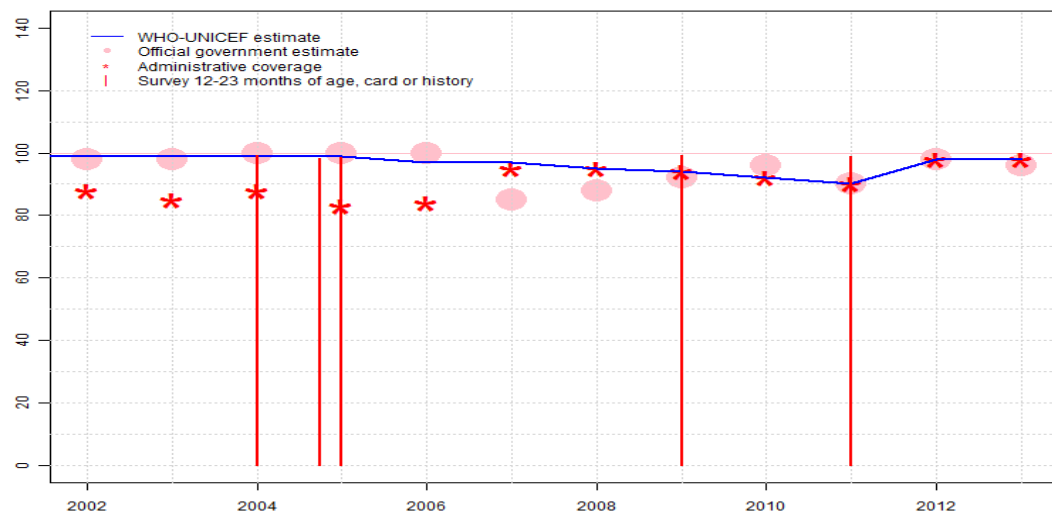


GMB - BCG



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	99	99	99	99	97	97	95	94	92	90	98	98
Estimate GoC	••	•	•	•	••	••	••	•••	•••	•••	•••	•••
Official	98	98	100	100	100	85	88	92	96	90	98	96
Administrative	88	85	88	83	84	95	95	94	92	90	98	98
Survey	NA	NA	99.2	*	NA	NA	NA	99.2	NA	99	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: 2012 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.

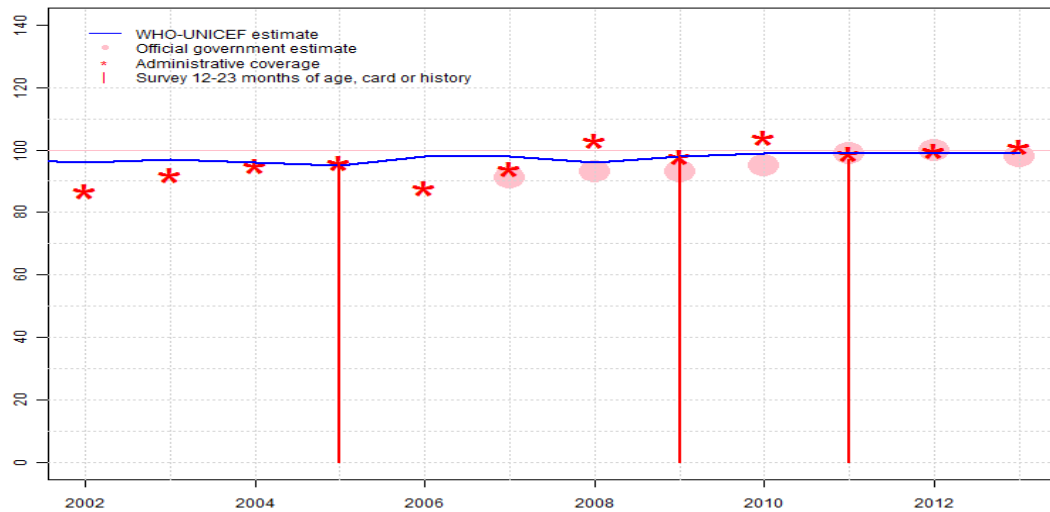
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2002: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2003: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: D-
- 2004: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2005: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2007: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2008: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2009: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 99 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2010: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 99 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2012: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2013: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

Gambia - DTP1

GMB - DTP1



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	96	97	96	95	98	98	96	98	99	99	99	99
Estimate GoC	••	••	•	••	•	•	••	•	••	•••	•••	••
Official	NA	NA	NA	NA	NA	91	93	93	95	99	100	98
Administrative	87	92	95	96	88	94	103	98	104	99	100	101
Survey	NA	NA	NA	96.1	NA	NA	NA	97.9	NA	97	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: 2012 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:

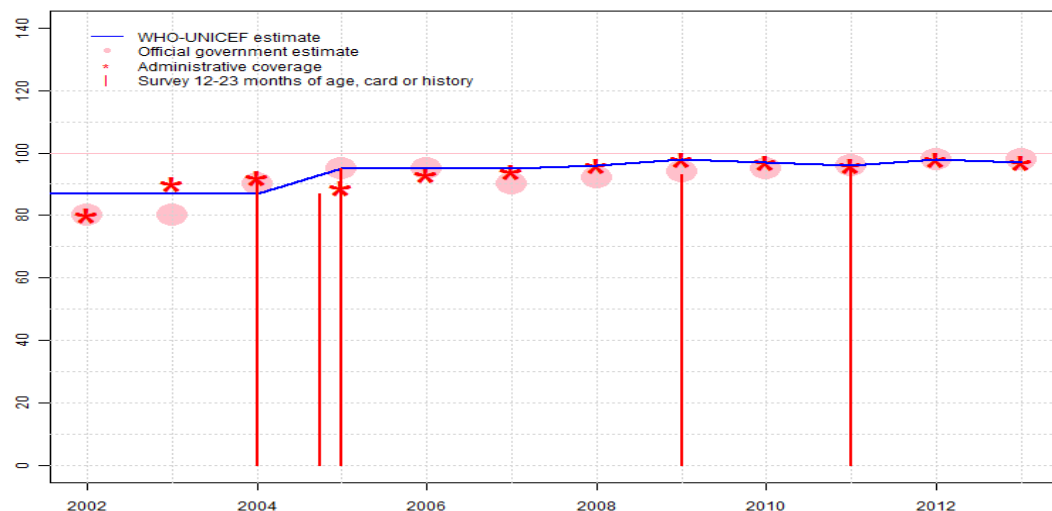
- 2002: Reported data calibrated to 1999 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=D+
- 2003: Reported data calibrated to 1999 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2004: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2005: Estimate based on interpolation between data reported by national government supported by survey. Survey evidence of 96 percent based on 1 survey(s). Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2006: DTP1 coverage estimated based on DTP3 coverage of 95. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2007: DTP1 coverage estimated based on DTP3 coverage of 95. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: R-
- 2008: Estimate based on interpolation between coverage reported by national government. Reported data excluded. 103 percent greater than 100 percent. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2009: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 98 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: D-
- 2010: Estimate based on interpolation between coverage reported by national government. Reported data excluded. 104 percent greater than 100 percent. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 97 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2012: Estimate based on reported administrative data. Ministry of Health reports

targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

2013: Estimate based on extrapolation from data reported by national government. Reported data excluded. 101 percent greater than 100 percent. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+

Gambia - DTP3

GMB - DTP3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	87	87	87	95	95	95	96	98	97	96	98	97
Estimate GoC	••	••	•	•	••	••	••	•••	•••	•••	•••	•••
Official	80	80	90	95	95	90	92	94	95	96	98	98
Administrative	80	90	92	89	93	94	96	98	97	96	98	97
Survey	NA	NA	92.2	*	NA	NA	NA	93.2	NA	95	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: 2012 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.

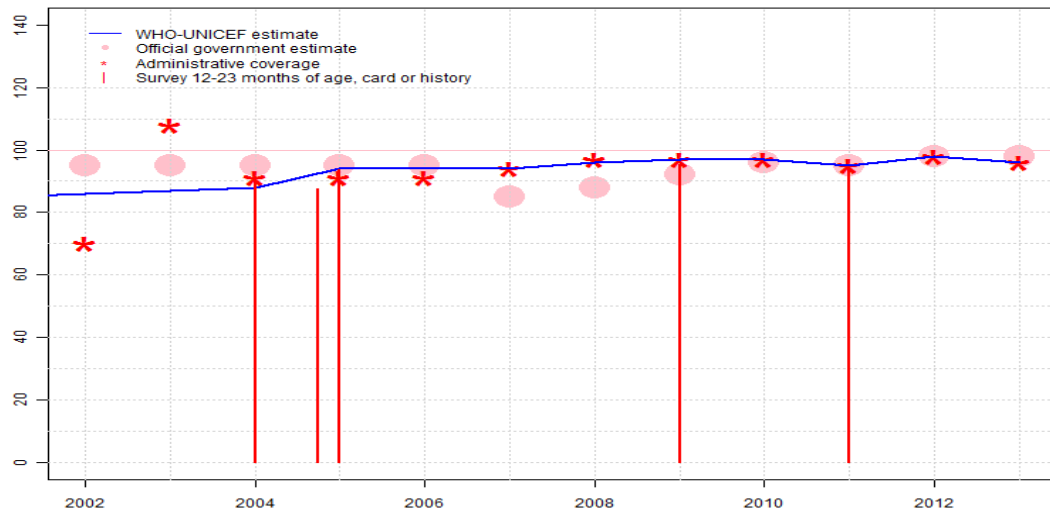
Description:

- 2002: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2003: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2004: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: D-R-
- 2005: Estimates based on survey results. The Gambia Multiple Indicator Cluster Survey 2005/2006 card or history results of 87 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 88 percent and 3d dose card only coverage of 82 percent. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2007: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2008: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2009: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). The Gambia Multiple Indicator Cluster Survey 2010 card or history results of 93 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 93 percent and 3d dose card only coverage of 90 percent. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2010: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

Gambia - DTP3

- 2012: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2013: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

GMB - Pol3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	86	87	88	94	94	94	96	97	97	95	98	96
Estimate GoC	•	•	•	•	••	•	••	•••	•••	•••	•••	•••
Official	95	95	95	95	95	85	88	92	96	95	98	98
Administrative	70	108	91	91	91	94	97	97	97	95	98	96
Survey	NA	NA	91.6	*	NA	NA	NA	95.2	NA	94	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: 2012 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:

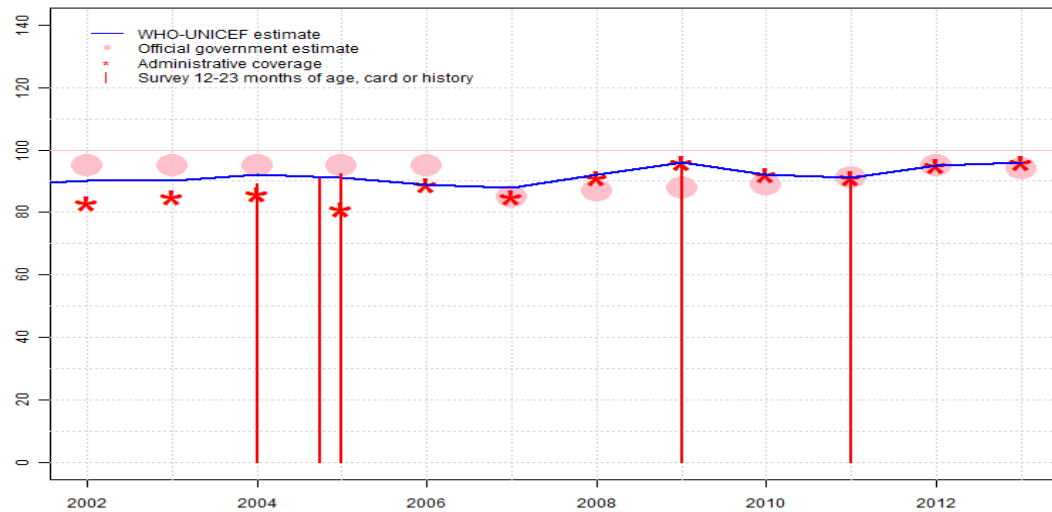
- 2002: Reported data calibrated to 1999 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: D-S-
- 2003: Reported data calibrated to 1999 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: D-S-
- 2004: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2005: Estimates based on survey results. The Gambia Multiple Indicator Cluster Survey 2005/2006 card or history results of 88 percent modified for recall bias to 93 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 87 percent and 3d dose card only coverage of 84 percent. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2007: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: D-
- 2008: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2009: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 97 percent based on 1 survey(s). The Gambia Multiple Indicator Cluster Survey 2010 card or history results of 95 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 92 percent and 3d dose card only coverage of 91 percent. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2010: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 94 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved.

GoC=R+ S+ D+

2012: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

2013: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

GMB - MCV



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	90	90	92	91	89	88	92	96	92	91	95	96
Estimate GoC	••	•	•	•	••	••	••	•••	•••	•••	•••	•••
Official	95	95	95	95	95	85	87	88	89	91	95	94
Administrative	83	85	86	81	89	85	91	96	92	91	95	96
Survey	NA	NA	89.3	*	NA	NA	NA	94.9	NA	90	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.

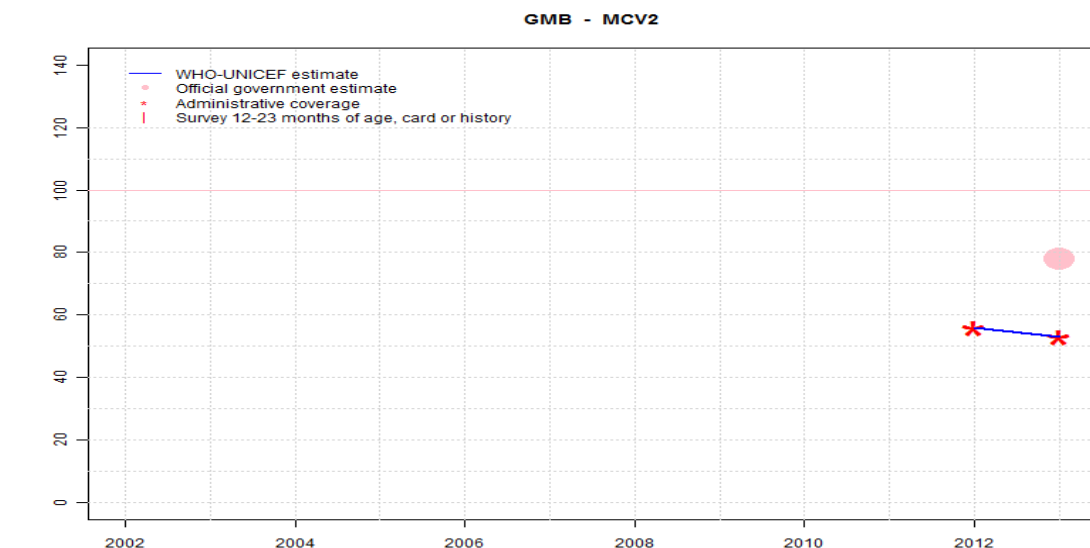
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2002: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2003: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: D-
- 2004: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2005: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2007: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2008: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2009: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2010: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 90 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2012: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2013: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

Gambia - MCV2



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	56	53
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	78
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	56	53
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: 2012 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:

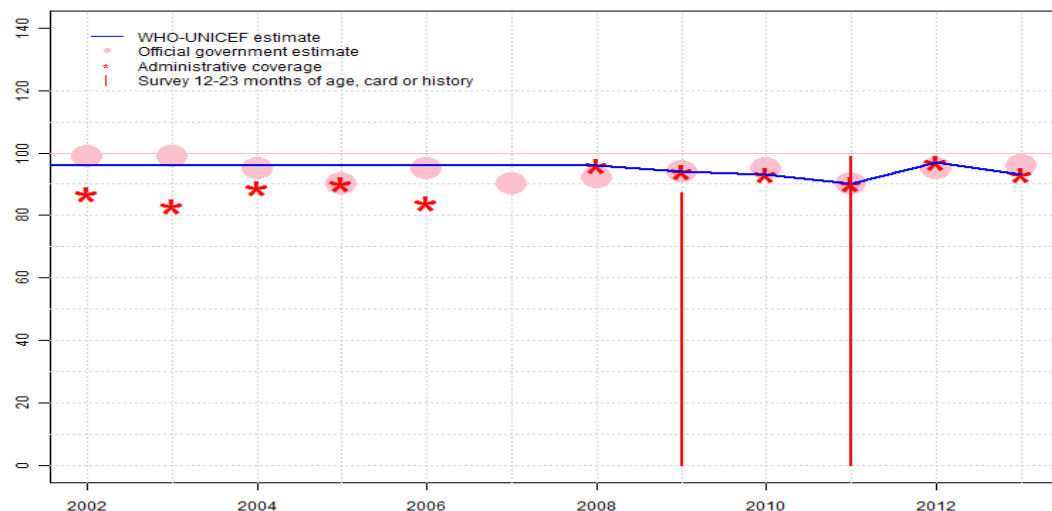
Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

2012: Estimate based on reported administrative estimate. Second dose of measles vaccine introduced in 2012, recommended at 18 months. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: D-

2013: Estimate based on reported administrative estimate. Increase in coverage the result of expanding second dose of measles vaccine. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ D+

Gambia - HepBB

GMB - HepBB



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	96	96	96	96	96	96	96	94	93	90	97	93
Estimate GoC	●●	●	●●	●●	●●	●●	●●●	●●●	●●●	●●●	●●●	●●●
Official	99	99	95	90	95	90	92	94	95	90	95	96
Administrative	87	83	89	90	84	NA	96	94	93	90	97	93
Survey	NA	NA	NA	NA	NA	NA	NA	87.2	NA	99	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: 2012 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.

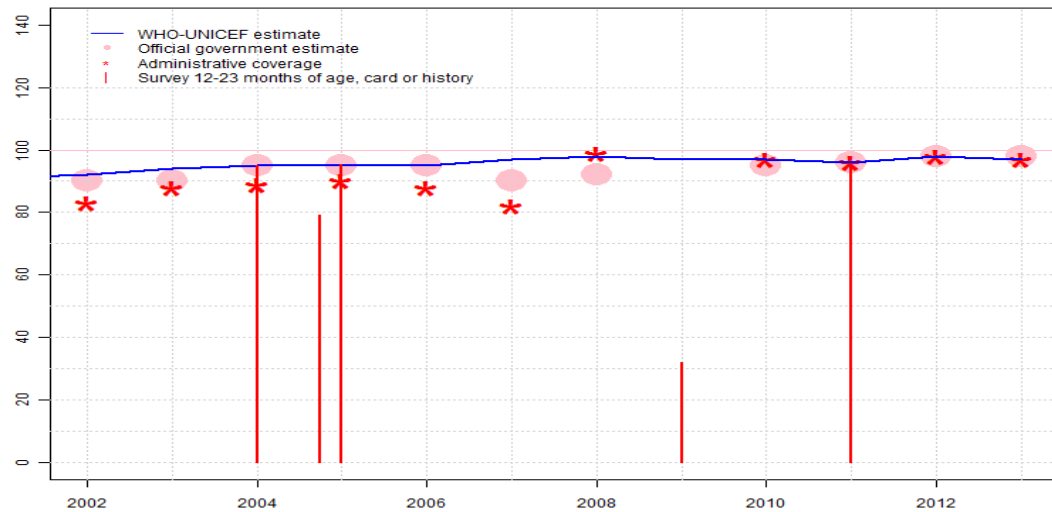
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2002: Estimate based on extrapolation from data reported by national government. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=D+
- 2003: Estimate based on extrapolation from data reported by national government. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: D-
- 2004: Estimate based on extrapolation from data reported by national government. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=D+
- 2005: Estimate based on extrapolation from data reported by national government. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=D+
- 2006: Estimate based on extrapolation from data reported by national government. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=D+
- 2007: Estimate based on extrapolation from data reported by national government. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+
- 2008: Estimate based on reported data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2009: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 87 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2010: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 99 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2012: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2013: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

Gambia - HepB3

GMB - HepB3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	92	94	95	95	95	97	98	97	97	96	98	97
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●●●	●●●
Official	90	90	95	95	95	90	92	NA	95	96	98	98
Administrative	83	88	89	90	88	82	99	NA	97	96	98	97
Survey	NA	NA	94.9	*	NA	NA	NA	32	NA	95	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: 2012 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:

- 2002: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: S-
- 2003: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: D-S-
- 2004: Estimates based on survey results. The Gambia Immunisation Survey 2003 results ignored by working group. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-S-
- 2005: Estimates based on survey results. The Gambia Multiple Indicator Cluster Survey 2005/2006 card or history results of 79 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 86 percent and 3d dose card only coverage of 79 percent. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-S-
- 2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: S-
- 2007: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Decline in reported coverage from 95 percent to 82 percent with increase to 99 percent. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: S-
- 2008: Reported data calibrated to 2005 and 2011 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: S-
- 2009: Reported data calibrated to 2005 and 2011 levels. The Gambia Multiple Indicator Cluster Survey 2010 results ignored by working group. Survey results inconsistent with other antigens, and might be explained with introduction of pentavalent DTP-HepB -Hib vaccine. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: S-
- 2010: Reported data calibrated to 2005 and 2011 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: S-
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Min-

Gambia - HepB3

istry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved.

