

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

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

* Burton et al. 2009. Bull World Health Organ. * Burton et al. 2012. PLoS One.
* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES

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

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

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 6-11, 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS AND DEFINITIONS

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

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

POL3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

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

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (POL3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated POL3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated POL3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

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

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

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

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration in the production of the estimate.

HEPB3: 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 if coverage for the booster dose is not reported.

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

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

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NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture.

Les estimations de l'OMS et de l'UNICEF sont spécifiques à chaque pays ; c'est-à-dire que les données de chaque pays sont examinées individuellement, et aucune donnée n'est empruntée à d'autres pays en l'absence de données. Les estimations ne reposent pas sur des ajustements ponctuels des données rapportées ; dans certains cas, des données empiriques proviennent d'une seule source, généralement les données de couverture déclarées au niveau national. Lorsqu'aucune donnée n'est disponible pour une combinaison donnée de pays/vaccin/année, les données des années précédentes et suivantes sont prises en compte et interpolées pour estimer la couverture des années manquantes. Dans les cas où les sources de données sont variées et présentent de grandes variations, une tentative est faite pour identifier l'estimation la plus probable en tenant compte des biais potentiels dans les données disponibles. Pour les méthodes, voir :

* Burton et al. 2009. Bull World Health Organ. * Burton et al. 2012. PLoS One.

* Brown et al. 2013. Open Pub Health Journal. * Danovaro-Holliday et al. 2021. Gates Open Res.

SOURCES DE DONNÉES

Couverture ADMINISTRATIVE: Rapportée par les autorités nationales et basée sur des rapports administratifs agrégés provenant des prestataires de services de santé concernant le nombre de vaccinations administrées sur une période donnée (données du numérateur) et les données déclarées sur la population cible (données du dénominateur). Cette couverture peut être biaisée par des inexactitudes dans les données du numérateur et/ou du dénominateur.

Couverture OFFICIELLE: Estimation de la couverture rapportée par les autorités nationales, reflétant leur évaluation de la couverture la plus probable sur la base d'une combinaison de la couverture administrative, des estimations basées sur des enquêtes ou d'autres sources de données ou ajustements. Les approches pour déterminer la couverture OFFICIELLE peuvent varier d'un pays à l'autre.

Couverture par ENQUÊTE: Basée sur des estimations de couverture issues d'enquêtes menées auprès des ménages chez des enfants âgés de 6-11, 12-23 ou 24-35 mois, suivant une revue des méthodes et des résultats de l'enquête. Les informations reposent sur une combinaison de l'historique vaccinal, basé sur des preuves documentées ou le rappel des soignants. Les résultats des enquêtes sont considérés pour la cohorte de naissance appropriée en fonction de la période de collecte des données.

ABRÉVIATIONS ET DÉFINITIONS

BCG: pourcentage des naissances ayant reçu une dose du vaccin Bacillus Calmette-Guérin.

DTP1 (DTC1) / DTP3 (DTC3): pourcentage des nourrissons survivants ayant reçu respectivement la 1re / 3e dose du vaccin contenant l'anatoxine diphtérique et tétanique avec la coqueluche.

POL3: pourcentage des nourrissons survivants ayant reçu la 3e dose d'un vaccin contre la poliomyélite, qu'il s'agisse d'un vaccin oral ou inactivé.

IPV1 (VPI1): pourcentage des nourrissons survivants ayant reçu au moins une dose de vaccin antipoliomyélitique inactivé (VPI). Dans les pays suivant un calendrier de vaccination recommandant soit (i) une série primaire de trois doses de vaccin antipoliomyélitique oral (VPO) plus au moins une dose de VPI lorsque le VPO est inclus dans la vaccination systématique et/ou dans les campagnes, soit (ii) un calendrier séquentiel incluant le VPI suivi du VPO, les estimations de l'OMS et de l'UNICEF pour le VPI1 reflètent la couverture par au moins une dose systématique de VPI chez les nourrissons de moins d'un an. Pour les pays utilisant exclusivement le vaccin contenant le VPI, c'est-à-dire sans dose recommandée de VPO, les estimations de l'OMS et de l'UNICEF pour le VPI1 correspondent à la couverture de la 1ère dose de VPI.

La production des estimations de couverture pour le VPI, débutée en 2015, n'entraîne aucun changement dans les niveaux de couverture estimés pour la 3e dose de vaccin antipoliomyélitique (POL3). Pour les pays recommandant la vaccination systématique avec une série primaire de trois doses de VPI uniquement, la couverture POL3 estimée par l'OMS et l'UNICEF est équivalente à la couverture estimée avec trois doses de VPI. Pour les pays suivant un calendrier séquentiel, la couverture POL3 estimée repose sur celle de la 3e dose de vaccin antipoliomyélitique, quel que soit le type de vaccin.

IPV2 (VPI2): pourcentage des nourrissons survivants ayant reçu une 2e dose de vaccin antipoliomyélitique inactivé (VPI). Les estimations de couverture pour le VPI2 sont produites pour les pays utilisant le VPO.

MCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rougeole. Dans les pays où le calendrier national recommande la 1re dose de MCV à 12 mois ou plus, en fonction de l'épidémiologie de la maladie dans le pays, les estimations de couverture reflètent le pourcentage d'enfants ayant reçu la 1re dose de MCV conformément à la recommandation.

MCV2: pourcentage des enfants ayant reçu la 2e dose de vaccin contenant la rougeole conformément au calendrier vaccinal du pays.

RCV1: pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rubéole. Les estimations de couverture sont basées sur les estimations de l'OMS et de l'UNICEF pour la dose de vaccin contenant la rougeole qui correspond à la première combinaison vaccin rougeole-rubéole. La couverture déclarée au niveau national pour le RCV n'est pas prise en compte dans l'élaboration de cette estimation.

HEPB (VHB): pourcentage des naissances ayant reçu une dose de vaccin contre l'hépatite B dans les 24 heures suivant l'accouchement. Les estimations de la couverture de la dose à la naissance contre l'hépatite B sont produites uniquement pour les pays ayant une politique universelle de dose à la naissance. Aucune estimation n'est réalisée pour les pays qui recommandent une dose à la naissance uniquement pour les nourrissons nés de mères infectées par le virus de l'hépatite B, ou pour les pays où les informations sont insuffisantes pour déterminer si la vaccination a eu lieu dans les 24 heures suivant la naissance.

HEPB3 (VHB3): pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant l'hépatite B après la dose à la naissance.

HIB3: pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant Haemophilus influenzae de type b.

ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

PCV3 (VPC3): pourcentage des nourrissons survivants ayant reçu la 3e dose du vaccin antipneumococcique conjugué. Dans les pays où le calendrier national recommande deux doses pendant la petite enfance et une dose de rappel à 12 mois ou plus en fonction de l'épidémiologie

de la maladie dans le pays, les estimations de couverture peuvent refléter le pourcentage des nourrissons survivants ayant reçu deux doses de VPC avant leur premier anniversaire si la couverture pour la dose de rappel n'est pas déclarée.

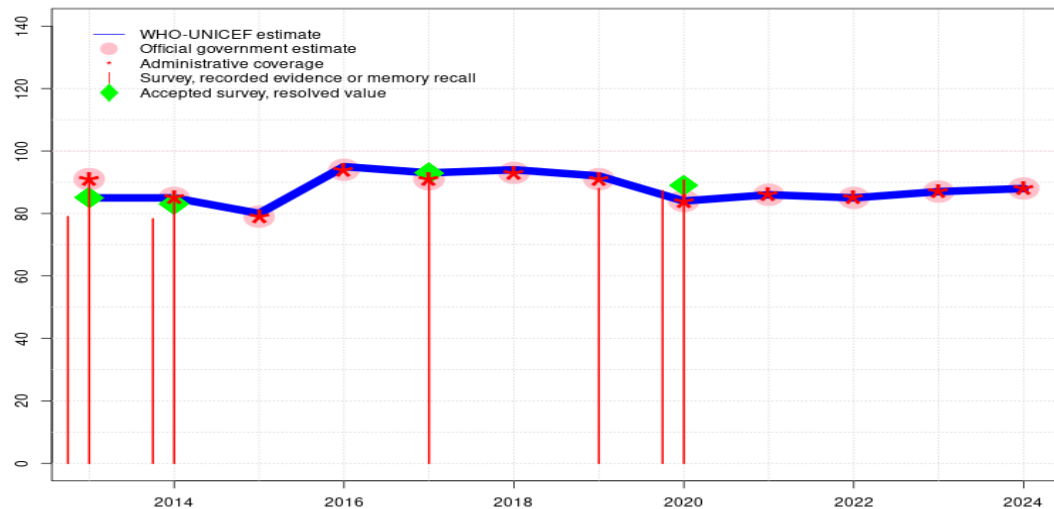
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la cohorte des nourrissons survivants.

MENGA: pourcentage des enfants ayant reçu une dose de vaccin conjugué contre le méningocoque A. Les estimations de couverture MENGA sont produites pour les pays situés dans la ceinture de la méningite en Afrique subsaharienne.

Avertissement: Toutes les précautions raisonnables ont été prises par l'Organisation mondiale de la Santé et le Fonds des Nations Unies pour l'enfance pour vérifier les informations contenues dans cette publication. Toutefois, le matériel publié est distribué sans aucune garantie, explicite ou implicite. La responsabilité de l'interprétation et de l'utilisation du matériel incombe au lecteur. En aucun cas, l'Organisation mondiale de la Santé ou le Fonds des Nations Unies pour l'enfance ne sauraient être tenus responsables des dommages résultant de son utilisation.

Côte d'Ivoire - BCG

CIV - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	85	85	80	95	93	94	92	84	86	85	87	88
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	91	85	79	94	91	93	91	84	86	85	87	88
Administrative	91	85	79	94	91	93	91	84	86	85	87	88
Survey	*	*	-	-	93	-	88	*	-	-	-	-

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: 2024 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.

