

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 the 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 the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

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. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

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 months 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 the period of data collection.

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 among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the 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.

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

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

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

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

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

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

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

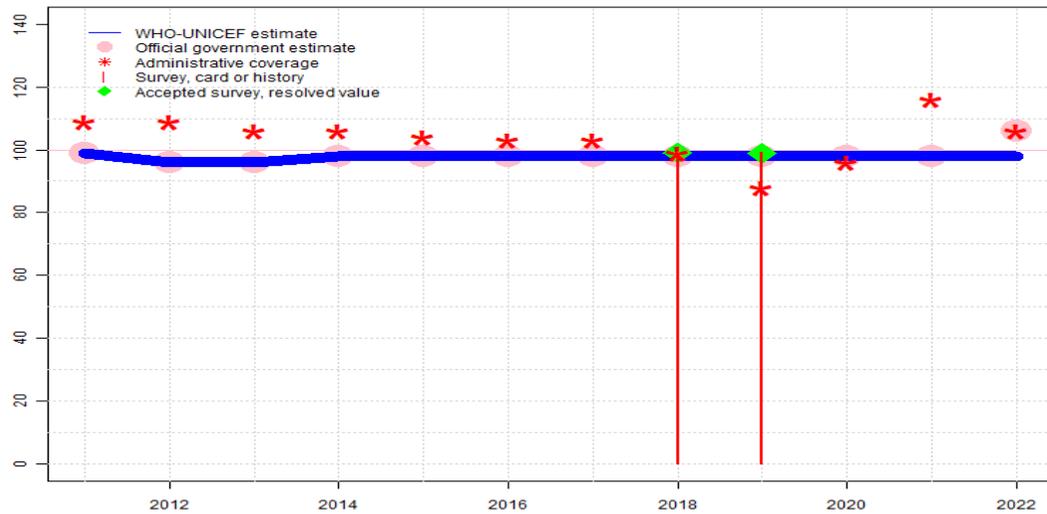
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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

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Burkina Faso - BCG

BFA - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	96	96	98	98	98	98	98	98	98	98	98
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	99	96	96	98	98	98	98	98	98	98	98	106
Administrative	109	109	106	106	104	103	103	99	88	96	116	106
Survey	NA	98.7	99.3	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.

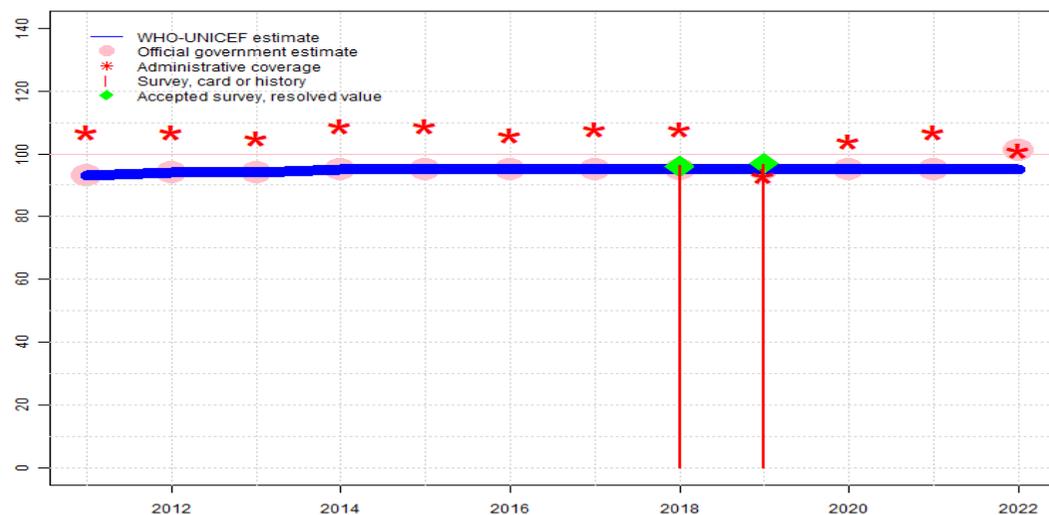
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Reported data excluded because 106 percent greater than 100 percent. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Preliminary results of the 2021 Burkina Faso DHS suggest 97 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a national level vaccine stockout that appears to not impact reported coverage. Estimate challenged by: D-
- 2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a 1-month vaccine stockout. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort). Estimate challenged by: D-
- 2011: Estimate informed by reported data. Estimate challenged by: D-

Burkina Faso - DTP1

BFA - DTP1



Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Reported data excluded because 101 percent greater than 100 percent. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Programme reports less than one month vaccine stockout at national level. Preliminary results of the 2021 Burkina Faso DHS suggest 95 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reported a one month vaccine stockout at the national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort). Estimate challenged by: D-
- 2011: Estimate informed by reported data. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	93	94	94	95	95	95	95	95	95	95	95	95
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	93	94	94	95	95	95	95	95	95	95	95	101
Administrative	107	107	105	109	109	106	108	108	93	104	107	101
Survey	NA	96.3	96.5	NA	NA	NA						

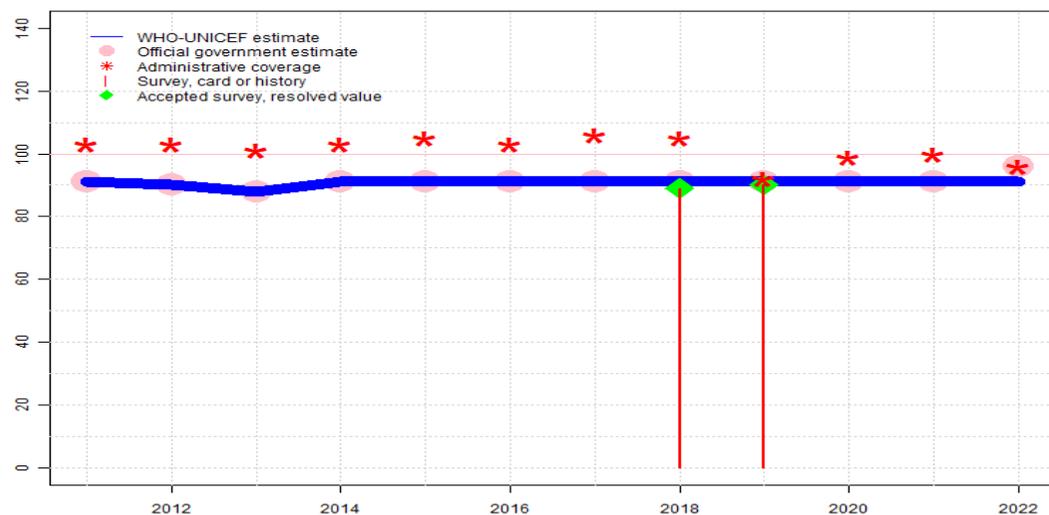
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Burkina Faso - DTP3

BFA - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	91	90	88	91	91	91	91	91	91	91	91	91
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	91	90	88	91	91	91	91	91	91	91	91	96
Administrative	103	103	101	103	105	103	106	105	92	99	100	96
Survey	NA	88.8	90	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.

