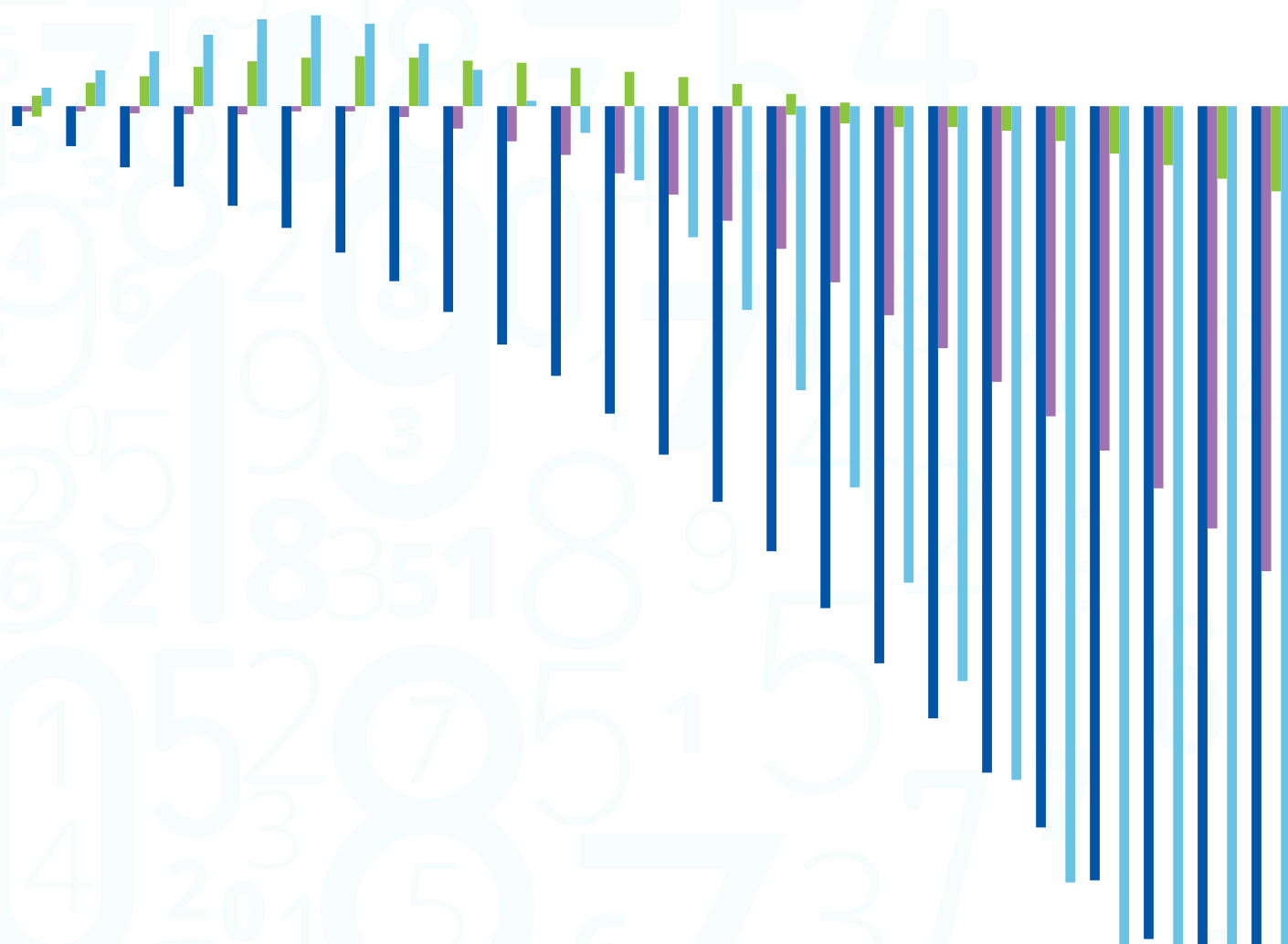


STATE OF INEQUALITY

Childhood immunization



INTERACTIVE VISUALIZATION OF HEALTH DATA



World Health
Organization

STATE OF INEQUALITY

Childhood immunization

INTERACTIVE VISUALIZATION OF HEALTH DATA

State of inequality: childhood immunization

ISBN 978-92-4-151173-5

© **World Health Organization 2016**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules>).

Suggested citation. State of inequality: childhood immunization. Geneva: World Health Organization; 2016. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO 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 WHO be liable for damages arising from its use.

Design and layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.
Printed by the WHO Document Production Services, Geneva, Switzerland.

Contents

Foreword	viii
Acknowledgements	ix
Frequent abbreviations and acronyms	x
Executive summary	xi
Key findings	xi
Priority countries: a closer look	xiii
Moving forward	xiv
Introduction	1
1. Background	3
Equity-driven sustainable development	3
Global context: childhood immunization	4
Achievements during the Millennium Development Goal (MDG) period (2000–2015)	5
Looking ahead to the era of the SDGs (2015–2030)	6
2. Methods	8
Data	8
Analysis	10
Reporting	12
3. Results	15
State of inequality between countries	15
State of inequality within countries	18
Inequality by household economic status	18
Inequality by mother's education	22
Inequality by place of residence	27
Inequality by sex	31
Inequality in priority countries	34
Afghanistan	36
Benin	37
Cambodia	38
Cameroon	39
Central African Republic	40
Comoros	41
Congo	42
Côte d'Ivoire	43
Democratic Republic of the Congo	44