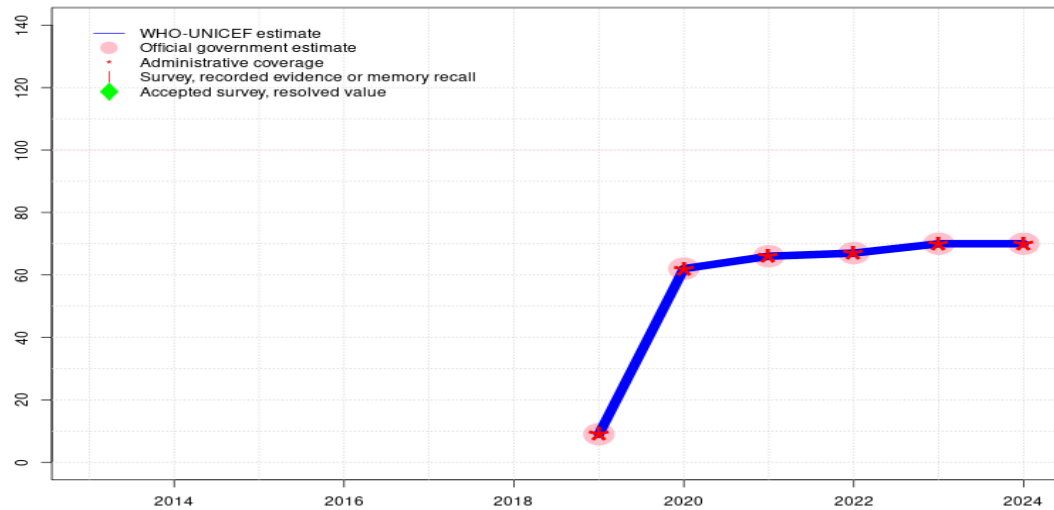
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported data. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 89 percent based on 2 survey(s). Estimate challenged by: D-
- 2019: Reported data calibrated to 2017 and 2020 levels. Cote dIvoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Estimate challenged by: R-
- 2018: Reported data calibrated to 2017 and 2020 levels. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2017: Estimate of 93 percent assigned by working group. Estimate informed by survey results. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Increase may be the result of recovering from previous year BCG stockout. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2014 and 2017 levels. Programme reports three months vaccine stockout at national level. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Estimate informed by reported data supported by survey.Survey evidence of 83 percent based on 2 survey(s). Programme reports four months stockout at national level. Estimate informed by reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate of 85 percent assigned by working group. Estimate informed by survey result. Programme reports two months stockout at national level. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Côte d'Ivoire - HEPBB

CIV - HEPBB



Description:

- 2024: Estimate informed by reported data. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports one month vaccine stockout. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate informed by reported data following recent vaccine introduction. Programme reports a two months vaccine stockout at national level. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Hepatitis B birth dose introduced in 2019. GoC=Assigned by working group. Consistency with other antigens.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	9	62	66	67	70	70
Estimate GoC	-	-	-	-	-	-	●	●	●	●	●	●
Official	-	-	-	-	-	-	9	62	66	67	70	70
Administrative	-	-	-	-	-	-	9	62	66	67	70	70
Survey	-	-	-	-	-	-	-	-	-	-	-	-

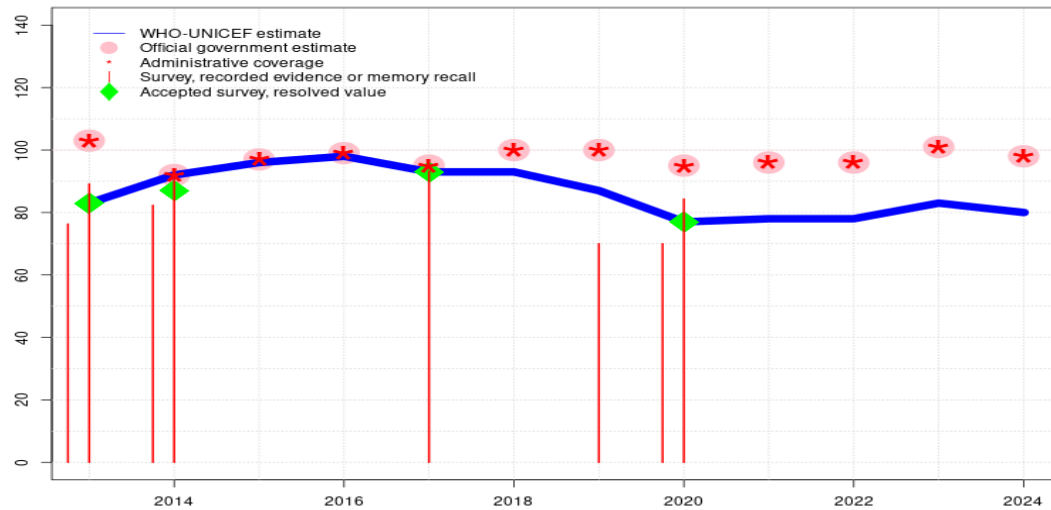
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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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Côte d'Ivoire - DTP1

CIV - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	83	92	96	98	93	93	87	77	78	78	83	80
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	103	92	97	99	95	100	100	95	96	96	101	98
Administrative	103	92	97	99	95	100	100	95	96	96	101	98
Survey	*	*	-	-	93	-	70	*	-	-	-	-

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
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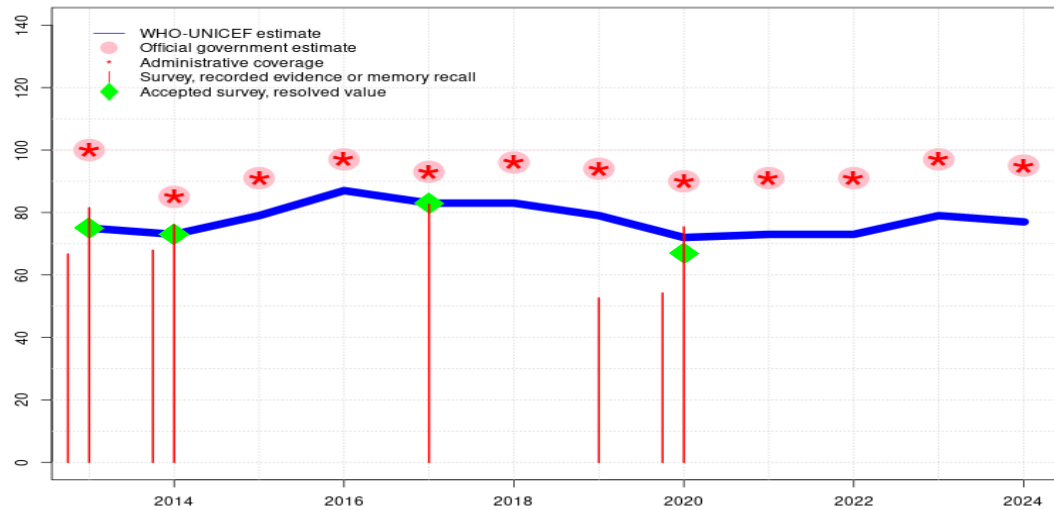
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-
- 2023: Estimated coverage reflects trend in reported coverage. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports four months vaccine stockout. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 77 percent based on 2 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-
- 2017: Estimate of 93 percent assigned by working group. Estimate informed by survey results. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2014 and 2017 levels. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 2 survey(s). Programme reports seven month stockout at national level. Survey results do not reflect a decline in coverage as might be expected. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate of 83 percent assigned by working group. Estimate informed by survey result. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-

Côte d'Ivoire - DTP3

CIV - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	75	73	79	87	83	83	79	72	73	73	79	77
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	100	85	91	97	93	96	94	90	91	91	97	95
Administrative	100	85	91	97	93	96	94	90	91	91	97	95
Survey	*	*	-	-	83	-	53	*	-	-	-	-

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- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 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.
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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.

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2023: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2020 levels. Programme reports four months vaccine stockout. Estimate challenged by: D-R-

2020: Estimate of 72 percent assigned by working group. Estimate informed by difference between reported administrative coverage for DTP1 and DTP3 applied to estimated DTP1 coverage. EPI Coverage Survey does not include DTP1 by card only thereby not allowing recall bias adjustment. Dropout is informed by administrative data, which is lower than that expected within documented evidence in home-based records identified by the survey. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 54 percent modified for recall bias to 59 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 50 percent. Estimate challenged by: D-R-

2019: Reported data calibrated to 2017 and 2020 levels. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 53 percent modified for recall bias to 60 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 44 percent. Estimate challenged by: D-R-S-

2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-

2017: Estimate of 83 percent assigned by working group. Estimate informed by survey results. Estimate challenged by: R-

2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: R-S-

2015: Reported data calibrated to 2014 and 2017 levels. Drop-out observed in the reported data is inconsistent with that observed in the most recent survey, particularly among those with HBRs where coverage levels would be expected to be highest. Estimate challenged by: R-

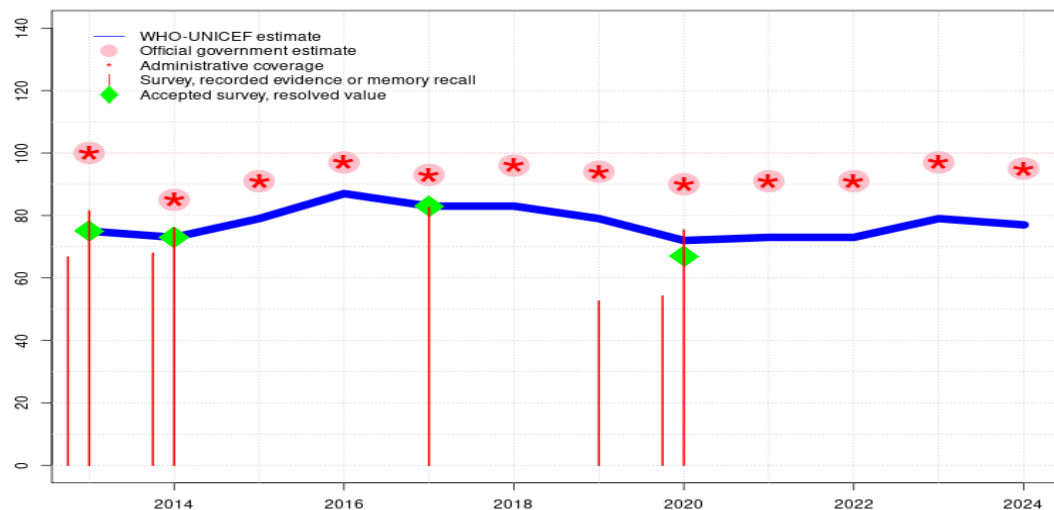
2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 73 percent based on 2 survey(s). Côte d'Ivoire Multiple Indicator Cluster Survey 2016 record or recall results of 68 percent modified for recall bias to 70 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 63 percent. Programme reports seven month stockout at national level. Survey results do not reflect a decline in coverage as might be expected. Government disagrees with WHO and UNICEF estimates. Pro-

gramme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 75 percent based on 2 survey(s). Final Report of Evaluation of a Vaccination Campaign against Measles, Cote d'Ivoire, 2014 record or recall results of 82 percent modified for recall bias to 80 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 68 percent and 3rd dose record only coverage of 61 percent. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 record or recall results of 67 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 57 percent. National programme reports vaccinating 100 percent of children. The programme highlights the conduct of seven weeks of intensification activities that allowed the programme to reach additional children during 2013 compared to previous years. Survey evidence for the 2013 birth cohort challenges the reported coverage level. Estimate challenged by: D-R-

Côte d'Ivoire - HEPB3

CIV - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	75	73	79	87	83	83	79	72	73	73	79	77
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	100	85	91	97	93	96	94	90	91	91	97	95
Administrative	100	85	91	97	93	96	94	90	91	91	97	95
Survey	*	*	-	-	83	-	53	*	-	-	-	-

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: 2024 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.