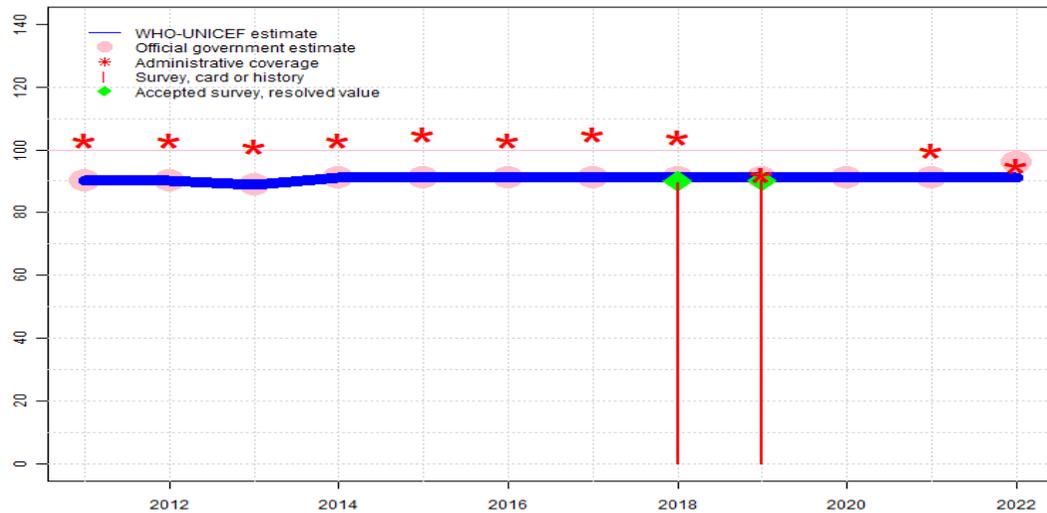
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Programme reports less than one month vaccine stockout at national level. Preliminary results of the 2021 Burkina Faso DHS suggest 88 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso card or history results of 90 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 86 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso card or history results of 89 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 90 percent and 3rd dose card only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a one month vaccine stockout at the national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort). Estimate challenged by: D-
- 2011: Estimate informed by reported data. Estimate challenged by: D-

Burkina Faso - Pol3

BFA - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	90	89	91	91	91	91	91	91	91	91	91
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	90	89	91	91	91	91	91	91	91	91	96
Administrative	103	103	101	103	105	103	105	104	92	NA	100	95
Survey	NA	89.4	90.4	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.

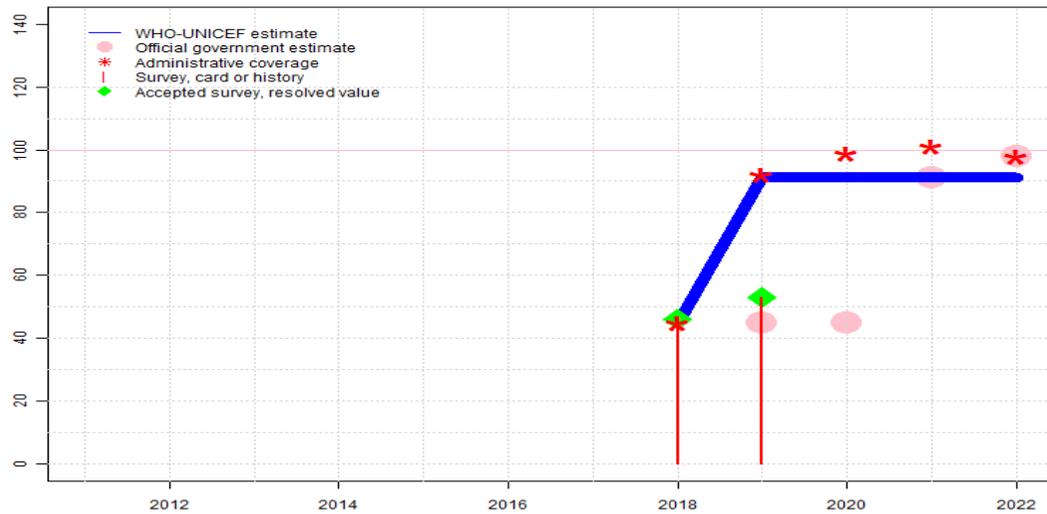
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Preliminary results of the 2021 Burkina Faso DHS suggest 81 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. GoC=Assigned by working group. Consistency with other vaccine doses.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso card or history results of 90 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 86 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Programme reports one month national level vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso card or history results of 89 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 91 percent and 3rd dose card only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Reported official coverage based on 2010 MIC survey results (data for 2009 birth cohort). Estimate challenged by: D-
- 2011: Estimate informed by reported data. Estimate challenged by: D-

Burkina Faso - IPV1

BFA - IPV1



Description:

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

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Preliminary results of the 2021 Burkina Faso DHS suggest 57 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-S-

2020: Estimate is based on estimated DTP3 level. Reported administrative data for IPV1 reflects service delivery patterns similar to DTP3. Programme reports a one month vaccine stockout at the national level. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-R-S-

2019: Estimate is based on estimated DTP3 level. Reported administrative data for IPV1 reflects service delivery patterns similar to DTP3. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Programme reports national level vaccine stockout of less than one month. Estimate challenged by: D-R-S-

2018: Estimate informed by reported administrative data supported by survey. Survey evidence of 46 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Inactivated polio vaccine introduced in July 2018. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	45	91	91	91	91						
Estimate GoC	NA	•••	•	•	•	•						
Official	NA	45	45	91	98							
Administrative	NA	45	92	99	101	98						
Survey	NA	46.4	53.1	NA	NA	NA						