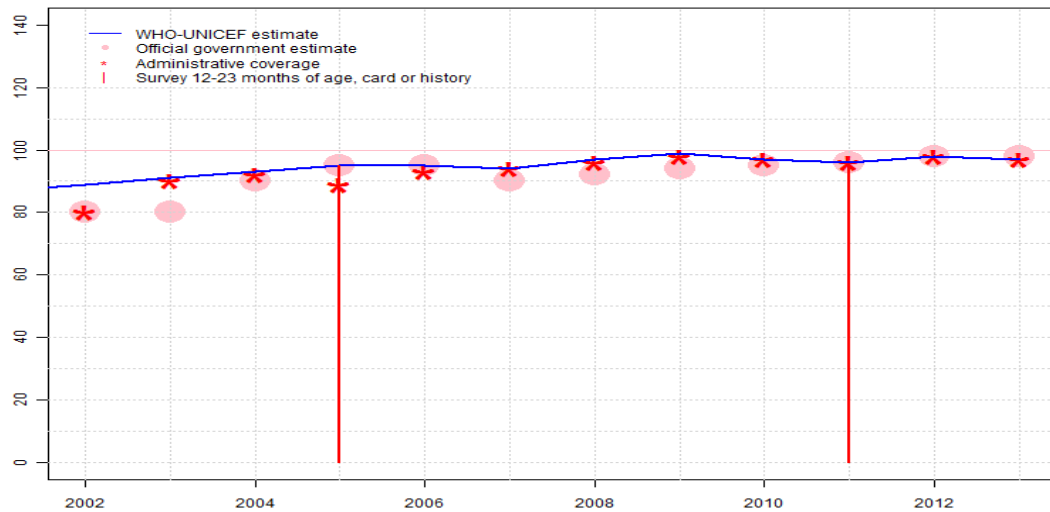
Estimate challenged by: S-

2012: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

2013: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

Gambia - Hib3

GMB - Hib3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	89	91	93	95	95	94	97	99	97	96	98	97
Estimate GoC	••	••	••	•	••	•	••	••	••	•••	•••	•••
Official	80	80	90	95	95	90	92	94	95	96	98	98
Administrative	80	90	92	89	93	94	96	98	97	96	98	97
Survey	NA	NA	NA	95.1	NA	NA	NA	NA	NA	95	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.

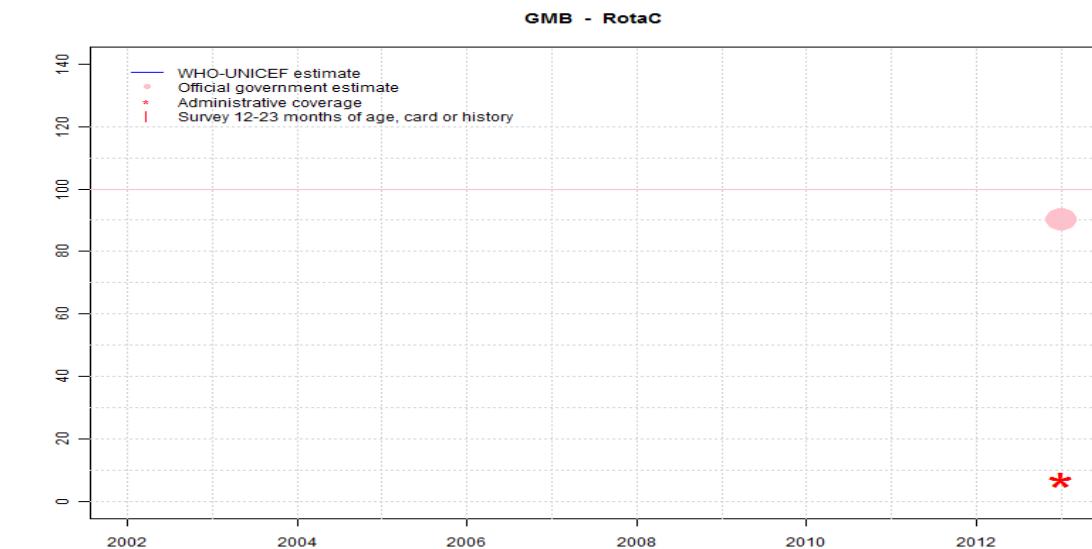
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2002: Reported data calibrated to 2001 and 2005 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2003: Reported data calibrated to 2001 and 2005 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2004: Reported data calibrated to 2001 and 2005 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2005: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2011 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2007: Reported data calibrated to 2005 and 2011 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: D-
- 2008: Reported data calibrated to 2005 and 2011 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=D+
- 2009: Reported data calibrated to 2005 and 2011 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2010: Reported data calibrated to 2005 and 2011 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2012: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2013: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

Gambia - RotaC



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	90
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7
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.