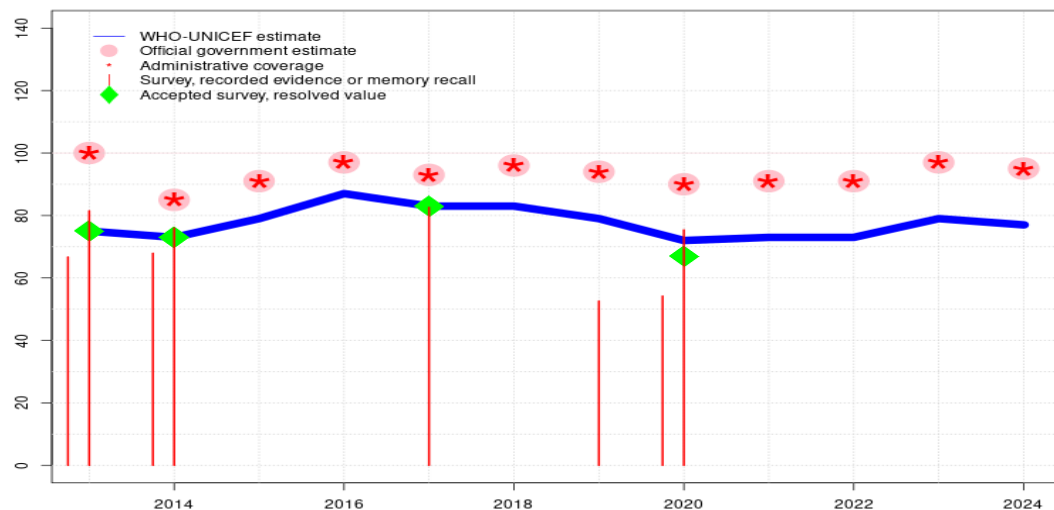
Description:

- 2024: Reported data calibrated to 2020 levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports four months vaccine stockout. Estimate challenged by: D-R-
- 2020: Estimate of 72 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 54 percent modified for recall bias to 59 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 50 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 53 percent modified for recall bias to 60 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 44 percent. Estimate challenged by: D-R-S-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-
- 2017: Estimate of 83 percent assigned by working group. Estimate informed by survey results. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: R-S-
- 2015: Reported data calibrated to 2014 and 2017 levels. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 73 percent based on 2 survey(s). Côte d'Ivoire Multiple Indicator Cluster Survey 2016 record or recall results of 68 percent modified for recall bias to 70 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 63 percent. Programme reports seven month stockout at national level. Government disagrees with WHO and UNICEF estimates. Estimate informed by trend in reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: R-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 75 percent based on 2 survey(s). Final Report of Evaluation of a Vaccination Campaign against Measles, Cote d'Ivoire, 2014 record or recall results of 82 percent modified for recall bias to 80 percent based on 1st dose record or recall coverage of 89

percent, 1st dose record only coverage of 68 percent and 3rd dose record only coverage of 61 percent. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 record or recall results of 67 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 57 percent. National programme reports vaccinating 100 percent of children. The programme highlights the conduct of seven weeks of intensification activities that allowed the programme to reach additional children during 2013 compared to previous years. Survey evidence for the 2013 birth cohort challenges the reported coverage level. Estimate challenged by: D-R-

Côte d'Ivoire - HIB3

CIV - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	75	73	79	87	83	83	79	72	73	73	79	77
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	100	85	91	97	93	96	94	90	91	91	97	95
Administrative	100	85	91	97	93	96	94	90	91	91	97	95
Survey	*	*	-	-	83	-	53	*	-	-	-	-

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.

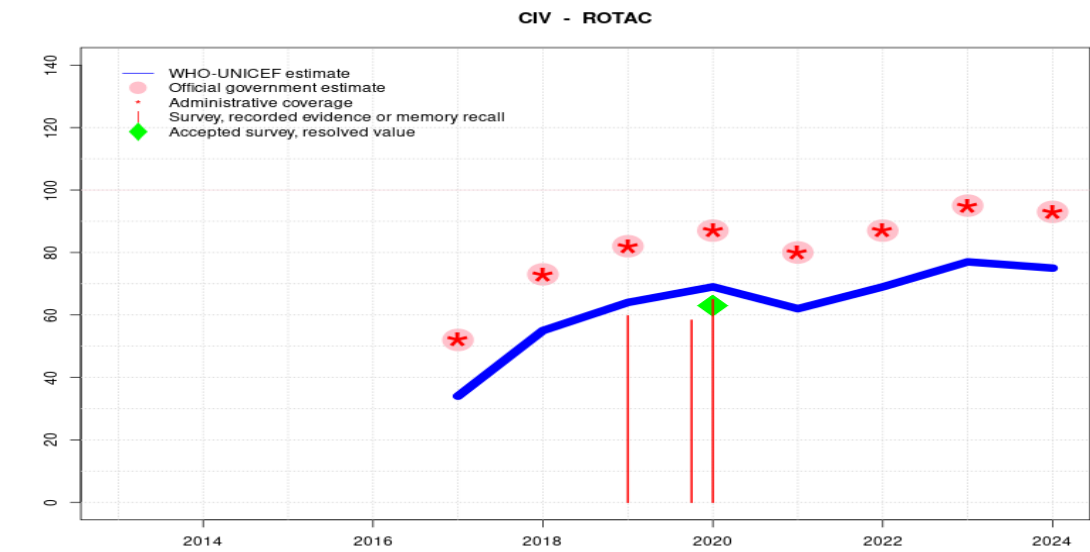
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2024: Reported data calibrated to 2020 levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports four months vaccine stockout. Estimate challenged by: D-R-
- 2020: Estimate of 72 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 54 percent modified for recall bias to 59 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 50 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 53 percent modified for recall bias to 60 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 44 percent. Estimate challenged by: D-R-S-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-
- 2017: Estimate of 83 percent assigned by working group. Estimate informed by survey results. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: R-S-
- 2015: Reported data calibrated to 2014 and 2017 levels. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 73 percent based on 2 survey(s). Côte d'Ivoire Multiple Indicator Cluster Survey 2016 record or recall results of 68 percent modified for recall bias to 70 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 74 percent and 3rd dose record only coverage of 63 percent. Programme reports seven month stockout at national level. Government disagrees with WHO and UNICEF estimates. Estimate informed by trend in reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: R-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 75 percent based on 2 survey(s). Final Report of Evaluation of a Vaccination Campaign against Measles, Cote d'Ivoire, 2014 record or recall results of 82 percent modified for recall bias to 80 percent based on 1st dose record or recall coverage of 89

percent, 1st dose record only coverage of 68 percent and 3rd dose record only coverage of 61 percent. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 record or recall results of 67 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 57 percent. National programme reports vaccinating 100 percent of children. The programme highlights the conduct of seven weeks of intensification activities that allowed the programme to reach additional children during 2013 compared to previous years. Survey evidence for the 2013 birth cohort challenges the reported coverage level. Estimate challenged by: D-R-



Description:

- 2024: Reported data calibrated to 2020 levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports a seven month vaccine stock-out. Estimate challenged by: D-R-
- 2020: Estimate of 69 percent assigned by working group. Estimate informed by absolute difference between reported administrative coverage for DTP3 and RotaC applied to the estimated DTP3 coverage. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 58 percent modified for recall bias to 61 percent based on 1st dose record or recall coverage of 68 percent, 1st dose record only coverage of 57 percent and 3rd dose record only coverage of 51 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2020 levels. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 60 percent modified for recall bias to 61 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 52 percent and 3rd dose record only coverage of 46 percent. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	34	55	64	69	62	69	77	75
Estimate GoC	-	-	-	-	•	•	•	•	•	•	•	•
Official	-	-	-	-	52	73	82	87	80	87	95	93
Administrative	-	-	-	-	52	73	82	87	80	87	95	93
Survey	-	-	-	-	-	-	60	*	-	-	-	-

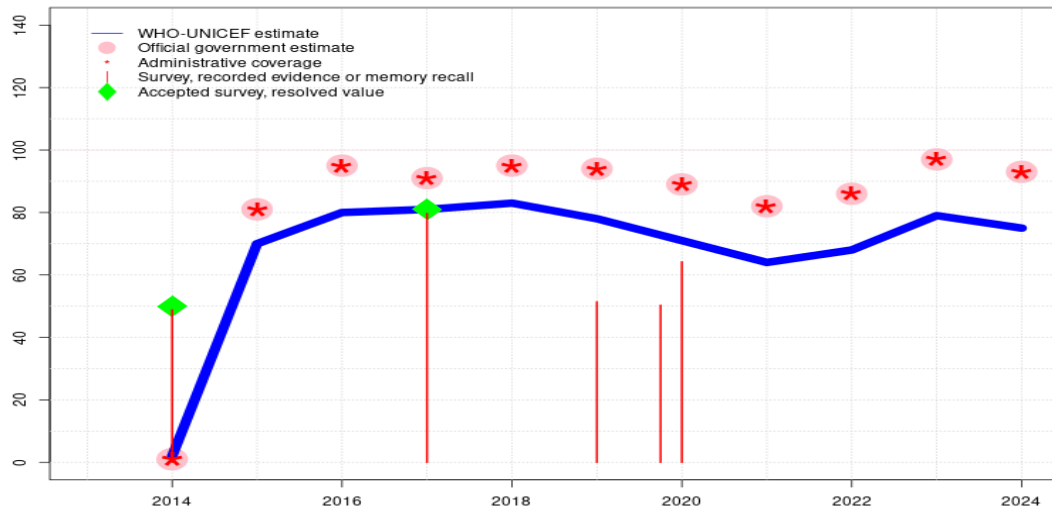
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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.

Côte d'Ivoire - PCV3

CIV - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	2	70	80	81	83	78	71	64	68	79	75
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	1	81	95	91	95	94	89	82	86	97	93
Administrative	-	1	81	95	91	95	94	89	82	86	97	93
Survey	-	49	-	-	80	-	51	*	-	-	-	-

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: 2024 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:

2024: Reported data calibrated to 2020 levels. Programme reported 2 months vaccine stockout at the national and subnational levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-

2023: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2020 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-R-

2021: Reported data calibrated to 2020 levels. Programme reports eight months vaccine stockout. Estimate challenged by: D-R-

2020: Estimate of 71 percent assigned by working group. Estimate informed by absolute difference between reported administrative coverage for DTP3 and PcV3 applied to the estimated DTP3 coverage. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent with those of other antigens recommended for administration at the same age. National vaccination coverage survey, Cote d'Ivoire (2021) results ignored by working group. Survey results inconsistent with those of other antigens recommended for administration at the same age. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 50 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 68 percent, 1st dose record only coverage of 59 percent and 3rd dose record only coverage of 47 percent. Estimate challenged by: D-R-

2019: Reported data calibrated to 2017 and 2020 levels. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 51 percent modified for recall bias to 57 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 53 percent and 3rd dose record only coverage of 44 percent. Estimate challenged by: D-R-

2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-

2017: Estimate of 81 percent assigned by working group. Estimate informed by survey results. Cote D'Ivoire Vaccination Coverage Survey 2018 record or recall results of 80 percent modified for recall bias to 81 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 84 percent and 3rd dose record only coverage of 74 percent. Estimate challenged by: D-R-

2016: Estimate based on reported coverage adjusted for the difference between reported administrative and estimated DTP3. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-S-