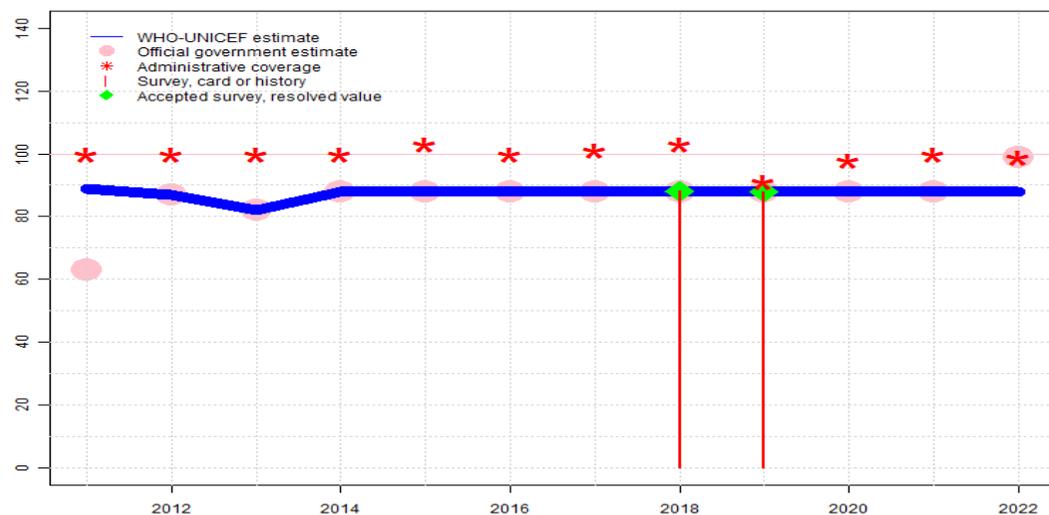
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Burkina Faso - MCV1

BFA - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	89	87	82	88	88	88	88	88	88	88	88	88
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	63	87	82	88	88	88	88	88	88	88	88	99
Administrative	100	100	100	100	103	100	101	103	91	98	100	99
Survey	NA	88.2	87.8	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.

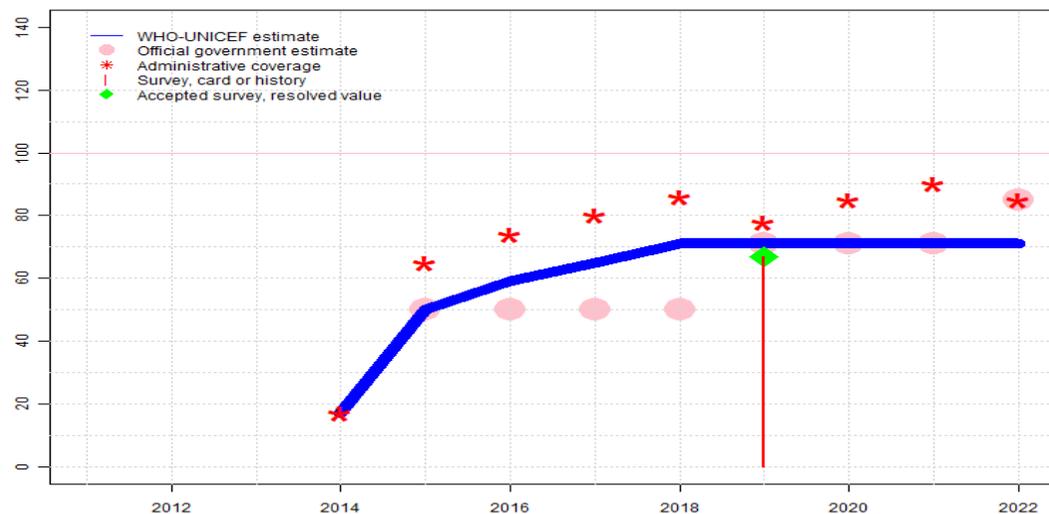
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Reported data excluded due to sudden change in coverage from 88 level to 99 percent. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Preliminary results of the 2021 Burkina Faso DHS suggest 86 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS results (data for 2009 birth cohort).. Estimate challenged by: D-
- 2011: Estimate informed by interpolation between reported data. Reported data excluded. Decline in coverage reported by government unexplained. Estimate challenged by: D-

Burkina Faso - MCV2

BFA - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	17	50	59	65	71	71	71	71	71
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	50	50	50	50	71	71	71	85
Administrative	NA	NA	NA	17	65	74	80	86	78	85	90	85
Survey	NA	67	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.

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Reported data excluded due to sudden change in coverage from 71 level to 85 percent. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Preliminary results of the 2021 Burkina Faso DHS suggest 64 percent coverage for children aged 24-35 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 67 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate of 71 percent assigned by working group. Estimate is based on reported numerator data in 2018 which is similar to reported levels for 2020 and consistent with survey results. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-

2017: Reported data calibrated to 2015 and 2018 levels. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-

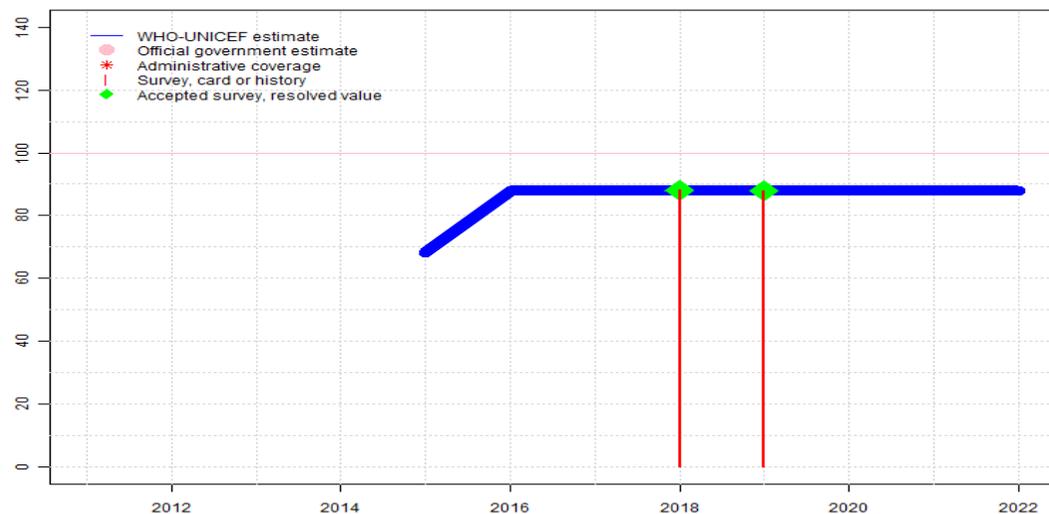
2016: Reported data calibrated to 2015 and 2018 levels. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-