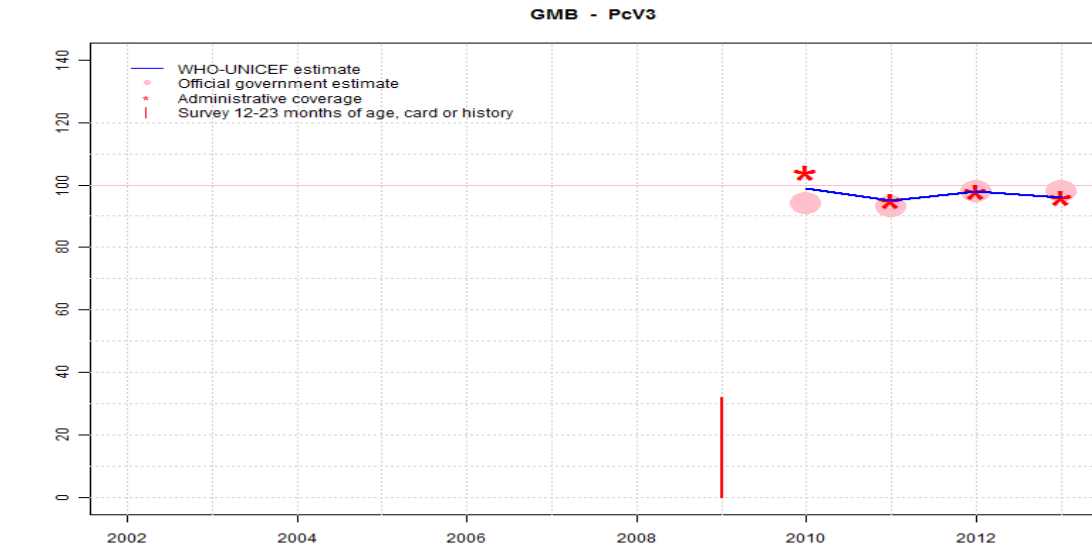
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

2013: Estimate based on reported administrative estimate. Rotavirus vaccine introduced in August 2013. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+

Gambia - PcV3



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	99	95	98	96
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	•	••	••	••
Official	NA	NA	NA	NA	NA	NA	NA	NA	94	93	98	98
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	104	95	98	96
Survey	NA	NA	NA	NA	NA	NA	NA	32	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.

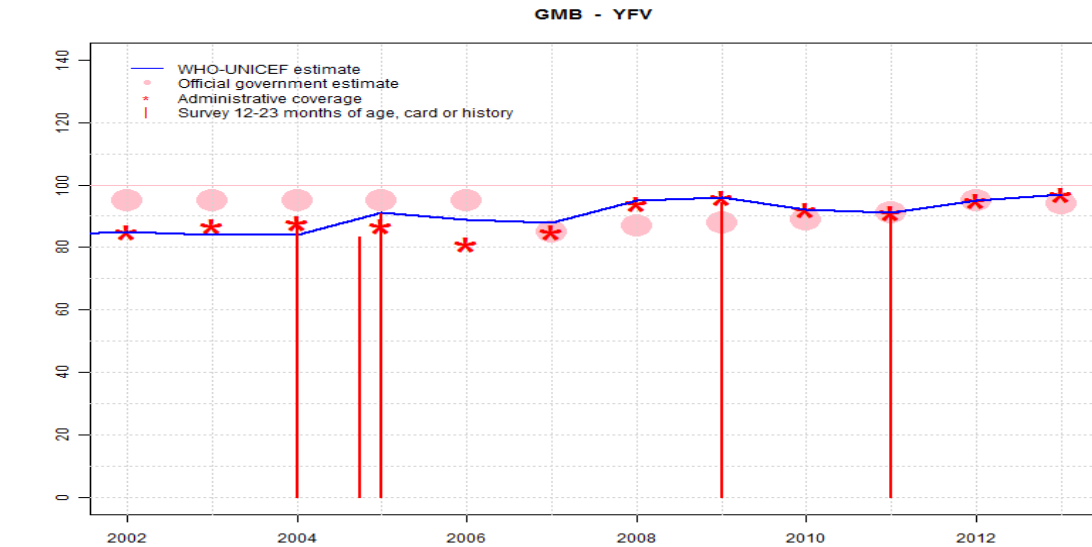
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2012 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2010: Pneumococcal conjugate vaccine introduced in 2009. Reporting began in 2010. Reported data excluded. 104 percent greater than 100 percent. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. Estimate challenged by: R-
- 2011: Estimate based on reported administrative estimate. Pneumococcal conjugate vaccine presentation changed from 7 valent to 13 valent in April 2011..Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+
- 2012: Estimate based on reported administrative estimate. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ D+
- 2013: Estimate based on reported administrative estimate. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ D+

Gambia - YFV



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Estimate	85	84	84	91	89	88	95	96	92	91	95	97
Estimate GoC	••	•	•	•	••	••	••	•••	•••	•••	•••	•••
Official	95	95	95	95	95	85	87	88	89	91	95	94
Administrative	85	87	88	87	81	85	94	96	92	91	95	97
Survey	NA	NA	88.7	*	NA	NA	NA	94.5	NA	90	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: 2012 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:

- 2002: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2003: Reported data calibrated to 2001 and 2004 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: D-
- 2004: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2005: Estimates based on survey results. Reported data excluded. Unexplained temporal change in numerator and denominator levels. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Unexplained temporal change in numerator and denominator levels. GoC=S+ D+
- 2007: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2008: Reported data calibrated to 2005 and 2009 levels. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=S+ D+
- 2009: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 95 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2010: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2011: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 90 percent based on 1 survey(s). Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2012: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+
- 2013: Estimate based on reported administrative data. Ministry of Health reports targets set in their national comprehensive multi-year plan for immunization as their estimate of coverage levels achieved. GoC=R+ S+ D+

Gambia - survey details

2011 Gambia 2011 EPI Cluster Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	99	12-23 m	1641	99
BCG	Scar	94	12-23 m	1641	99
DTP1	Card or History	97	12-23 m	1641	99
DTP3	Card or History	95	12-23 m	1641	99
HepB1	Card or History	97	12-23 m	1641	99
HepB3	Card or History	95	12-23 m	1641	99
HepBB	Card or History	99	12-23 m	1641	99
Hib1	Card or History	97	12-23 m	1641	99
Hib3	Card or History	95	12-23 m	1641	99
MCV	Card or History	90	12-23 m	1641	99
Pol1	Card or History	97	12-23 m	1641	99
Pol3	Card or History	94	12-23 m	1641	99
YFV	Card or History	90	12-23 m	1641	99

2009 The Gambia Multiple Indicator Cluster Survey 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.9	12-23 m	-	94
BCG	Card	93.6	12-23 m	-	94
BCG	Card or History	99.2	12-23 m	2415	94
BCG	History	5.5	12-23 m	-	94
DTP1	C or H <12 months	96.5	12-23 m	-	94
DTP1	Card	92.7	12-23 m	-	94
DTP1	Card or History	97.9	12-23 m	2415	94
DTP1	History	5.2	12-23 m	-	94
DTP3	C or H <12 months	89.3	12-23 m	-	94
DTP3	Card	89.5	12-23 m	-	94
DTP3	Card or History	93.2	12-23 m	2415	94
DTP3	History	3.7	12-23 m	-	94
HepB1	Card or History	53.8	12-23 m	2415	94
HepB3	Card or History	32	12-23 m	2415	94
HepBB	C or H <12 months	86.2	12-23 m	-	94
HepBB	Card	85.1	12-23 m	-	94
HepBB	Card or History	87.2	12-23 m	2415	94
HepBB	History	2.1	12-23 m	-	94

MCV	C or H <12 months	87.6	12-23 m	-	94
MCV	Card	90	12-23 m	-	94
MCV	Card or History	94.9	12-23 m	2415	94
MCV	History	4.9	12-23 m	-	94
PcV3	C or H <12 months	25	12-23 m	-	94
PcV3	Card	31	12-23 m	-	94
PcV3	Card or History	32	12-23 m	2415	94
PcV3	History	1	12-23 m	-	94
Pol1	C or H <12 months	97.2	12-23 m	-	94
Pol1	Card	92.1	12-23 m	-	94
Pol1	Card or History	97.9	12-23 m	2415	94
Pol1	History	5.8	12-23 m	-	94
Pol3	C or H <12 months	93.4	12-23 m	-	94
Pol3	Card	90.8	12-23 m	-	94
Pol3	Card or History	95.2	12-23 m	2415	94
Pol3	History	4.3	12-23 m	-	94
YFV	C or H <12 months	87.5	12-23 m	-	94
YFV	Card	89.6	12-23 m	-	94
YFV	Card or History	94.5	12-23 m	2415	94
YFV	History	4.9	12-23 m	-	94

2005 The Gambia Immunisation Survey for 2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	98.3	12-23 m	1470	-
DTP3	Card or History	95.1	12-23 m	1470	-
HepB3	Card or History	95.4	12-23 m	1470	-
Hib3	Card or History	95.1	12-23 m	1470	-
MCV	Card or History	90.9	12-23 m	1470	-
Pol3	Card or History	93.8	12-23 m	1470	-
YFV	Card or History	90.7	12-23 m	1470	-

2005 The Gambia Multiple Indicator Cluster Survey 2005/2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	97.6	12-23 m	1486	90
BCG	Card	89.7	12-23 m	1486	90