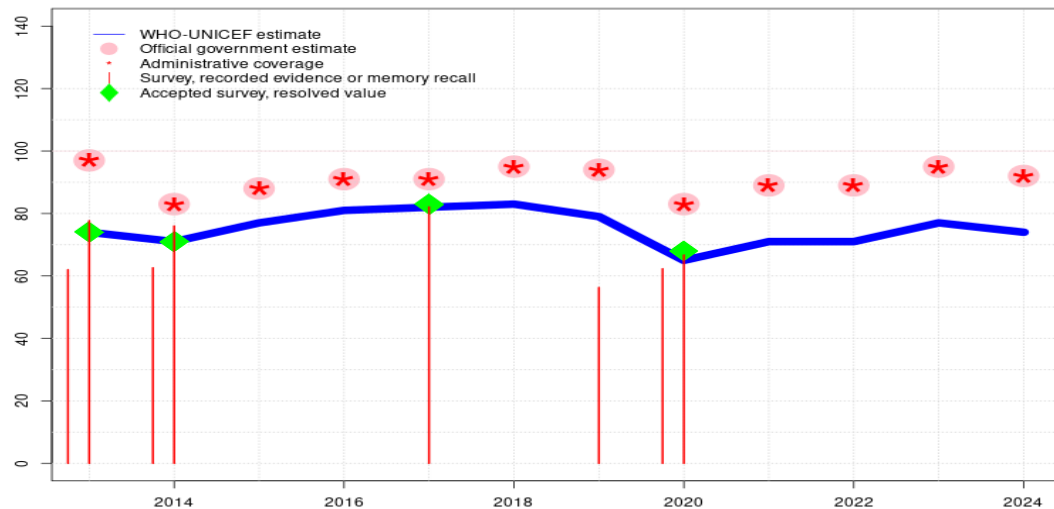
2015: Estimate informed by the reported PCV3 coverage adjusted for the difference between reported administrative and estimated coverage for DTP3. Estimate challenged by: R-S-

2014: Estimate of 2 percent assigned by working group. Pneumococcal conjugate vaccine intro-

duced 30 September 2014. Estimate informed by reported data. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 record or recall results of 49 percent modified for recall bias to 50 percent based on 1st dose record or recall coverage of 63 percent, 1st dose record only coverage of 58 percent and 3rd dose record only coverage of 46 percent. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Côte d'Ivoire - POL3

CIV - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	74	71	77	81	82	83	79	65	71	71	77	74
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	97	83	88	91	91	95	94	83	89	89	95	92
Administrative	97	83	88	91	91	95	94	83	89	89	95	92
Survey	*	*	-	-	82	-	56	*	-	-	-	-

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: 2024 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:

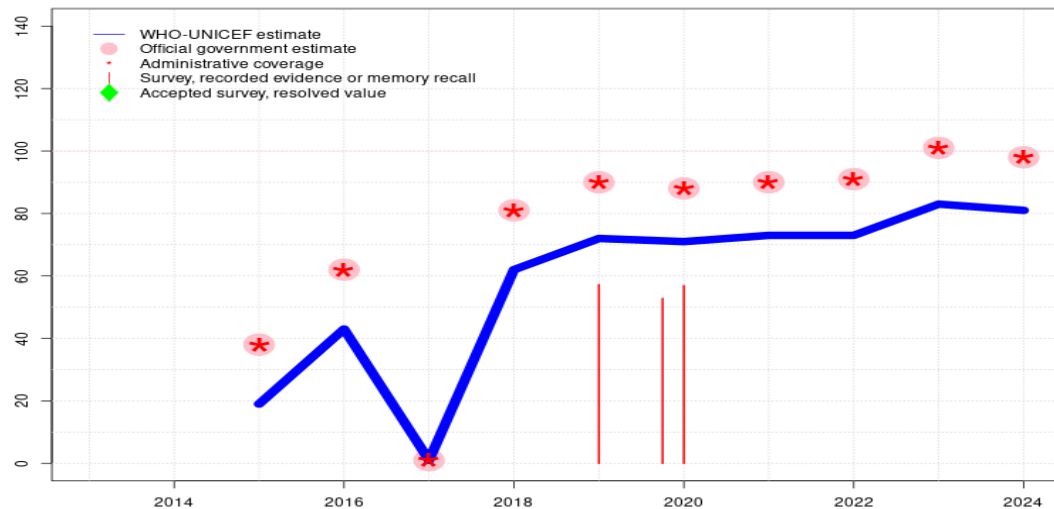
- 2024: Reported data calibrated to 2020 levels. Programme reported 2 months vaccine stockout at the national and subnational levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Programme reports one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports four months OPV vaccine stockout. Estimate challenged by: D-R-
- 2020: Estimate of 65 percent assigned by working group. Estimate informed by difference between reported administrative coverage for DTP3 and Polio3 applied to the estimated DTP3 coverage. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 62 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 81 percent, 1st dose record only coverage of 70 percent and 3rd dose record only coverage of 60 percent. Programme reports five months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Cote d'Ivoire Demographic and Health Survey 2019-2021 record or recall results of 56 percent modified for recall bias to 72 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 63 percent and 3rd dose record only coverage of 55 percent. Estimate challenged by: D-R-S-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-
- 2017: Estimate of 82 percent assigned by working group. Estimate informed by survey results. Cote d'Ivoire Vaccination Coverage Survey 2018 record or recall results of 82 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 84 percent and 3rd dose record only coverage of 75 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2017 levels. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 71 percent based on 2 survey(s). Côte d'Ivoire Multiple Indicator Cluster Survey 2016 record or recall results of 63 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 79 percent, 1st dose record only coverage of 69 percent and 3rd dose record only coverage of 58 percent. Programme reports four months stockout at national level. Government disagrees with WHO and UNICEF estimate. Estimate informed by trend in reported data. Programme reports that the

conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: R-S-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 74 percent based on 2 survey(s). Final Report of Evaluation of a Vaccination Campaign against Measles, Cote d'Ivoire, 2014 record or recall results of 78 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 58 percent and 3rd dose record only coverage of 55 percent. Côte d'Ivoire Multiple Indicator Cluster Survey 2016 record or recall results of 62 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 61 percent and 3rd dose record only coverage of 55 percent. Programme reports two months stockout at national level. Estimate challenged by: R-

Côte d'Ivoire - IPV1

CIV - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	19	43	1	62	72	71	73	73	83	81
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	38	62	1	81	90	88	90	91	101	98
Administrative	-	-	38	62	1	81	90	88	90	91	101	98
Survey	-	-	-	-	-	-	57	*	-	-	-	-

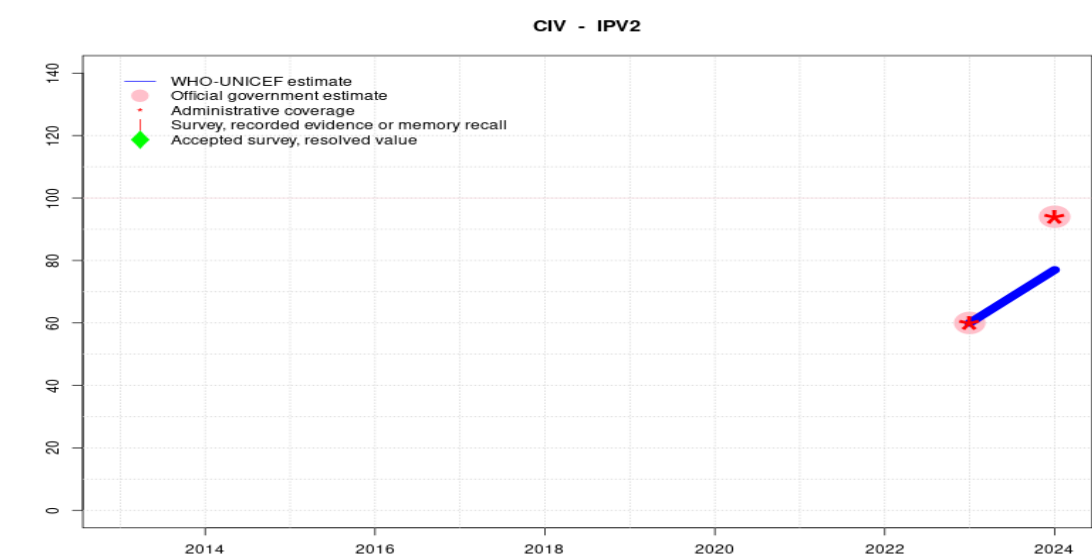
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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:

- 2024: Reported data calibrated to 2020 levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Since 2023, IPV1 is recommended at the same age as DTP1. Estimate challenged by: D-R-
- 2023: Estimated coverage reflects trend in reported coverage. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2022: Estimate is based on the relationship between reported coverage for DTP3 and IPV1, applied to estimated DTP3 coverage. Estimate of 73 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Programme reports a two months vaccine stock-out. Estimate challenged by: D-R-
- 2020: Estimate of 71 percent assigned by working group. Estimate informed by difference between reported administrative coverage for DTP3 and IPV1 applied to the estimated DTP3 coverage. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent with those of other antigens recommended for administration at the same age. National vaccination coverage survey, Cote d'Ivoire (2021) results ignored by working group. Survey results inconsistent with those of other antigens recommended for administration at the same age. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 and 2020 levels. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Estimate challenged by: D-R-
- 2018: Estimate of 62 percent assigned by working group. Estimate informed by reported data adjusted for the difference between reported administrative and estimated DTP3 coverage. Programme reports five month vaccine stockout at national level. Estimate challenged by: D-R-
- 2017: Programme reports twelve months vaccine stockout. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2016: Reported data calibrated to 2018 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Programme reports six months IPV stockout. Data reported exceptionally accepted due to year of introduction complicated by reported vaccine stockouts. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2015: Reported data calibrated to 2018 levels. Inactivated polio vaccine introduced in 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.



Description:

2024: IPV2 is exceptionally based on DTP3 coverage as they are recommended at the same time. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-

2023: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2023. Estimate informed by reported data on an exceptional basis during introduction. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	60	77
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●	●
Official	-	-	-	-	-	-	-	-	-	-	60	94
Administrative	-	-	-	-	-	-	-	-	-	-	60	94
Survey	-	-	-	-	-	-	-	-	-	-	-	-

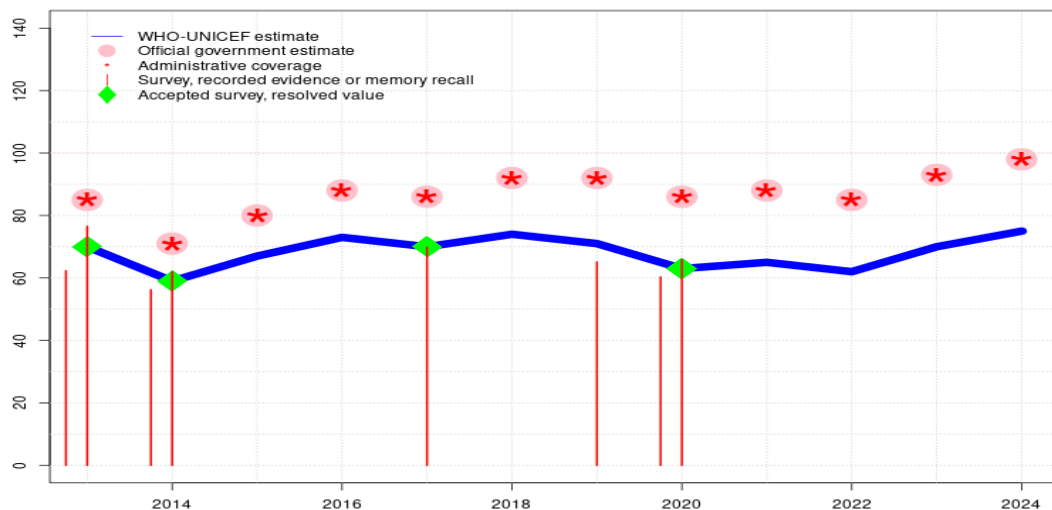
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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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Côte d'Ivoire - MCV1

CIV - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	70	59	67	73	70	74	71	63	65	62	70	75
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	71	80	88	86	92	92	86	88	85	93	98
Administrative	85	71	80	88	86	92	92	86	88	85	93	98
Survey	*	*	-	-	70	-	65	*	-	-	-	-