2015: Estimate of 50 percent assigned by working group. Estimate reflects increase in coverage following introduction. Estimate is based on estimated MCV1 coverage adjusted for the difference between reported administrative and official coverage for MCV1. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes.. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-

2014: Estimate based on reported coverage during introduction year. Second dose of MCV introduced during 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Burkina Faso - RCV1

BFA - RCV1



Description:

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

- 2022: Estimate based on estimated MCV1. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate based on estimated MCV1. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Programme reports 102 percent coverage in 67 percent of the national target population. Estimated coverage is based on total annual birth cohort. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Measles-rubella vaccine introduced in April 2015. Estimate challenged by: D-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	68	88	88	88	88	88	88	88
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA											
Administrative	NA											
Survey	NA	88.2	87.8	NA	NA	NA						

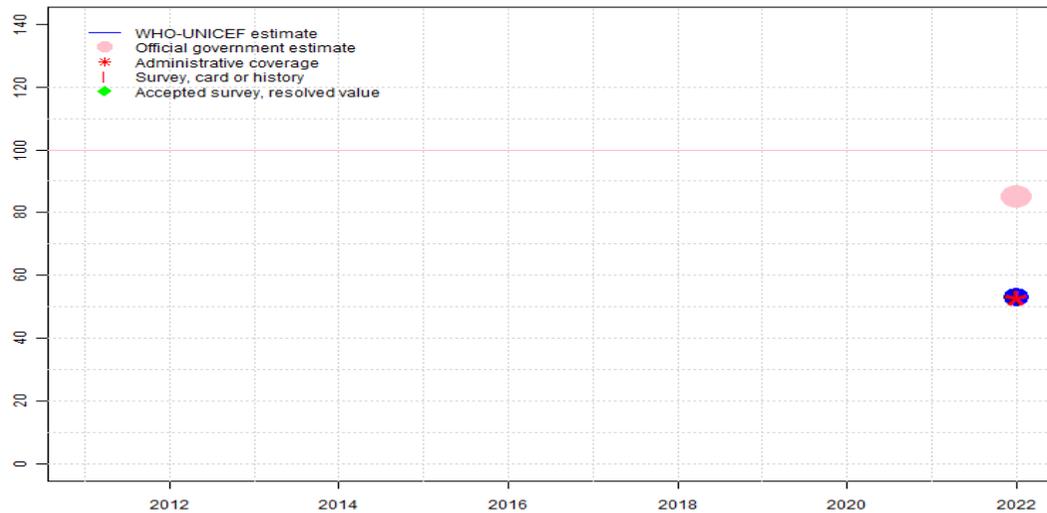
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Burkina Faso - HepBB

BFA - HepBB



Description:

2022: Hepatitis B birth dose introduced in 2022. Estimate is exceptionally based on reported data for this vaccine dose. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	53										
Estimate GoC	NA	●										
Official	NA	85										
Administrative	NA	53										
Survey	NA											

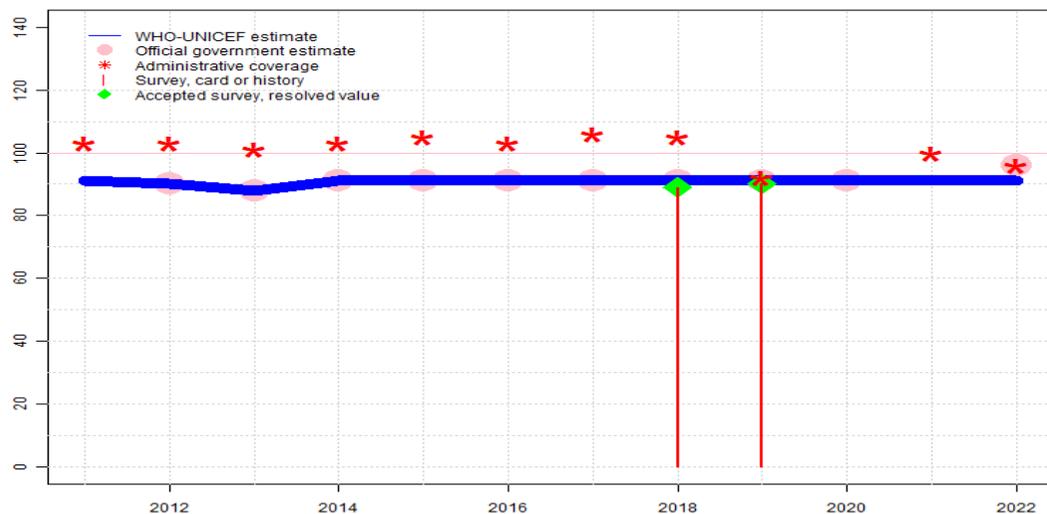
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Burkina Faso - HepB3

BFA - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	91	90	88	91	91	91	91	91	91	91	91	91
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	NA	90	88	91	91	91	91	91	91	91	NA	96
Administrative	103	103	101	103	105	103	106	105	92	NA	100	96
Survey	NA	88.8	90	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:

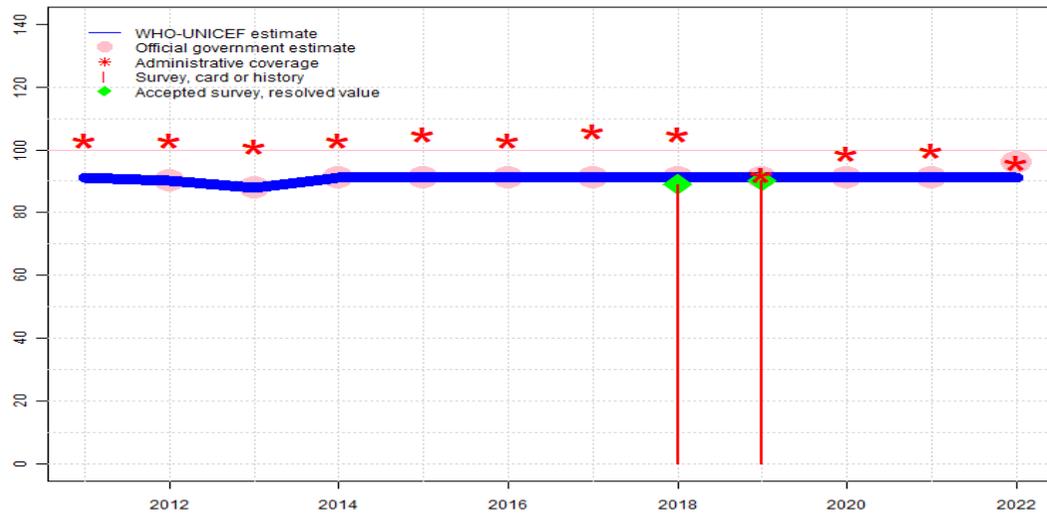
- 2022: Estimated informed by estimated DTP3 coverage. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Programme reports less than one month vaccine stockout at national level. Preliminary results of the 2021 Burkina Faso DHS suggest 88 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-R-
- 2021: Estimated is based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. GoC=Assigned by working group. Consistency with other vaccine doses.
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso card or history results of 90 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 86 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso card or history results of 89 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 90 percent and 3rd dose card only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reported a one month vaccine stockout at the national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-
- 2013: Estimate informed by reported data. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort).. Estimate challenged by: D-
- 2011: Estimates based on DTP3 coverage. Reported data excluded because 103 percent greater

Burkina Faso - HepB3

than 100 percent. Estimate challenged by: D-R-

Burkina Faso - Hib3

BFA - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	91	90	88	91	91	91	91	91	91	91	91	91
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA	90	88	91	91	91	91	91	91	91	91	96
Administrative	103	103	101	103	105	103	106	105	92	99	100	96
Survey	NA	88.8	90	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:

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Programme reports less than one month vaccine stockout at national level. Preliminary results of the 2021 Burkina Faso DHS suggest 88 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso card or history results of 90 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 86 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso card or history results of 89 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 90 percent and 3rd dose card only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a one month vaccine stockout at the national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

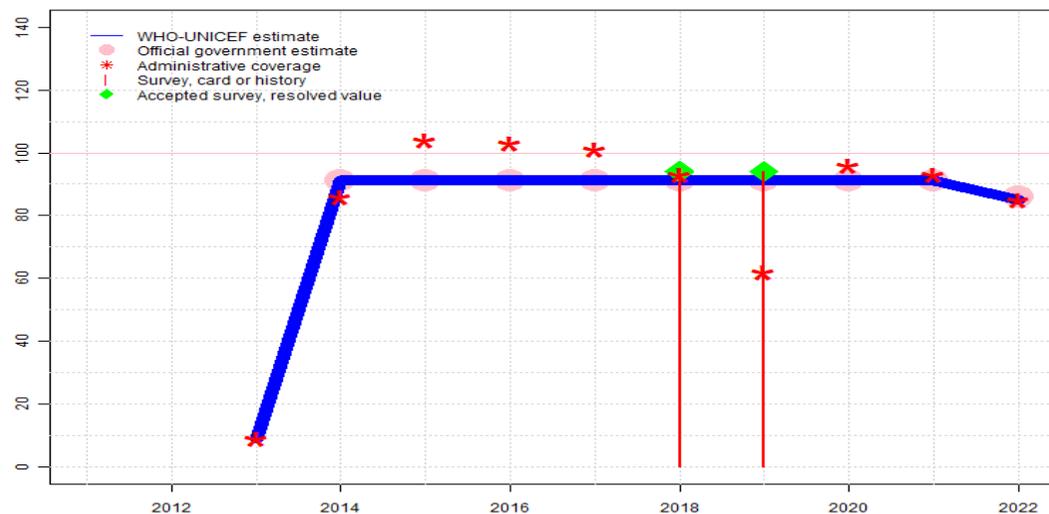
2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort).. Estimate challenged by: D-

2011: Estimates based on DTP3 coverage. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-R-

Burkina Faso - RotaC

BFA - RotaC



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	9	91	91	91	91	91	91	91	91	85
Estimate GoC	NA	NA	•	•	•	•	•	•••	•	•	•	•
Official	NA	NA	NA	91	91	91	91	91	91	91	91	86
Administrative	NA	NA	9	86	104	103	101	93	62	96	93	85
Survey	NA	93.5	94.1	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.

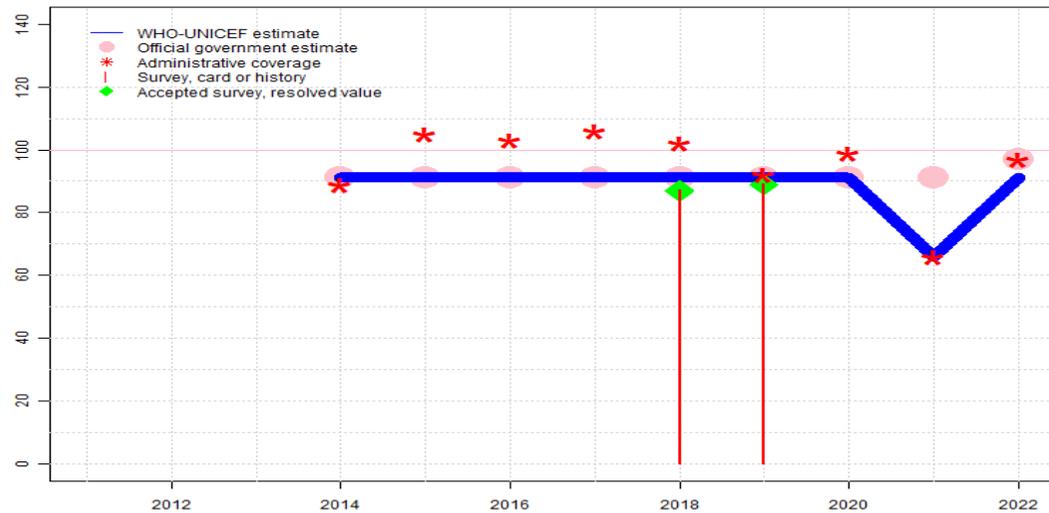
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Programme reports one and one-half months vaccine stockout at national and subnational levels. Estimate informed by reported administrative coverage. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Preliminary results of the 2021 Burkina Faso DHS suggest 77 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: R-
- 2021: Estimate informed by reported data. Programme reports a six month national level vaccine stockout with no apparent impact on reported coverage. Estimate challenged by: D-
- 2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Programme reports one month national level vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a four months vaccine stockout at the national level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports one month stockout. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate informed by reported data. Rotavirus introduced during 2013. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Burkina Faso - PcV3

BFA - PcV3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	91	91	91	91	91	91	91	66	91
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	91	91	91	91	91	91	91	91	97
Administrative	NA	NA	NA	89	105	103	106	102	92	99	66	97
Survey	NA	87.1	89.1	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.