Ethiopia	45
Guinea	46
Indonesia	47
Iraq	48
Lao People's Democratic Republic	49
Liberia	50
Mali	51
Mozambique	52
Niger	53
Nigeria	54
Pakistan	55
South Sudan	56
Sudan	57
Yemen	58
 4. Discussion and conclusions	 59
Understanding and improving the state of inequality in childhood immunization	59
Strengthening health information systems	61
Conclusions	62
 Appendix 1. Data specifications	 63
 Appendix 2. Analysis approaches and interpretation	 66
 Appendix 3. Supplementary interactive visuals	 70
 Supplementary tables	 71
 Index	 76



Figures

Figure 1.1.	Selected global immunization-related milestones	5
Figure 2.1.	Static figures used in this report	13
Figure 3.1.	Latest situation of national average of immunization coverage among one-year-olds in low- and middle-income study countries (DHS and MICS, 2010–2014).	16
Figure 3.2.	Annual absolute change in national average of immunization coverage among one-year-olds in low- and middle-income study countries (DHS and MICS, 2000–2004 and 2010–2014)	17
Figure 3.3.	Latest situation of immunization coverage among one-year-olds in low- and middle-income study countries, disaggregated by household economic status (DHS and MICS, 2010–2014)	19
Figure 3.4.	Economic-related absolute inequality in immunization coverage among one-year-olds in low- and middle-income study countries: difference in coverage between the richest and poorest subgroups (DHS and MICS, 2010–2014)	20
Figure 3.5.	Annual absolute excess change in the poorest compared to the richest quintile in immunization coverage among one-year-olds in low- and middle-income study countries (DHS and MICS, 2000–2004 and 2010–2014)	21
Figure 3.6.	Latest situation of immunization coverage among one-year-olds in low- and middle-income study countries, disaggregated by mother's education (DHS and MICS, 2010–2014).	23
Figure 3.7.	Education-related absolute inequality in immunization coverage among one-year-olds in low- and middle-income study countries: difference in coverage between most- and least-educated subgroups (DHS and MICS, 2010–2014)	24
Figure 3.8.	Annual absolute excess change in the least-educated compared to the most-educated subgroups in immunization coverage among one-year-olds in low- and middle-income study countries (DHS and MICS, 2000–2004 and 2010–2014)	25
Figure 3.9.	Latest situation of immunization coverage among one-year-olds in low- and middle-income study countries, disaggregated by place of residence (DHS and MICS, 2010–2014)	27
Figure 3.10.	Place of residence absolute inequality in immunization coverage among one-year-olds in low- and middle-income study countries: difference in coverage between urban and rural areas (DHS and MICS, 2010–2014)	28
Figure 3.11.	Annual absolute excess change in rural compared to urban areas in immunization coverage among one-year-olds in low- and middle-income study countries (DHS and MICS, 2000–2004 and 2010–2014)	29
Figure 3.12.	Latest situation of immunization coverage among one-year-olds in low- and middle-income study countries, disaggregated by sex (DHS and MICS, 2010–2014).	31
Figure 3.13.	Sex-related absolute inequality in immunization coverage among one-year-olds in low- and middle-income study countries: difference in coverage between females and males (DHS and MICS, 2010–2014)	32

Figure 3.14. Annual absolute excess change in males compared to females in immunization coverage among one-year-olds in low- and middle-income study countries (DHS and MICS, 2000–2004 and 2010–2014)	33
Figure 3.15. Potential for improvement in DTP3 immunization coverage among one-year-olds by eliminating within-country economic-related inequality in 23 priority study countries (DHS and MICS 2010–2014).	35
Figure 3.16. Disaggregated data for immunization coverage among one-year-olds in Afghanistan (MICS 2010)	36
Figure 3.17. Disaggregated data for immunization coverage among one-year-olds in Benin (DHS 1996, 2001, 2006, 2011)	37
Figure 3.18. Disaggregated data for immunization coverage among one-year-olds in Cambodia (DHS 2000, 2005, 2010, 2014).	38
Figure 3.19. Disaggregated data for immunization coverage among one-year-olds in Cameroon (DHS 1998, DHS 2004, MICS 2006, DHS 2011).	39
Figure 3.20. Disaggregated data for immunization coverage among one-year-olds in Central African Republic (DHS 1994, MICS 2006, MICS 2010)	40
Figure 3.21. Disaggregated data for immunization coverage among one-year-olds in Comoros (DHS 1996, 2012)	41
Figure 3.22. Disaggregated data for immunization coverage among one-year-olds in Congo (DHS 2005, 2011)	42
Figure 3.23. Disaggregated data for immunization coverage among one-year-olds in Côte d'Ivoire (DHS 1994, DHS 1998, MICS 2006, DHS 2011).	43
Figure 3.24. Disaggregated data for immunization coverage among one-year-olds in Democratic Republic of the Congo (DHS 2007, MICS 2010, DHS 2013)	44
Figure 3.25. Disaggregated data for immunization coverage among one-year-olds in Ethiopia (DHS 2000, 2005, 2011).	45
Figure 3.26. Disaggregated data for immunization coverage among one-year-olds in Guinea (DHS 1999, 2005, 2012).	46
Figure 3.27. Disaggregated data for immunization coverage among one-year-olds in Indonesia (DHS 1994, 1997, 2002, 2007, 2012)	47
Figure 3.28. Disaggregated data for immunization coverage among one-year-olds in	48

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_26822