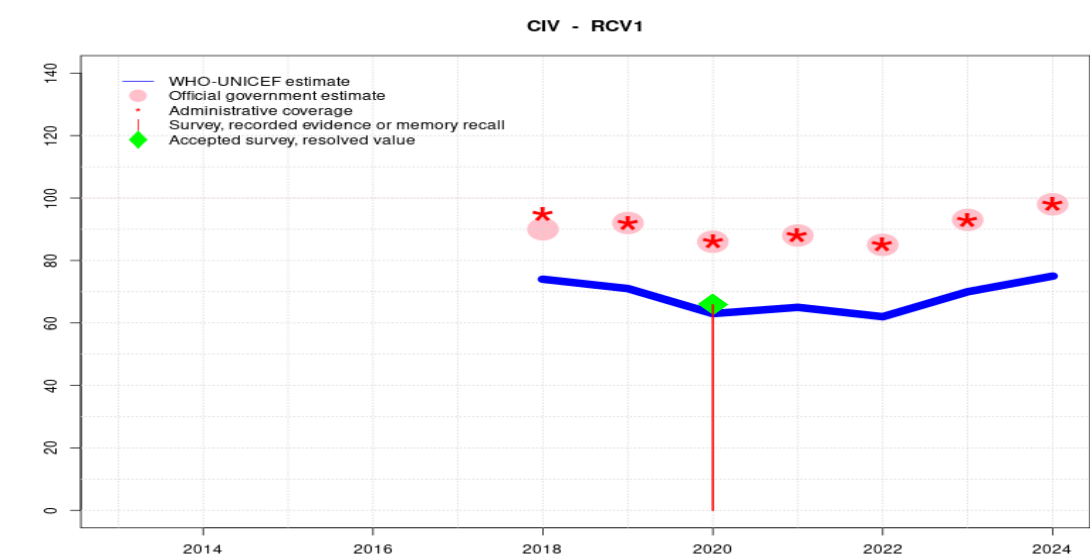
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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:

- 2024: Reported data calibrated to 2020 levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 2 survey(s). Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Cote d'Ivoire Demographic and Health Survey 2019-2021 results ignored by working group. Survey results inconsistent for neighbouring annual birth cohorts. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-S-
- 2017: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 70 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2017 levels. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-S-
- 2015: Reported data calibrated to 2014 and 2017 levels. Estimate challenged by: R-
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 59 percent based on 2 survey(s). Programme reports five month stockout at national level. Government disagrees with WHO and UNICEF estimate. Estimate informed by trend in reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: R-S-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 70 percent based on 2 survey(s). Programme reports three months vaccine stockout at national level. Estimate of 70 percent changed from previous revision value of 69 percent. Estimate challenged by: R-S-



Description:

2024: Estimate based on estimated MCV1. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-

2023: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2022: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2021: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2020: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2019: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2018: Estimate based on estimated MCV1. Rubella containing vaccine introduced in 2018. Estimate challenged by: D-R-S-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	74	71	63	65	62	70	75
Estimate GoC	-	-	-	-	-	●	●	●	●	●	●	●
Official	-	-	-	-	-	90	92	86	88	85	93	98
Administrative	-	-	-	-	-	95	92	86	88	85	93	98
Survey	-	-	-	-	-	-	-	66	-	-	-	-

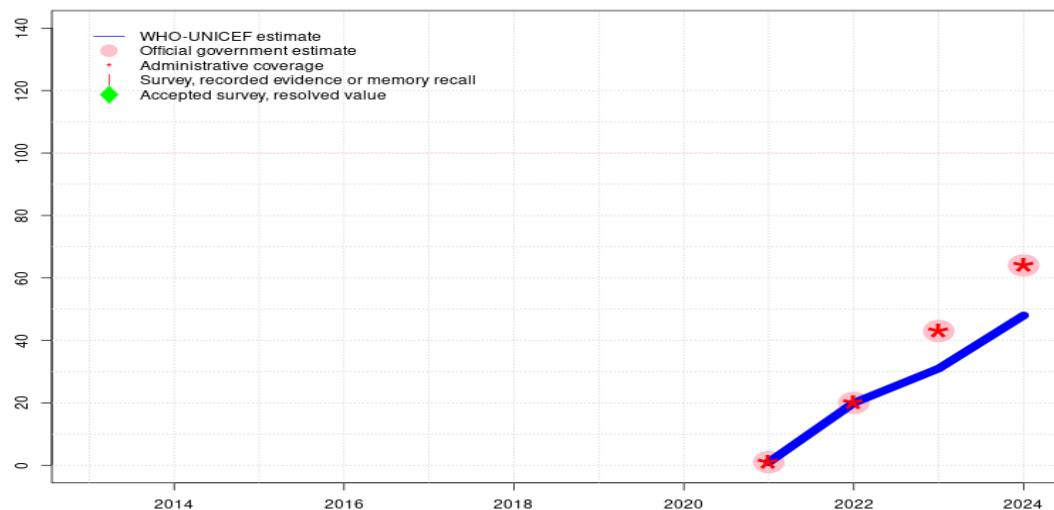
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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.

Côte d'Ivoire - MCV2

CIV - MCV2



Description:

- 2024: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the estimated MCV1 coverage. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported number of doses for MCV1 and MCV2 applied to the estimated MCV1 coverage. Estimate informed by reported data on an exceptional basis following introduction. Estimate of 31 percent changed from previous revision value of 43 percent. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data. Estimate informed by reported data on an exceptional basis following introduction. GoC=R+ D+
- 2021: Estimate informed by reported data. Vaccine dose introduced in 2021. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	1	20	31	48
Estimate GoC	-	-	-	-	-	-	-	-	••	••	•	•
Official	-	-	-	-	-	-	-	-	1	20	43	64
Administrative	-	-	-	-	-	-	-	-	1	20	43	64
Survey	-	-	-	-	-	-	-	-	-	-	-	-

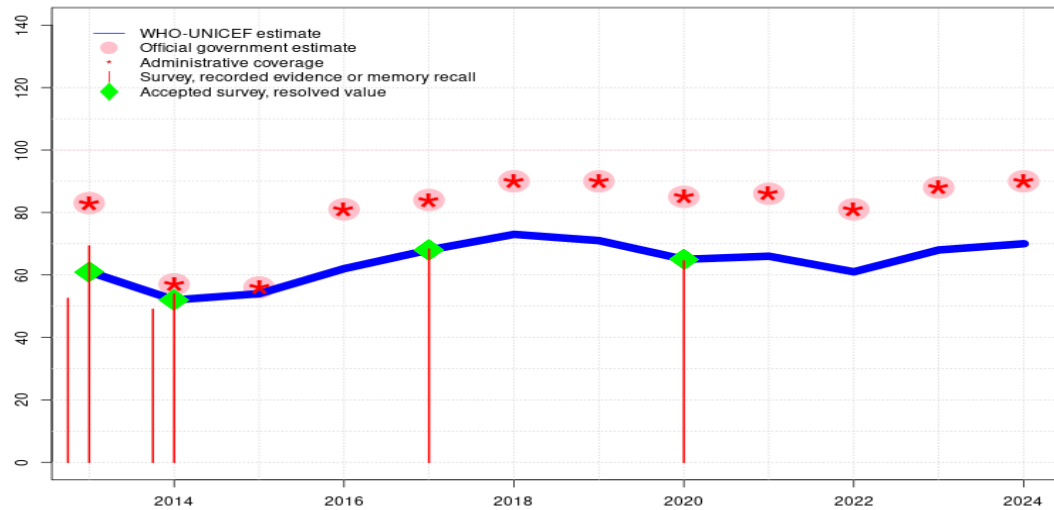
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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.

Côte d'Ivoire - YFV

CIV - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	61	52	54	62	68	73	71	65	66	61	68	70
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	83	57	56	81	84	90	90	85	86	81	88	90
Administrative	83	57	56	81	84	90	90	85	86	81	88	90
Survey	*	*	-	-	68	-	-	65	-	-	-	-

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: 2024 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.

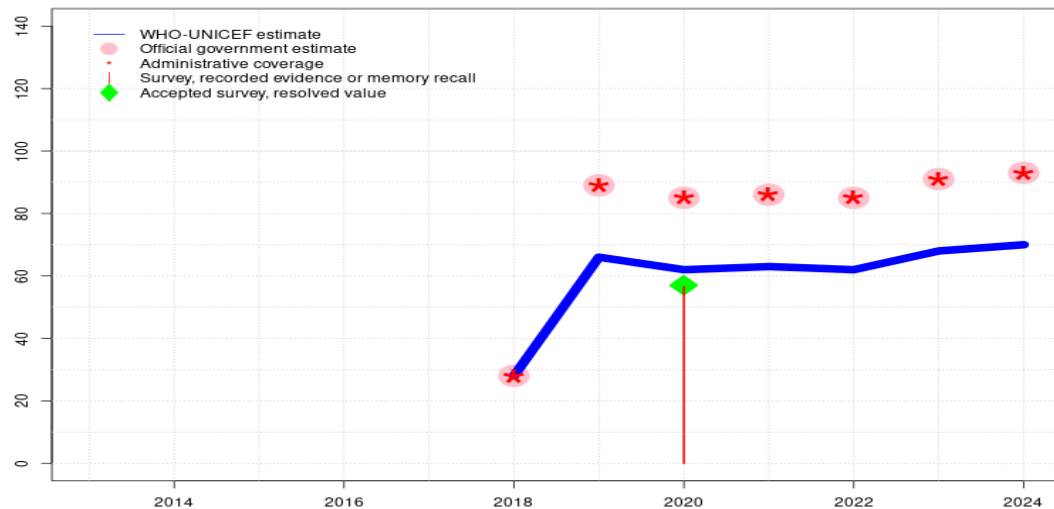
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Reported data calibrated to 2020 levels. Programme reported 2 months vaccine stockout at the national and subnational levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2020 levels. Programme reports three months vaccine stockout at national and subnational levels. Estimate of 68 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2020 levels. Programme reports two months vaccine stockout. Estimate of 61 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2020 levels. Estimate of 66 percent changed from previous revision value of 65 percent. Estimate challenged by: D-R-
- 2020: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 65 percent based on 1 survey(s). Programme reports three months vaccine stockout at national and subnational levels. Estimate of 65 percent changed from previous revision value of 64 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2020 levels. Estimate of 71 percent changed from previous revision value of 70 percent. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2020 levels. Estimate challenged by: D-R-
- 2017: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 68 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2016: Estimate informed by reported data adjusted for the difference between reported and estimated coverage for MCV1. Programme reports a two months vaccine stockout at national level. Programme reports increasing vaccination sessions and other efforts to increase coverage levels and improve data quality. Estimate challenged by: D-R-
- 2015: Estimate of 54 percent assigned by working group. Estimate based on survey level. Programme reports three months vaccine stockout at national level. Estimate challenged by: R-S-
- 2014: Estimate of 52 percent assigned by working group. Estimate based on survey level. Programme reports six months stockout at national level. Estimate informed by trend in reported data. Programme reports that the conduct of supplementary immunization activities for measles and meningitis A as well as enumeration activities during the second half of 2014 was a distraction for routine immunization service delivery. Estimate challenged by: R-S-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 61 percent based on 2 survey(s). Programme reports four months stockout at national level. Estimate challenged by: D-R-S-