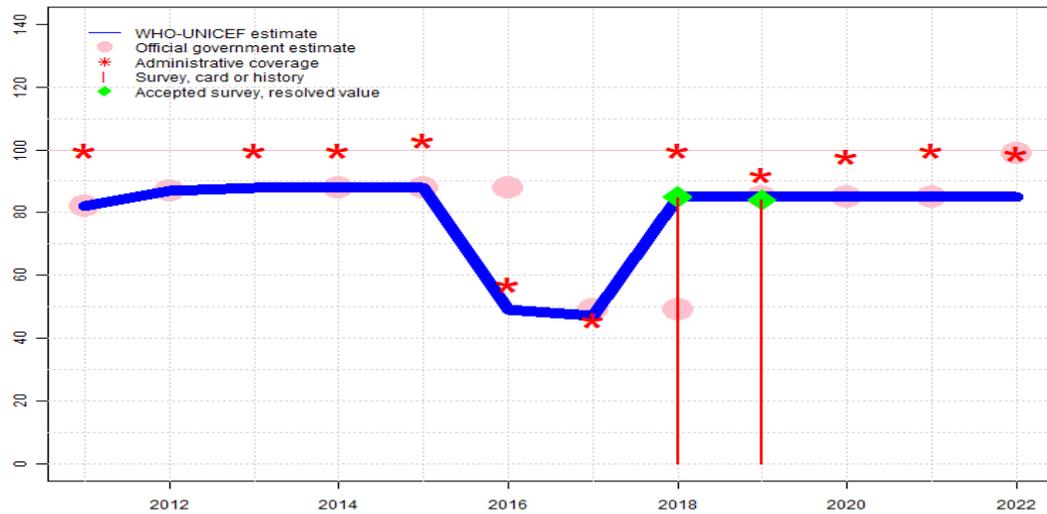
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimate informed by estimated DTP3 coverage following recovery from prior year stock-out. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Preliminary results of the 2021 Burkina Faso DHS suggest 81 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-R-
- 2021: Estimate informed by reported administrative data. Estimate is based on reported administrative coverage reflecting a reported seven months vaccine stockout. Estimate challenged by: S-
- 2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. Pneumococcal conjugate vaccine introduced during 2013 and reporting started during 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Burkina Faso - YFV

BFA - YFV



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	82	87	88	88	88	49	47	85	85	85	85	85
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	82	87	NA	88	88	88	49	49	85	85	85	99
Administrative	100	NA	100	100	103	57	46	100	92	98	100	99
Survey	NA	84.8	83.9	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:

- 2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Reported data excluded due to sudden change in coverage from 85 level to 99 percent. WHO and UNICEF await the final results of the 2021 Burkina Faso Demographic and Health Survey (DHS). Preliminary results of the 2021 Burkina Faso DHS suggest 79 percent coverage for children aged 12-23 months at the time of the survey. Results will be reflected for the actual cohort upon receiving final results. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. WHO and UNICEF are aware of the 2016 Vaccination Coverage Survey and await the final results. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate of 85 percent assigned by working group. Estimate based on the difference between reported administrative coverage for MCV1 and YFV. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a two months vaccine stockout at the national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2018 levels. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports five month vaccine stockout. Estimate challenged by: R-S-
- 2016: Estimate of 49 percent assigned by working group. Estimate based on the relative relationship between estimated coverage and reported number of doses of Yellow Fever Vaccine from previous years. Programme reports a 7-month vaccine stockout at the national level. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-R-S-
- 2015: Estimate based on reported official reflecting 2010 MICS results. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-
- 2013: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 87 percent to 100 percent with decrease 88 percent. Estimate challenged by: D-
- 2012: Estimate informed by reported data. Estimate challenged by: D-
- 2011: Estimate informed by reported data. Estimate challenged by: D-

Burkina Faso - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 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 to 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.

2019 Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquete de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	98.7	12-23 m	2814	93
BCG	Card or History	99.3	12-23 m	2814	93
BCG	History	0.6	12-23 m	2814	93
DTP1	Card	92.4	12-23 m	2814	93
DTP1	Card or History	96.5	12-23 m	2814	93
DTP1	History	4.1	12-23 m	2814	93
DTP3	Card	86.2	12-23 m	2814	93
DTP3	Card or History	90	12-23 m	2814	93
DTP3	History	3.7	12-23 m	2814	93
HepB1	Card	92.4	12-23 m	2814	93
HepB1	Card or History	96.5	12-23 m	2814	93
HepB1	History	4.1	12-23 m	2814	93
HepB3	Card	86.2	12-23 m	2814	93
HepB3	Card or History	90	12-23 m	2814	93
HepB3	History	3.7	12-23 m	2814	93
Hib1	Card	92.4	12-23 m	2814	93
Hib1	Card or History	96.5	12-23 m	2814	93
Hib1	History	4.1	12-23 m	2814	93
Hib3	Card	86.2	12-23 m	2814	93
Hib3	Card or History	90	12-23 m	2814	93
Hib3	History	3.7	12-23 m	2814	93

