based on estimated MCV1. GoC=R+ D+

2019: Estimate based on estimated MCV1. GoC=R+ D+

2018: Estimate based on estimated MCV1. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2017: Estimate based on estimated MCV1. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2016: Estimate based on estimated MCV1. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

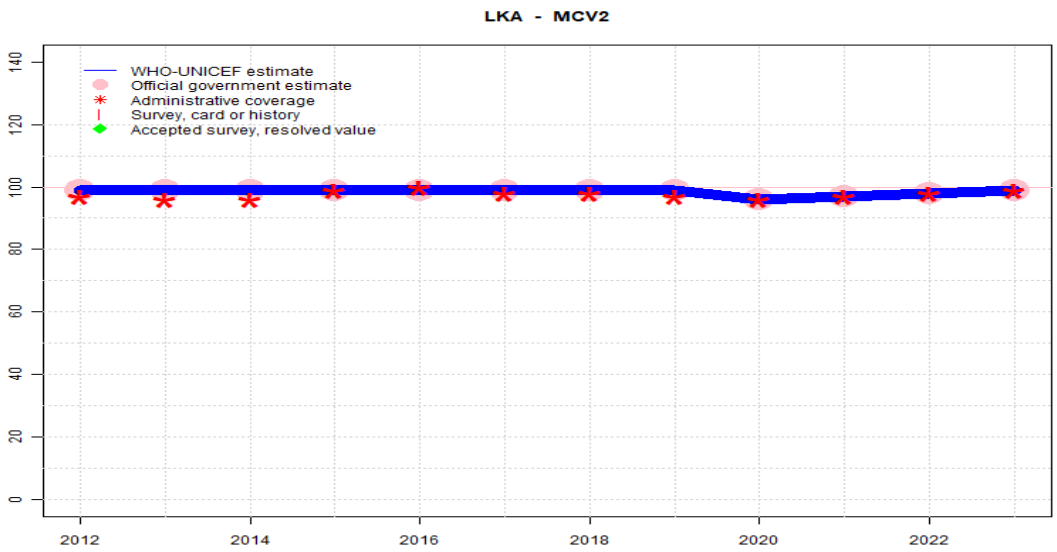
2015: Estimate based on estimated MCV1. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2014: Estimate based on estimated MCV1. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2013: Estimate based on estimated MCV1. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2012: Estimate based on estimated MCV1. GoC=R+ D+

Sri Lanka - MCV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	99	99	99	99	99	99	99	99	96	97	98	99
Estimate GoC	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●	●●
Official	99	99	99	99	99	99	99	99	96	97	98	99
Administrative	97	96	96	99	100	98	98	97	96	97	98	99
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:

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

2023: Estimate informed by reported data. Reported target population declined 10 percent from 2022 to 2023. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. 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. Reported target population declined 12 percent from 2021 to 2022. Reported data also suggest year to year declines in the number of doses administered that are not reflected in reported coverage. WHO and UNICEF are aware of rolling district level coverage assessments in the country. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

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

2018: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2017: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2016: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2015: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2014: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

2013: Estimate informed by reported data. Programme reports that differences between official and administrative coverage levels reflect the contribution of services delivered through the private sector. GoC=R+ D+

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

Sri Lanka - 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.

2006 Sri Lanka Demographic and Health Survey, 2006-07

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	99.5	12-23 m	1448	93
DTP1	Card or History	99.7	12-23 m	1448	93
DTP3	Card or History	99.4	12-23 m	1448	93
MCV1	Card or History	97.1	12-23 m	1448	93
Pol1	Card or History	99.6	12-23 m	1448	93
Pol3	Card or History	99.3	12-23 m	1448	93

2000 Sri Lanka Demographic and Health Survey 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	91.3	12-23 m	172	91
DTP3	Card	86	12-23 m	172	91
MCV1	Card	84.8	12-23 m	172	91
Pol3	Card	86	12-23 m	172	91

1999 Sri Lanka Demographic and Health Survey 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	88.4	12-23 m	569	89
DTP3	Card	86.8	12-23 m	569	89
MCV1	Card	83.4	12-23 m	569	89
Pol3	Card	87	12-23 m	569	89

Sri Lanka - 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