Gambia - survey details

BCG	Card or History	98.7	12-23 m	1486	90
BCG	History	9	12-23 m	1486	90
DTP1	C or H <12 months	93.1	12-23 m	1486	90
DTP1	Card	87.7	12-23 m	1486	90
DTP1	Card or History	96.1	12-23 m	1486	90
DTP1	History	8.3	12-23 m	1486	90
DTP3	C or H <12 months	82.4	12-23 m	1486	90
DTP3	Card	81.6	12-23 m	1486	90
DTP3	Card or History	86.8	12-23 m	1486	90
DTP3	History	5.2	12-23 m	1486	90
HepB1	C or H <12 months	83.8	12-23 m	1486	90
HepB1	Card	85.5	12-23 m	1486	90
HepB1	Card or History	85.6	12-23 m	1486	90
HepB1	History	0.1	12-23 m	1486	90
HepB3	C or H <12 months	75.4	12-23 m	1486	90
HepB3	Card	79	12-23 m	1486	90
HepB3	Card or History	79	12-23 m	1486	90
HepB3	History	0	12-23 m	1486	90
MCV	C or H <12 months	84.9	12-23 m	1486	90
MCV	Card	83.8	12-23 m	1486	90
MCV	Card or History	92.4	12-23 m	1486	90
MCV	History	8.6	12-23 m	1486	90
Pol1	C or H <12 months	92.8	12-23 m	1486	90
Pol1	Card	86.6	12-23 m	1486	90
Pol1	Card or History	95.5	12-23 m	1486	90
Pol1	History	8.9	12-23 m	1486	90
Pol3	C or H <12 months	83.3	12-23 m	1486	90
Pol3	Card	84.1	12-23 m	1486	90
Pol3	Card or History	87.6	12-23 m	1486	90
Pol3	History	3.6	12-23 m	1486	90
YFV	C or H <12 months	76.9	12-23 m	1486	90
YFV	Card	83.5	12-23 m	1486	90
YFV	Card or History	83.5	12-23 m	1486	90
YFV	History	0	12-23 m	1486	90

2004 The Gambia Immunisation Survey for 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	99.2	12-23 m	1470	99

DTP3	Card or History	92.2	12-23 m	1470	99
HepB3	Card or History	94.9	12-23 m	1470	99
MCV	Card or History	89.3	12-23 m	1470	99
Pol3	Card or History	91.6	12-23 m	1470	99
YFV	Card or History	88.7	12-23 m	1470	99

2001 Gambia Immunization Coverage Survey for 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	99.6	12-23 m	1470	-
DTP3	Card or History	86.7	12-23 m	1470	-
HepB3	Card or History	91.5	12-23 m	1470	-
Hib3	Card or History	86.7	12-23 m	1470	-
MCV	Card or History	88.7	12-23 m	1470	-
Pol3	Card or History	60.3	12-23 m	1470	-
YFV	Card or History	84	12-23 m	1470	-

1999 The Gambia 2000 Multiple Indicator Cluster Survey

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	98.8	12-23 m	835	91
BCG	Card	87.4	12-23 m	835	91
BCG	Card or History	92.9	12-23 m	835	91
BCG	History	5.5	12-23 m	835	91
DTP1	C or H <12 months	97.2	12-23 m	835	91
DTP1	Card	87.4	12-23 m	835	91
DTP1	Card or History	91.8	12-23 m	835	91
DTP1	History	4.4	12-23 m	835	91
DTP3	C or H <12 months	90.3	12-23 m	835	91
DTP3	Card	70.8	12-23 m	835	91
DTP3	Card or History	72.2	12-23 m	835	91
DTP3	History	1.4	12-23 m	835	91
MCV	C or H <12 months	87.9	12-23 m	835	91
MCV	Card	83	12-23 m	835	91
MCV	Card or History	88	12-23 m	835	91
MCV	History	5	12-23 m	835	91
Pol1	C or H <12 months	97.2	12-23 m	835	91

Gambia - survey details

Pol1	Card	88.5	12-23 m	835	91
Pol1	Card or History	94	12-23 m	835	91
Pol1	History	5.5	12-23 m	835	91
Pol3	C or H <12 months	88.3	12-23 m	835	91

Pol3	Card	77.9	12-23 m	835	91
Pol3	Card or History	80.7	12-23 m	835	91
Pol3	History	2.8	12-23 m	835	91

Further information and estimates prior to 2002 are available at:

<http://www.data.unicef.org/child-health/immunization>

http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html

Gambia

WHO/UNICEF Estimates of Protection at Birth (PAB) against tetanus

In countries where tetanus is recommended for girls and women coverage is usually reported as "TT2+", i.e. the proportion of (pregnant) women who have received their second or superior TT dose in a given year. TT2 + coverage, however, can under-represent the actual proportion of births that are protected against tetanus as it does not include women who have previously received protective doses, women who received one dose without documentation of previous doses, and women who received doses in TT (or Td) supplemental immunization activities (SIA). In addition, girls who have received DTP in their childhood and are entering childbearing age, may be protected with TT booster doses.

WHO and UNICEF have developed a model that takes into account the above scenarios, and calculates the proportion of births in a given year that can be considered as having been protected against tetanus - "Protection at Birth".

In this model, annual cohorts of women are followed from infancy through their life. A proportion receive DTP in infancy (estimated based on the WHO-UNICEF estimates of DTP3 coverage). In addition some of these women also receive TT through routine services when they are pregnant and may also receive TT during SIAs. The model also adjusts reported data, taking into account coverage patterns in other years, and/or results available through surveys. The duration of protection is then calculated, based on WHO estimates of the duration of protection by doses ever received. The proportion of births that are protected against tetanus as a result of maternal immunization reflects the tetanus immunization received by the mother throughout her life rather than simply the TT immunizations received during the current pregnancy.

Year	PAB coverage estimate (%)
2002	94
2003	94
2004	94
2005	89
2006	94
2007	90
2008	91
2009	91
2010	91
2011	91
2012	92
2013	82

¹ This model is described in: Griffiths U., Wolfson L., Quddus A., Younus M., Hafiz R.. Incremental cost-effectiveness of supplementary immunization activities to prevent neo-natal tetanus in Pakistan. Bulletin of the World Health Organization 2004; 82:643-651.