Côte d'Ivoire - MENGA

CIV - MENGA



Description:

2024: Reported data calibrated to 2020 levels. Between 2023 and 2024, the estimated number of surviving infants increased by 6.4 percent and for children in the second year of life it increased 8.2 percent. These increases may explain an observed decline in coverage for some antigens when the number of children vaccinated increased. Estimate challenged by: D-R-

2023: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-

2020: Estimate of 62 percent assigned by working group. Estimate informed by difference between reported administrative coverage for MCV1 and Meningitis A applied to the estimated MCV1 coverage. Estimate challenged by: D-R-

2019: Reported data calibrated to 2020 levels. Estimate challenged by: D-R-

2018: Estimate is exceptionally based on reported data during introduction. Meningitis A vaccine introduced in 2018. Estimate challenged by: R-S-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	28	66	62	63	62	68	70
Estimate GoC	-	-	-	-	-	•	•	•	•	•	•	•
Official	-	-	-	-	-	28	89	85	86	85	91	93
Administrative	-	-	-	-	-	28	89	85	86	85	91	93
Survey	-	-	-	-	-	-	-	57	-	-	-	-

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: 2024 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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Côte d'Ivoire - Survey Details

NOTE A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

2020 Enquête Démographique et de Santé, Côte d'Ivoire, 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14.6	12-23 m	405	78
BCG	Record	72.7	12-23 m	1414	78
BCG	Record or Recall	87.3	12-23 m	1819	78
BCG	Record or Recall<12m	86.8	12-23 m	1819	78
DTP1	Recall	11	12-23 m	405	78
DTP1	Record	59	12-23 m	1414	78
DTP1	Record or Recall	70	12-23 m	1819	78
DTP1	Record or Recall<12m	69.5	12-23 m	1819	78
DTP3	Recall	4.3	12-23 m	405	78
DTP3	Record	49.9	12-23 m	1414	78
DTP3	Record or Recall	54.2	12-23 m	1819	78
DTP3	Record or Recall<12m	53.6	12-23 m	1819	78
HEPB1	Recall	11	12-23 m	405	78
HEPB1	Record	59	12-23 m	1414	78
HEPB1	Record or Recall	70	12-23 m	1819	78
HEPB1	Record or Recall<12m	69.5	12-23 m	1819	78
HEPB3	Recall	4.3	12-23 m	405	78
HEPB3	Record	49.9	12-23 m	1414	78
HEPB3	Record or Recall	54.2	12-23 m	1819	78

HEPB3	Record or Recall<12m	53.6	12-23 m	1819	78
HIB1	Recall	11	12-23 m	405	78
HIB1	Record	59	12-23 m	1414	78
HIB1	Record or Recall	70	12-23 m	1819	78
HIB1	Record or Recall<12m	69.5	12-23 m	1819	78
HIB3	Recall	4.3	12-23 m	405	78
HIB3	Record	49.9	12-23 m	1414	78
HIB3	Record or Recall	54.2	12-23 m	1819	78
HIB3	Record or Recall<12m	53.6	12-23 m	1819	78
IPV1	Recall	9.9	12-23 m	405	78
IPV1	Record	47	12-23 m	1414	78
IPV1	Record or Recall	56.9	12-23 m	1819	78
IPV1	Record or Recall<12m	56.2	12-23 m	1819	78
MCV1	Recall	9	12-23 m	405	78
MCV1	Record	51.3	12-23 m	1414	78
MCV1	Record or Recall	60.3	12-23 m	1819	78
MCV1	Record or Recall<12m	55.1	12-23 m	1819	78
PCV1	Recall	9.5	12-23 m	405	78
PCV1	Record	58.8	12-23 m	1414	78
PCV1	Record or Recall	68.2	12-23 m	1819	78
PCV1	Record or Recall<12m	68	12-23 m	1819	78
PCV3	Recall	3.6	12-23 m	405	78
PCV3	Record	46.7	12-23 m	1414	78
PCV3	Record or Recall	50.3	12-23 m	1819	78
PCV3	Record or Recall<12m	49.6	12-23 m	1819	78
POL1	Recall	11.2	12-23 m	405	78
POL1	Record	69.8	12-23 m	1414	78
POL1	Record or Recall	81	12-23 m	1819	78
POL1	Record or Recall<12m	80.8	12-23 m	1819	78
POL3	Recall	2	12-23 m	405	78
POL3	Record	60.3	12-23 m	1414	78
POL3	Record or Recall	62.3	12-23 m	1819	78
POL3	Record or Recall<12m	61.7	12-23 m	1819	78
ROTAC	Recall	7.5	12-23 m	405	78
ROTAC	Record	50.8	12-23 m	1414	78
ROTAC	Record or Recall	58.3	12-23 m	1819	78
ROTAC	Record or Recall<12m	57.5	12-23 m	1819	78

2020 Enquete nationale de couverture vaccinale systematique, Cote d'Ivoire

Côte d'Ivoire - Survey Details

2021						ROTAC	Record or Recall	64.9	12-23 m	1298	86
						YFV	Recall	4.6	12-23 m	1298	86
						YFV	Record	59.9	12-23 m	1298	86
						YFV	Record or Recall	64.5	12-23 m	1298	86
Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen	2019 Enquête Démographique et de Santé, Côte d'Ivoire, 2021					
						Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	10.5	12-23 m	1298	86	BCG	Recall	22.8	24-35 m	536	69
BCG	Record	80.2	12-23 m	1298	86	BCG	Record	65.3	24-35 m	1191	69
BCG	Record or Recall	90.7	12-23 m	1298	86	BCG	Record or Recall	88	24-35 m	1727	69
DTP1	Record or Recall	84.3	12-23 m	1298	86	BCG	Record or Recall<12m	87.3	24-35 m	1727	69
DTP3	Recall	5.2	12-23 m	1298	86	DTP1	Recall	19.3	24-35 m	536	69
DTP3	Record	70.2	12-23 m	1298	86	DTP1	Record	50.7	24-35 m	1191	69
DTP3	Record or Recall	75.4	12-23 m	1298	86	DTP1	Record or Recall	70	24-35 m	1727	69
HEPB1	Record or Recall	84.3	12-23 m	1298	86	DTP1	Record or Recall<12m	69.6	24-35 m	1727	69
HEPB3	Recall	5.2	12-23 m	1298	86	DTP3	Recall	8.7	24-35 m	536	69
HEPB3	Record	70.2	12-23 m	1298	86	DTP3	Record	43.9	24-35 m	1191	69
HEPB3	Record or Recall	75.4	12-23 m	1298	86	DTP3	Record or Recall	52.6	24-35 m	1727	69
HIB1	Record or Recall	84.3	12-23 m	1298	86	DTP3	Record or Recall<12m	51.6	24-35 m	1727	69
HIB3	Recall	5.2	12-23 m	1298	86	HEPB1	Recall	19.3	24-35 m	536	69
HIB3	Record	70.2	12-23 m	1298	86	HEPB1	Record	50.7	24-35 m	1191	69
HIB3	Record or Recall	75.4	12-23 m	1298	86	HEPB1	Record or Recall	70	24-35 m	1727	69
IPV1	Recall	4.8	12-23 m	1298	86	HEPB1	Record or Recall<12m	69.6	24-35 m	1727	69
IPV1	Record	48	12-23 m	1298	86	HEPB3	Recall	8.7	24-35 m	536	69
IPV1	Record or Recall	52.8	12-23 m	1298	86	HEPB3	Record	43.9	24-35 m	1191	69
MCV1	Recall	4.6	12-23 m	1298	86	HEPB3	Record or Recall	52.6	24-35 m	1727	69
MCV1	Record	61.2	12-23 m	1298	86	HEPB3	Record or Recall<12m	51.6	24-35 m	1727	69
MCV1	Record or Recall	65.8	12-23 m	1298	86	HIB1	Recall	19.3	24-35 m	536	69
MENGA	Recall	4.7	12-23 m	1298	86	HIB1	Record	50.7	24-35 m	1191	69
MENGA	Record	51.9	12-23 m	1298	86	HIB1	Record or Recall	70	24-35 m	1727	69
MENGA	Record or Recall	56.6	12-23 m	1298	86	HIB1	Record or Recall<12m	69.6	24-35 m	1727	69
PCV1	Record or Recall	73.9	12-23 m	1298	86	HIB3	Recall	8.7	24-35 m	536	69
PCV3	Recall	5.3	12-23 m	1298	86	HIB3	Record	43.9	24-35 m	1191	69
PCV3	Record	58.9	12-23 m	1298	86	HIB3	Record or Recall	52.6	24-35 m	1727	69
PCV3	Record or Recall	64.2	12-23 m	1298	86	HIB3	Record or Recall<12m	51.6	24-35 m	1727	69
POL1	Record or Recall	78.2	12-23 m	1298	86	IPV1	Recall	17.7	24-35 m	536	69
POL3	Recall	5.2	12-23 m	1298	86	IPV1	Record	39.6	24-35 m	1191	69
POL3	Record	61.5	12-23 m	1298	86	IPV1	Record or Recall	57.2	24-35 m	1727	69
POL3	Record or Recall	66.7	12-23 m	1298	86						
RCV1	Recall	4.6	12-23 m	1298	86						
RCV1	Record	61.2	12-23 m	1298	86						
RCV1	Record or Recall	65.8	12-23 m	1298	86						
ROTAC	Recall	7.3	12-23 m	1298	86						
ROTAC	Record	57.6	12-23 m	1298	86						

Côte d'Ivoire - Survey Details

IPV1	Record or Recall<12m	55.8	24-35 m	1727	69
MCV1	Recall	17	24-35 m	536	69
MCV1	Record	48.1	24-35 m	1191	69
MCV1	Record or Recall	65.1	24-35 m	1727	69
MCV1	Record or Recall<12m	56.1	24-35 m	1727	69
PCV1	Recall	16.5	24-35 m	536	69
PCV1	Record	52.9	24-35 m	1191	69
PCV1	Record or Recall	69.4	24-35 m	1727	69
PCV1	Record or Recall<12m	68.7	24-35 m	1727	69
PCV3	Recall	7.3	24-35 m	536	69
PCV3	Record	44.1	24-35 m	1191	69
PCV3	Record or Recall	51.4	24-35 m	1727	69
PCV3	Record or Recall<12m	50.4	24-35 m	1727	69
POL1	Recall	18.7	24-35 m	536	69
POL1	Record	63.2	24-35 m	1191	69
POL1	Record or Recall	81.9	24-35 m	1727	69
POL1	Record or Recall<12m	81.7	24-35 m	1727	69
POL3	Recall	1.3	24-35 m	536	69
POL3	Record	55	24-35 m	1191	69
POL3	Record or Recall	56.3	24-35 m	1727	69
POL3	Record or Recall<12m	55.5	24-35 m	1727	69
ROTAC	Recall	13.6	24-35 m	536	69
ROTAC	Record	46.1	24-35 m	1191	69
ROTAC	Record or Recall	59.7	24-35 m	1727	69
ROTAC	Record or Recall<12m	58.7	24-35 m	1727	69