IPV1	Card	50.2	12-23 m	2814	93
IPV1	Card or History	53.1	12-23 m	2814	93
IPV1	History	2.9	12-23 m	2814	93
MCV1	Card	83.8	12-23 m	2814	93
MCV1	Card or History	87.8	12-23 m	2814	93
MCV1	History	4	12-23 m	2814	93
MCV2	Card	63	24-35 m	2080	93
MCV2	Card or History	67	24-35 m	2080	93
MCV2	History	4	24-35 m	2080	93
PCV3	Card	84.8	12-23 m	2814	93
PCV3	Card or History	89.1	12-23 m	2814	93
PCV3	History	4.3	12-23 m	2814	93
Pol1	Card	92.4	12-23 m	2814	93
Pol1	Card or History	96.9	12-23 m	2814	93
Pol1	History	4.5	12-23 m	2814	93
Pol3	Card	86.2	12-23 m	2814	93
Pol3	Card or History	90.4	12-23 m	2814	93
Pol3	History	4.2	12-23 m	2814	93
RotaC	Card	82.4	12-23 m	2814	93
RotaC	Card or History	94.1	12-23 m	2814	93
RotaC	History	4.2	12-23 m	2814	93
YFV	Card	78.5	12-23 m	2814	93
YFV	Card or History	83.9	12-23 m	2814	93
YFV	History	5.4	12-23 m	2814	93

2018 Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquete de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	96.9	24-35 m	2080	93
BCG	Card or History	98.7	24-35 m	2080	93
BCG	History	1.7	24-35 m	2080	93
DTP1	Card	90.4	24-35 m	2080	93
DTP1	Card or History	96.3	24-35 m	2080	93
DTP1	History	6	24-35 m	2080	93
DTP3	Card	83.6	24-35 m	2080	93
DTP3	Card or History	88.8	24-35 m	2080	93

Burkina Faso - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP3	History	5.2	24-35 m	2080	93	BCG	C or H <12 months	96.2	12-23 m	2822	83
HepB1	Card	90.4	24-35 m	2080	93	BCG	Card	82.6	12-23 m	2344	83
HepB1	Card or History	96.3	24-35 m	2080	93	BCG	Card or History	96.5	12-23 m	2822	83
HepB1	History	6	24-35 m	2080	93	BCG	History	13.8	12-23 m	478	83
HepB3	Card	83.6	24-35 m	2080	93	DTP1	C or H <12 months	94	12-23 m	2822	83
HepB3	Card or History	88.8	24-35 m	2080	93	DTP1	Card	80.9	12-23 m	2344	83
HepB3	History	5.2	24-35 m	2080	93	DTP1	Card or History	94.4	12-23 m	2822	83
Hib1	Card	90.4	24-35 m	2080	93	DTP1	History	13.5	12-23 m	478	83
Hib1	Card or History	96.3	24-35 m	2080	93	DTP3	C or H <12 months	88.2	12-23 m	2822	83
Hib1	History	6	24-35 m	2080	93	DTP3	Card	78.5	12-23 m	2344	83
Hib3	Card	83.6	24-35 m	2080	93	DTP3	Card or History	89.5	12-23 m	2822	83
Hib3	Card or History	88.8	24-35 m	2080	93	DTP3	History	11	12-23 m	478	83
Hib3	History	5.2	24-35 m	2080	93	HepB1	C or H <12 months	94	12-23 m	2822	83
IPV1	Card	42.7	24-35 m	2080	93	HepB1	Card	80.9	12-23 m	2344	83
IPV1	Card or History	46.4	24-35 m	2080	93	HepB1	Card or History	94.4	12-23 m	2822	83
IPV1	History	3.7	24-35 m	2080	93	HepB1	History	13.5	12-23 m	478	83
MCV1	Card	82.2	24-35 m	2080	93	HepB3	C or H <12 months	88.2	12-23 m	2822	83
MCV1	Card or History	88.2	24-35 m	2080	93	HepB3	Card	78.5	12-23 m	2344	83
MCV1	History	6.1	24-35 m	2080	93	HepB3	Card or History	89.5	12-23 m	2822	83
PCV3	Card	81.4	24-35 m	2080	93	HepB3	History	11	12-23 m	478	83
PCV3	Card or History	87.1	24-35 m	2080	93	Hib1	C or H <12 months	94	12-23 m	2822	83
PCV3	History	5.6	24-35 m	2080	93	Hib1	Card	80.9	12-23 m	2344	83
Pol1	Card	90.7	24-35 m	2080	93	Hib1	Card or History	94.4	12-23 m	2822	83
Pol1	Card or History	96.9	24-35 m	2080	93	Hib1	History	13.5	12-23 m	478	83
Pol1	History	6.3	24-35 m	2080	93	Hib3	C or H <12 months	88.2	12-23 m	2822	83
Pol3	Card	84.1	24-35 m	2080	93	Hib3	Card	78.5	12-23 m	2344	83
Pol3	Card or History	89.4	24-35 m	2080	93	Hib3	Card or History	89.5	12-23 m	2822	83
Pol3	History	5.3	24-35 m	2080	93	Hib3	History	11	12-23 m	478	83
RotaC	Card	79.8	24-35 m	2080	93	MCV1	C or H <12 months	81.8	12-23 m	2822	83
RotaC	Card or History	93.5	24-35 m	2080	93	MCV1	Card	75.8	12-23 m	2344	83
RotaC	History	5.6	24-35 m	2080	93	MCV1	Card or History	87.3	12-23 m	2822	83
YFV	Card	78	24-35 m	2080	93	MCV1	History	11.5	12-23 m	478	83
YFV	Card or History	84.8	24-35 m	2080	93	Pol1	C or H <12 months	96.9	12-23 m	2822	83
YFV	History	6.8	24-35 m	2080	93	Pol1	Card	82.4	12-23 m	2344	83
						Pol1	Card or History	97.4	12-23 m	2822	83
						Pol1	History	15	12-23 m	478	83
						Pol3	C or H <12 months	88.8	12-23 m	2822	83
						Pol3	Card	79.7	12-23 m	2344	83
						Pol3	Card or History	90.2	12-23 m	2822	83
						Pol3	History	10.5	12-23 m	478	83