2017 Enquete de Couverture Vaccinale Systématique 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	89.1	12-23 m	1312	90
BCG	Record or Recall	92.6	12-23 m	1312	90
DTP1	Record	84.8	12-23 m	1312	90
DTP1	Record or Recall	93.2	12-23 m	1312	90
DTP3	Record	75.8	12-23 m	1312	90
DTP3	Record or Recall	82.6	12-23 m	1312	90
HEPB1	Record	84.8	12-23 m	1312	90
HEPB1	Record or Recall	93.2	12-23 m	1312	90
HEPB3	Record	75.8	12-23 m	1312	90
HEPB3	Record or Recall	82.6	12-23 m	1312	90

HIB1	Record	84.8	12-23 m	1312	90
HIB1	Record or Recall	93.2	12-23 m	1312	90
HIB3	Record	75.8	12-23 m	1312	90
HIB3	Record or Recall	82.6	12-23 m	1312	90
MCV1	Record	64.9	12-23 m	1312	90
MCV1	Record or Recall	69.8	12-23 m	1312	90
PCV1	Record	84	12-23 m	1312	90
PCV1	Record or Recall	91.6	12-23 m	1312	90
PCV3	Record	73.5	12-23 m	1312	90
PCV3	Record or Recall	79.7	12-23 m	1312	90
POL1	Record	84.1	12-23 m	1312	90
POL1	Record or Recall	92.5	12-23 m	1312	90
POL3	Record	74.9	12-23 m	1312	90
POL3	Record or Recall	82.1	12-23 m	1312	90
YFV	Record	63.4	12-23 m	1312	90
YFV	Record or Recall	68.3	12-23 m	1312	90

2014 Côte d'Ivoire Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	10.4	12-23 m	1753	81
BCG	Record	67.9	12-23 m	1753	81
BCG	Record or Recall	78.3	12-23 m	1753	81
BCG	Record or Recall<12m	78.3	12-23 m	1753	81
DTP1	Recall	8.2	12-23 m	1753	81
DTP1	Record	74.1	12-23 m	1753	81
DTP1	Record or Recall	82.3	12-23 m	1753	81
DTP1	Record or Recall<12m	81.6	12-23 m	1753	81
DTP3	Recall	5.4	12-23 m	1753	81
DTP3	Record	62.5	12-23 m	1753	81
DTP3	Record or Recall	67.9	12-23 m	1753	81
DTP3	Record or Recall<12m	65.9	12-23 m	1753	81
HEPB1	Recall	8.2	12-23 m	1753	81
HEPB1	Record	74.1	12-23 m	1753	81
HEPB1	Record or Recall	82.3	12-23 m	1753	81
HEPB1	Record or Recall<12m	81.6	12-23 m	1753	81
HEPB3	Recall	5.4	12-23 m	1753	81
HEPB3	Record	62.5	12-23 m	1753	81
HEPB3	Record or Recall	67.9	12-23 m	1753	81

Côte d'Ivoire - Survey Details

HEPB3	Record or Recall<12m	65.9	12-23 m	1753	81
HIB1	Recall	8.2	12-23 m	1753	81
HIB1	Record	74.1	12-23 m	1753	81
HIB1	Record or Recall	82.3	12-23 m	1753	81
HIB1	Record or Recall<12m	81.6	12-23 m	1753	81
HIB3	Recall	5.4	12-23 m	1753	81
HIB3	Record	62.5	12-23 m	1753	81
HIB3	Record or Recall	67.9	12-23 m	1753	81
HIB3	Record or Recall<12m	65.9	12-23 m	1753	81
MCV1	Recall	5.6	12-23 m	1753	81
MCV1	Record	50.6	12-23 m	1753	81
MCV1	Record or Recall	56.2	12-23 m	1753	81
MCV1	Record or Recall<12m	51.8	12-23 m	1753	81
PCV1	Recall	4.7	12-23 m	1753	81
PCV1	Record	58.4	12-23 m	1753	81
PCV1	Record or Recall	63.1	12-23 m	1753	81
PCV1	Record or Recall<12m	61.6	12-23 m	1753	81
PCV3	Recall	2.9	12-23 m	1753	81
PCV3	Record	45.9	12-23 m	1753	81
PCV3	Record or Recall	48.8	12-23 m	1753	81
PCV3	Record or Recall<12m	46.3	12-23 m	1753	81
POL1	Recall	10.3	12-23 m	1753	81
POL1	Record	68.8	12-23 m	1753	81
POL1	Record or Recall	79.2	12-23 m	1753	81
POL1	Record or Recall<12m	78.9	12-23 m	1753	81
POL3	Recall	4.3	12-23 m	1753	81
POL3	Record	58.3	12-23 m	1753	81
POL3	Record or Recall	62.6	12-23 m	1753	81
POL3	Record or Recall<12m	61.1	12-23 m	1753	81
YFV	Recall	5.4	12-23 m	1753	81
YFV	Record	48.5	12-23 m	1753	81
YFV	Record or Recall	53.9	12-23 m	1753	81
YFV	Record or Recall<12m	47.9	12-23 m	1753	81

2014 Revue Externe du Programme Elargi de Vaccination de Côte d'Ivoire 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	85	12-23 m	6416	91

BCG	Record or Recall	87	12-23 m	6416	91
DTP1	Record	84	12-23 m	6416	91
DTP1	Record or Recall	91	12-23 m	6416	91
DTP3	Record	70	12-23 m	6416	91
DTP3	Record or Recall	76	12-23 m	6416	91
HEPB1	Record	84	12-23 m	6416	91
HEPB1	Record or Recall	91	12-23 m	6416	91
HEPB3	Record	70	12-23 m	6416	91
HEPB3	Record or Recall	76	12-23 m	6416	91
HIB1	Record	84	12-23 m	6416	91
HIB1	Record or Recall	91	12-23 m	6416	91
HIB3	Record	70	12-23 m	6416	91
HIB3	Record or Recall	76	12-23 m	6416	91
MCV1	Record	57	12-23 m	6416	91
MCV1	Record or Recall	62	12-23 m	6416	91
POL3	Record	70	12-23 m	6416	91
POL3	Record or Recall	76	12-23 m	6416	91
YFV	Record	44	12-23 m	6416	91
YFV	Record or Recall	49	12-23 m	6416	91

2013 Côte d'Ivoire Multiple Indicator Cluster Survey 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	17.3	24-35 m	1720	-
BCG	Record	61.7	24-35 m	1720	-
BCG	Record or Recall	79	24-35 m	1720	-
BCG	Record or Recall<12m	78.5	24-35 m	1720	-
DTP1	Recall	13.4	24-35 m	1720	-
DTP1	Record	62.8	24-35 m	1720	-
DTP1	Record or Recall	76.3	24-35 m	1720	-
DTP1	Record or Recall<12m	75.3	24-35 m	1720	-
DTP3	Recall	9.5	24-35 m	1720	-
DTP3	Record	57.2	24-35 m	1720	-
DTP3	Record or Recall	66.7	24-35 m	1720	-
DTP3	Record or Recall<12m	62.7	24-35 m	1720	-
HEPB1	Recall	13.4	24-35 m	1720	-
HEPB1	Record	62.8	24-35 m	1720	-
HEPB1	Record or Recall	76.3	24-35 m	1720	-
HEPB1	Record or Recall<12m	75.3	24-35 m	1720	-

Côte d'Ivoire - Survey Details

HEPB3	Recall	9.5	24-35 m	1720	-
HEPB3	Record	57.2	24-35 m	1720	-
HEPB3	Record or Recall	66.7	24-35 m	1720	-
HEPB3	Record or Recall<12m	62.7	24-35 m	1720	-
HIB1	Recall	13.4	24-35 m	1720	-
HIB1	Record	62.8	24-35 m	1720	-
HIB1	Record or Recall	76.3	24-35 m	1720	-
HIB1	Record or Recall<12m	75.3	24-35 m	1720	-
HIB3	Recall	9.5	24-35 m	1720	-
HIB3	Record	57.2	24-35 m	1720	-
HIB3	Record or Recall	66.7	24-35 m	1720	-
HIB3	Record or Recall<12m	62.7	24-35 m	1720	-
MCV1	Recall	11.2	24-35 m	1720	-
MCV1	Record	51.1	24-35 m	1720	-
MCV1	Record or Recall	62.3	24-35 m	1720	-
MCV1	Record or Recall<12m	51.6	24-35 m	1720	-
PCV1	Recall	7.7	24-35 m	1720	-
PCV1	Record	28.5	24-35 m	1720	-
PCV1	Record or Recall	36.1	24-35 m	1720	-
PCV1	Record or Recall<12m	31.7	24-35 m	1720	-
POL1	Recall	16.7	24-35 m	1720	-
POL1	Record	60.5	24-35 m	1720	-
POL1	Record or Recall	77.2	24-35 m	1720	-
POL1	Record or Recall<12m	76.3	24-35 m	1720	-
POL3	Recall	7.5	24-35 m	1720	-
POL3	Record	54.5	24-35 m	1720	-
POL3	Record or Recall	62	24-35 m	1720	-
POL3	Record or Recall<12m	58.2	24-35 m	1720	-
YFV	Recall	10.8	24-35 m	1720	-
YFV	Record	41.7	24-35 m	1720	-
YFV	Record or Recall	52.5	24-35 m	1720	-
YFV	Record or Recall<12m	37.6	24-35 m	1720	-

2013 Republique de la Côte d'Ivoire Evaluation de la Campagne de Vaccination contre la Rougeole 2014 (Rapport Final)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	61.4	12-23 m	-	75
BCG	Record or Recall	91.2	12-23 m	8787	75

DTP1	Record	67.5	12-23 m	-	75
DTP1	Record or Recall	89.1	12-23 m	8787	75
DTP3	Record	61.1	12-23 m	-	75
DTP3	Record or Recall	81.5	12-23 m	8787	75
HEPB1	Record	67.5	12-23 m	-	75
HEPB1	Record or Recall	89.1	12-23 m	8787	75
HEPB3	Record	61.1	12-23 m	-	75
HEPB3	Record or Recall	81.5	12-23 m	8787	75
HIB1	Record	67.5	12-23 m	-	75
HIB1	Record or Recall	89.1	12-23 m	8787	75
HIB3	Record	61.1	12-23 m	-	75
HIB3	Record or Recall	81.5	12-23 m	8787	75
MCV1	Record	54.6	12-23 m	-	75
MCV1	Record or Recall	76.5	12-23 m	8787	75
POL1	Record	57.6	12-23 m	-	75
POL1	Record or Recall	82.6	12-23 m	8787	75
POL3	Record	54.8	12-23 m	-	75
POL3	Record or Recall	77.7	12-23 m	8787	75
YFV	Record	48.7	12-23 m	-	75
YFV	Record or Recall	69.3	12-23 m	8787	75

2012 Enquête de Couverture Vaccinale 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	87	12-23 m	-	88
BCG	Record or Recall	93	12-23 m	4751	88
DTP1	Record	88	12-23 m	-	88
DTP1	Record or Recall	93	12-23 m	4751	88
DTP3	Record	78	12-23 m	-	88
DTP3	Record or Recall	82	12-23 m	4751	88
HEPB1	Record	88	12-23 m	-	88
HEPB1	Record or Recall	93	12-23 m	4751	88
HEPB3	Record	78	12-23 m	-	88
HEPB3	Record or Recall	82	12-23 m	4751	88
HIB1	Record	88	12-23 m	-	88
HIB1	Record or Recall	93	12-23 m	4751	88
HIB3	Record	78	12-23 m	-	88
HIB3	Record or Recall	82	12-23 m	4751	88
MCV1	Record	71	12-23 m	-	88

Côte d'Ivoire - Survey Details

MCV1	Record or Recall	74	12-23 m	4751	88
POL1	Record	88	12-23 m	-	88
POL1	Record or Recall	94	12-23 m	4751	88
POL3	Record	78	12-23 m	-	88
POL3	Record or Recall	82	12-23 m	4751	88
YFV	Record	69	12-23 m	-	88
YFV	Record or Recall	73	12-23 m	4751	88

2011 Enquête Démographique et de Santé et à Indicateurs Multiples EDSCI-III, Côte d'Ivoire, 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	15.4	12-23 m	371	74
BCG	Record	68	12-23 m	1061	74
BCG	Record or Recall	83.4	12-23 m	1432	74
BCG	Record or Recall<12m	82.9	12-23 m	1432	74
DTP1	Recall	12	12-23 m	371	74
DTP1	Record	65.4	12-23 m	1061	74
DTP1	Record or Recall	77.5	12-23 m	1432	74
DTP1	Record or Recall<12m	76.8	12-23 m	1432	74
DTP3	Recall	7.8	12-23 m	371	74
DTP3	Record	56	12-23 m	1061	74
DTP3	Record or Recall	63.8	12-23 m	1432	74
DTP3	Record or Recall<12m	60	12-23 m	1432	74
MCV1	Recall	11.9	12-23 m	371	74
MCV1	Record	52.6	12-23 m	1061	74
MCV1	Record or Recall	64.5	12-23 m	1432	74
MCV1	Record or Recall<12m	49.2	12-23 m	1432	74
POL1	Recall	20.3	12-23 m	371	74
POL1	Record	71	12-23 m	1061	74
POL1	Record or Recall	91.4	12-23 m	1432	74
POL1	Record or Recall<12m	90.7	12-23 m	1432	74
POL3	Recall	8.8	12-23 m	371	74
POL3	Record	60.4	12-23 m	1061	74
POL3	Record or Recall	69.2	12-23 m	1432	74
POL3	Record or Recall<12m	64.8	12-23 m	1432	74
YFV	Recall	0	12-23 m	371	74
YFV	Record	47.7	12-23 m	1061	74
YFV	Record or Recall	47.7	12-23 m	1432	74

YFV	Record or Recall<12m	33.5	12-23 m	1432	74
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2010 Enquête Démographique et de Santé et à Indicateurs Multiples EDSCI-III, Côte d'Ivoire, 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	84	24-35 m	1350	-
DTP1	Record or Recall<12m	79.4	24-35 m	1350	-
DTP3	Record or Recall<12m	61.5	24-35 m	1350	-
MCV1	Record or Recall<12m	52	24-35 m	1350	-
POL1	Record or Recall<12m	89.6	24-35 m	1350	-
POL3	Record or Recall<12m	63.8	24-35 m	1350	-

2009 Côte d'Ivoire Revue externe 2010 du Programme Elargi de Vaccination

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	87	12-23 m	-	91
BCG	Record or Recall	91	12-23 m	3455	91
BCG	Record<12m	78	12-23 m	-	91
DTP1	Record	78	12-23 m	-	91
DTP1	Record or Recall	92	12-23 m	3455	91
DTP1	Record<12m	72	12-23 m	-	91
DTP3	Record	64	12-23 m	-	91
DTP3	Record or Recall	75	12-23 m	3455	91
DTP3	Record<12m	53	12-23 m	-	91
HEPB1	Record	78	12-23 m	-	91
HEPB1	Record or Recall	92	12-23 m	3455	91
HEPB1	Record<12m	72	12-23 m	-	91
HEPB3	Record	64	12-23 m	-	91
HEPB3	Record or Recall	75	12-23 m	3455	91
HEPB3	Record<12m	53	12-23 m	-	91
MCV1	Record	57	12-23 m	-	91
MCV1	Record or Recall	63	12-23 m	3455	91
MCV1	Record<12m	40	12-23 m	-	91
POL1	Record	81	12-23 m	-	91
POL1	Record or Recall	92	12-23 m	3455	91
POL1	Record<12m	74	12-23 m	-	91
POL3	Record	66	12-23 m	-	91

Côte d'Ivoire - Survey Details

POL3	Record or Recall	75	12-23 m	3455	91
POL3	Record<12m	55	12-23 m	-	91
YFV	Record	36	12-23 m	-	91
YFV	Record or Recall	41	12-23 m	3455	91
YFV	Record<12m	24	12-23 m	-	91

2009 Enquête Démographique et de Santé et à Indicateurs Multiples EDSCI-III, Côte d'Ivoire, 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	79	36-47 m	1289	-
DTP1	Record or Recall<12m	71.8	36-47 m	1289	-
DTP3	Record or Recall<12m	54.2	36-47 m	1289	-
MCV1	Record or Recall<12m	47.8	36-47 m	1289	-
POL1	Record or Recall<12m	83.7	36-47 m	1289	-
POL3	Record or Recall<12m	56.6	36-47 m	1289	-

2008 Enquête Démographique et de Santé et à Indicateurs Multiples EDSCI-III, Côte d'Ivoire, 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	79.4	46-59 m	1250	-
DTP1	Record or Recall<12m	71.8	46-59 m	1250	-
DTP3	Record or Recall<12m	53.8	46-59 m	1250	-
MCV1	Record or Recall<12m	50.1	46-59 m	1250	-
POL1	Record or Recall<12m	84.3	46-59 m	1250	-
POL3	Record or Recall<12m	55	46-59 m	1250	-

2005 Enquête par grappes à indicateurs multiples, Côte d'Ivoire, 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13.2	12-23 m	1751	73
BCG	Record	72.2	12-23 m	1751	73
BCG	Record or Recall	85.4	12-23 m	1751	73
BCG	Record or Recall<12m	85.1	12-23 m	1751	73

DTP1	Recall	11.2	12-23 m	1751	73
DTP1	Record	71.6	12-23 m	1751	73
DTP1	Record or Recall	82.8	12-23 m	1751	73
DTP1	Record or Recall<12m	81	12-23 m	1751	73
DTP3	Recall	12.4	12-23 m	1751	73
DTP3	Record	66.5	12-23 m	1751	73
DTP3	Record or Recall	78.9	12-23 m	1751	73
DTP3	Record or Recall<12m	74.1	12-23 m	1751	73
HEPB1	Recall	11.2	12-23 m	1751	73
HEPB1	Record	71.6	12-23 m	1751	73
HEPB1	Record or Recall	82.8	12-23 m	1751	73
HEPB1	Record or Recall<12m	81	12-23 m	1751	73
HEPB3	Recall	12.4	12-23 m	1751	73
HEPB3	Record	66.5	12-23 m	1751	73
HEPB3	Record or Recall	78.9	12-23 m	1751	73
HEPB3	Record or Recall<12m	74.1	12-23 m	1751	73
MCV1	Recall	16.4	12-23 m	1751	73
MCV1	Record	67.7	12-23 m	1751	73
MCV1	Record or Recall	84.1	12-23 m	1751	73
MCV1	Record or Recall<12m	72.3	12-23 m	1751	73
POL1	Recall	22.7	12-23 m	1751	73
POL1	Record	70.8	12-23 m	1751	73
POL1	Record or Recall	93.5	12-23 m	1751	73
POL1	Record or Recall<12m	91.4	12-23 m	1751	73
POL3	Recall	15.2	12-23 m	1751	73
POL3	Record	65.9	12-23 m	1751	73
POL3	Record or Recall	81.2	12-23 m	1751	73
POL3	Record or Recall<12m	76.2	12-23 m	1751	73
YFV	Recall	9.4	12-23 m	1751	73
YFV	Record	73.5	12-23 m	1751	73
YFV	Record or Recall	82.8	12-23 m	1751	73
YFV	Record or Recall<12m	70.8	12-23 m	1751	73

2000 Revue externe du PEV 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	87	12-23 m	-	98
DTP1	Record or Recall	87	12-23 m	-	98
DTP3	Record or Recall	70	12-23 m	-	98

MCV1	Record or Recall	69	12-23 m	-	98
POL3	Record or Recall	70	12-23 m	-	98

YFV	Record	47.1	12-23 m	1588	77
YFV	Record or Recall	48.5	12-23 m	1588	77

1999 Côte d'Ivoire, Enquête à Indicateurs Multiples MICS 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13.1	12-23 m	1588	77
BCG	Record	71.3	12-23 m	1588	77
BCG	Record or Recall	84.4	12-23 m	1588	77
BCG	Record or Recall<12m	83	12-23 m	1588	77
DTP1	Recall	8.6	12-23 m	1588	77
DTP1	Record	70.1	12-23 m	1588	77
DTP1	Record or Recall	78.7	12-23 m	1588	77
DTP1	Record or Recall<12m	74.8	12-23 m	1588	77
DTP3	Recall	5.9	12-23 m	1588	77
DTP3	Record	56	12-23 m	1588	77
DTP3	Record or Recall	61.9	12-23 m	1588	77
DTP3	Record or Recall<12m	56.5	12-23 m	1588	77
MCV1	Recall	9.6	12-23 m	1588	77
MCV1	Record	51.9	12-23 m	1588	77
MCV1	Record or Recall	61.5	12-23 m	1588	77
MCV1	Record or Recall<12m	53.2	12-23 m	1588	77
POL1	Recall	14.3	12-23 m	1588	77
POL1	Record	71.4	12-23 m	1588	77
POL1	Record or Recall	85.7	12-23 m	1588	77
POL1	Record or Recall<12m	82.5	12-23 m	1588	77
POL3	Recall	7	12-23 m	1588	77
POL3	Record	55	12-23 m	1588	77
POL3	Record or Recall	62	12-23 m	1588	77
POL3	Record or Recall<12m	56.5	12-23 m	1588	77
YFV	Recall	1.4	12-23 m	1588	77

1997 Enquête Démographique et de Santé, Côte d'Ivoire 1998-99, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13.8	12-23 m	439	73
BCG	Record	69.9	12-23 m	439	73
BCG	Record or Recall	83.7	12-23 m	439	73
BCG	Record or Recall<12m	82	12-23 m	439	73
DTP1	Recall	14.3	12-23 m	439	73
DTP1	Record	68.6	12-23 m	439	73
DTP1	Record or Recall	82.9	12-23 m	439	73
DTP1	Record or Recall<12m	79.7	12-23 m	439	73
DTP3	Recall	7.2	12-23 m	439	73
DTP3	Record	53.7	12-23 m	439	73
DTP3	Record or Recall	60.9	12-23 m	439	73
DTP3	Record or Recall<12m	54.9	12-23 m	439	73
MCV1	Recall	9	12-23 m	439	73
MCV1	Record	57.2	12-23 m	439	73
MCV1	Record or Recall	66.2	12-23 m	439	73
MCV1	Record or Recall<12m	51.3	12-23 m	439	73
POL1	Recall	16.4	12-23 m	439	73
POL1	Record	69.8	12-23 m	439	73
POL1	Record or Recall	86.3	12-23 m	439	73
POL1	Record or Recall<12m	82.5	12-23 m	439	73
POL3	Recall	7.1	12-23 m	439	73
POL3	Record	53.5	12-23 m	439	73
POL3	Record or Recall	60.6	12-23 m	439	73
POL3	Record or Recall<12m	54.6	12-23 m	439	73

Further information and estimates for previous years are available at:
<https://data.unicef.org/topic/child-health/immunization/>
<https://immunizationdata.who.int/listing.html>