2009 Enquête Démographique et de Santé (EDS-IV) et à Indicateurs Multiples (MICS) EDSBF-MICS IV, 2010

Burkina Faso - survey details

2008 Revue approfondie du PEV 2009 Burkina Faso

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	98.7	12-23 m	-	96
BCG	Card or History	99.1	12-23 m	13320	96
DTP1	Card	93.3	12-23 m	-	96
DTP1	Card or History	98.9	12-23 m	13320	96
DTP3	Card	91	12-23 m	-	96
DTP3	Card or History	96.6	12-23 m	13320	96
HepB1	Card	93.3	12-23 m	-	96
HepB3	Card	91	12-23 m	13320	96
Hib1	Card	93.3	12-23 m	-	96
Hib3	Card	91	12-23 m	-	96
MCV1	Card	87.6	12-23 m	-	96
MCV1	Card or History	93.9	12-23 m	13320	96
Pol1	Card	92.1	12-23 m	-	96
Pol1	Card or History	98.6	12-23 m	13320	96
Pol3	Card	90	12-23 m	-	96
Pol3	Card or History	96.5	12-23 m	13320	96
YFV	Card	87.5	12-23 m	-	96
YFV	Card or History	93.8	12-23 m	13320	96

2005 Burkina Faso, Enquête par grappes à indicateurs multiples 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	91.4	12-23 m	1112	79
BCG	Card	77.3	12-23 m	1112	79
BCG	Card or History	91.9	12-23 m	1112	79
BCG	History	14.6	12-23 m	1112	79
DTP1	C or H <12 months	89.3	12-23 m	1112	79
DTP1	Card	76.9	12-23 m	1112	79
DTP1	Card or History	90.2	12-23 m	1112	79
DTP1	History	13.3	12-23 m	1112	79
DTP3	C or H <12 months	76.5	12-23 m	1112	79
DTP3	Card	69.9	12-23 m	1112	79
DTP3	Card or History	78.5	12-23 m	1112	79

DTP3	History	8.6	12-23 m	1112	79
MCV1	C or H <12 months	70.3	12-23 m	1112	79
MCV1	Card	63.2	12-23 m	1112	79
MCV1	Card or History	75.3	12-23 m	1112	79
MCV1	History	12.1	12-23 m	1112	79
Pol1	C or H <12 months	92.3	12-23 m	1112	79
Pol1	Card	76.6	12-23 m	1112	79
Pol1	Card or History	93.2	12-23 m	1112	79
Pol1	History	16.6	12-23 m	1112	79
Pol3	C or H <12 months	77.4	12-23 m	1112	79
Pol3	Card	69.8	12-23 m	1112	79
Pol3	Card or History	79.4	12-23 m	1112	79
Pol3	History	9.6	12-23 m	1112	79
YFV	C or H <12 months	70.8	12-23 m	1112	79
YFV	Card	64.1	12-23 m	1112	79
YFV	Card or History	76.1	12-23 m	1112	79
YFV	History	11.9	12-23 m	1112	79

2002 Burkina Faso, Revue Approfondie du PEV, 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	90.3	12-23 m	11080	88
DTP1	Card or History	91.4	12-23 m	11080	88
DTP3	Card or History	77	12-23 m	11080	88
MCV1	Card or History	71.6	12-23 m	11080	88
Pol1	Card or History	91.8	12-23 m	11080	88
Pol3	Card or History	75.9	12-23 m	11080	88

2002 Enquête Démographique et de Santé 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	80	12-23 m	1840	67
BCG	Card	63.2	12-23 m	1840	67
BCG	Card or history	80.9	12-23 m	1840	67
BCG	History	17.7	12-23 m	1840	67
DTP1	C or H <12 months	73.4	12-23 m	1840	67
DTP1	Card	61.8	12-23 m	1840	67

Burkina Faso - survey details

DTP1	Card or history	76.1	12-23 m	1840	67	BCG	C or H <12 months	69.9	12-23 m	1041	56
DTP1	History	14.3	12-23 m	1840	67	BCG	Card	52.8	12-23 m	1041	56
DTP3	C or H <12 months	52	12-23 m	1840	67	BCG	Card or History	72.3	12-23 m	1041	56
DTP3	Card	50.3	12-23 m	1840	67	BCG	History	19.5	12-23 m	1041	56
DTP3	Card or history	57	12-23 m	1840	67	DTP1	C or H <12 months	72.5	12-23 m	1041	56
DTP3	History	6.7	12-23 m	1840	67	DTP1	Card	47.6	12-23 m	1041	56
MCV1	C or H <12 months	43.2	12-23 m	1840	67	DTP1	Card or History	78.3	12-23 m	1041	56
MCV1	Card	46.8	12-23 m	1840	67	DTP1	History	30.8	12-23 m	1041	56
MCV1	Card or history	55.8	12-23 m	1840	67	DTP3	C or H <12 months	34.8	12-23 m	1041	56
MCV1	History	9	12-23 m	1840	67	DTP3	Card	32.3	12-23 m	1041	56
Pol1	C or H <12 months	83.5	12-23 m	1840	67	DTP3	Card or History	41	12-23 m	1041	56
Pol1	Card	63.5	12-23 m	1840	67	DTP3	History	8.7	12-23 m	1041	56
Pol1	Card or history	86.5	12-23 m	1840	67	MCV1	C or H <12 months	32.1	12-23 m	1041	56
Pol1	History	23	12-23 m	1840	67	MCV1	Card	36.8	12-23 m	1041	56
Pol3	C or H <12 months	53.4	12-23 m	1840	67	MCV1	Card or History	45.8	12-23 m	1041	56
Pol3	Card	51.6	12-23 m	1840	67	MCV1	History	8.9	12-23 m	1041	56
Pol3	Card or history	58.7	12-23 m	1840	67	Pol1	C or H <12 months	75.5	12-23 m	1041	56
Pol3	History	7.1	12-23 m	1840	67	Pol1	Card	50.6	12-23 m	1041	56
YFV	C or H <12 months	34.6	12-23 m	1840	67	Pol1	Card or History	81.3	12-23 m	1041	56
YFV	Card	44.9	12-23 m	1840	67	Pol1	History	30.8	12-23 m	1041	56
YFV	Card or history	44.9	12-23 m	1840	67	Pol3	C or H <12 months	36	12-23 m	1041	56
YFV	History	0	12-23 m	1840	67	Pol3	Card	33.8	12-23 m	1041	56
						Pol3	Card or History	42.4	12-23 m	1041	56
						Pol3	History	8.7	12-23 m	1041	56
						YFV	C or H <12 months	24.1	12-23 m	1041	56
						YFV	Card	35.5	12-23 m	1041	56
						YFV	Card or History	35.5	12-23 m	1041	56

1997 Enquête Démographique et de Santé Burkina Faso 1998-1999

Vaccine Confirmation method Coverage Age cohort Sample Cards seen

Burkina Faso - 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>