

Guinea-Bissau: WHO and UNICEF estimates of immunization coverage: 2024 revision

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 Guerin vaccine.

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

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

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

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

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

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

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

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. 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.

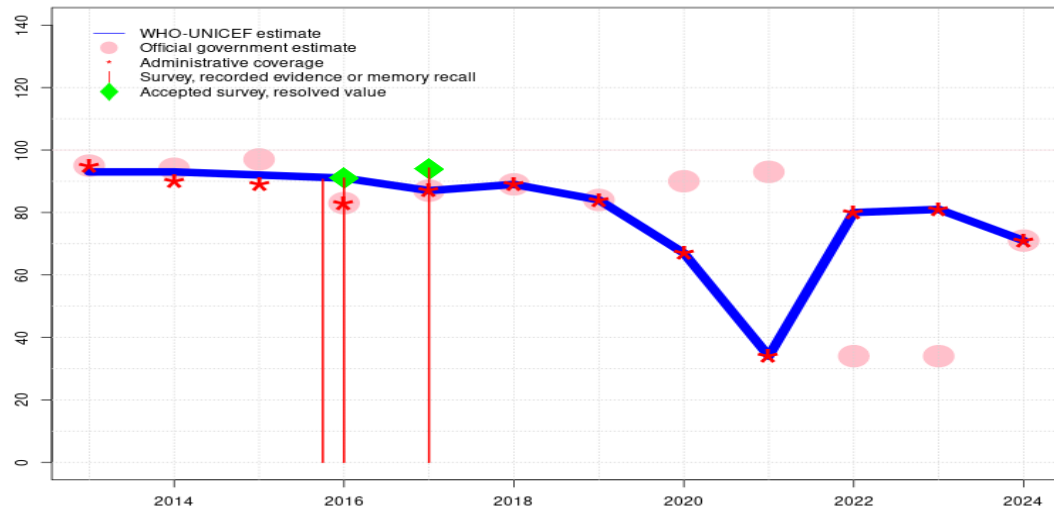
YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

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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Guinea-Bissau - BCG

GNB - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	93	92	91	87	89	84	67	34	80	81	71
Estimate GoC	•	•	•	•	•	•••	•	••	••	•	•	•
Official	95	94	97	83	87	89	84	90	93	34	34	71
Administrative	95	90	89	83	87	89	84	67	34	80	81	71
Survey	-	-	-	*	94	-	-	-	-	-	-	-

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.

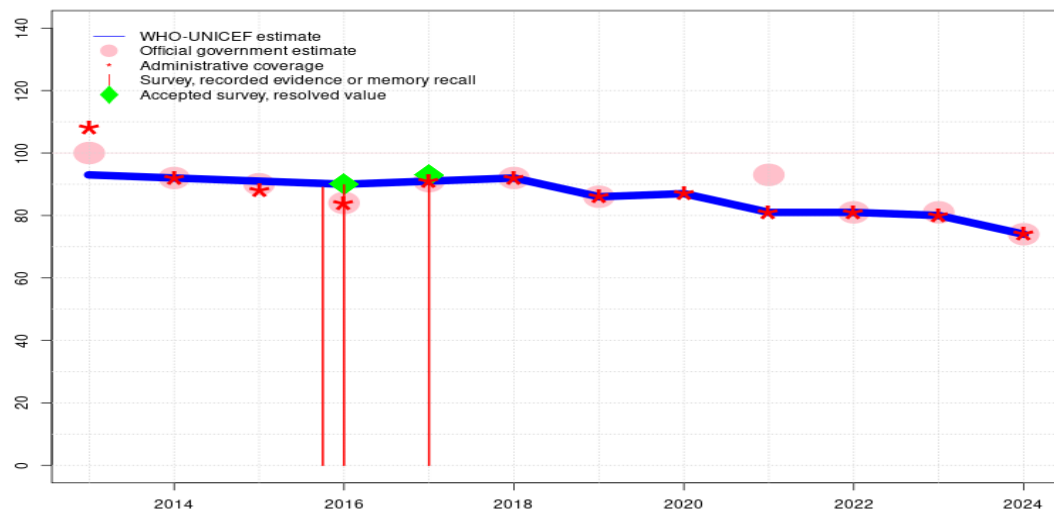
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported administrative data. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. The 2023 survey - Assessment of vaccination coverage of routine EPI antigens, barriers and acceptance of new vaccines [Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas] only included coverage results for the 81 percent of children 12-23 months with cards seen. BCG coverage of 57 percent by age 12 months for children with cards seen. Programme reports three months vaccine stockout. Reported official government estimate is based on prior year WUENIC. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Programme reports a 12-month vaccine stockout at the national and subnational levels. Official coverage estimates are unexplained. The programme indicates that fewer children were vaccinated due to several factors, such as stockouts, strikes of civil servants, Covid-19 vaccination campaign and misinformation. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. WHO and UNICEF encourage activities to improve the recording and reporting practices. Country reports that the COVID-19 affected the implementation of immunization activities and programme performance. Official estimate is unexplained. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports three months vaccine stockout at national and district levels. Estimate challenged by: D-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 94 percent based on 1 survey(s). Estimate challenged by: D-
- 2016: Estimate of 91 percent assigned by working group. Estimate informed by survey result. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. Estimate challenged by: R-
- 2015: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
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Guinea-Bissau - DTP1

GNB - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	93	92	91	90	91	92	86	87	81	81	80	74
Estimate GoC	•	•	•	•	•••	•••	•••	••	••	•	•	•
Official	100	92	90	84	91	92	86	-	93	81	81	74
Administrative	108	92	88	84	91	92	86	87	81	81	80	74
Survey	-	-	-	*	93	-	-	-	-	-	-	-

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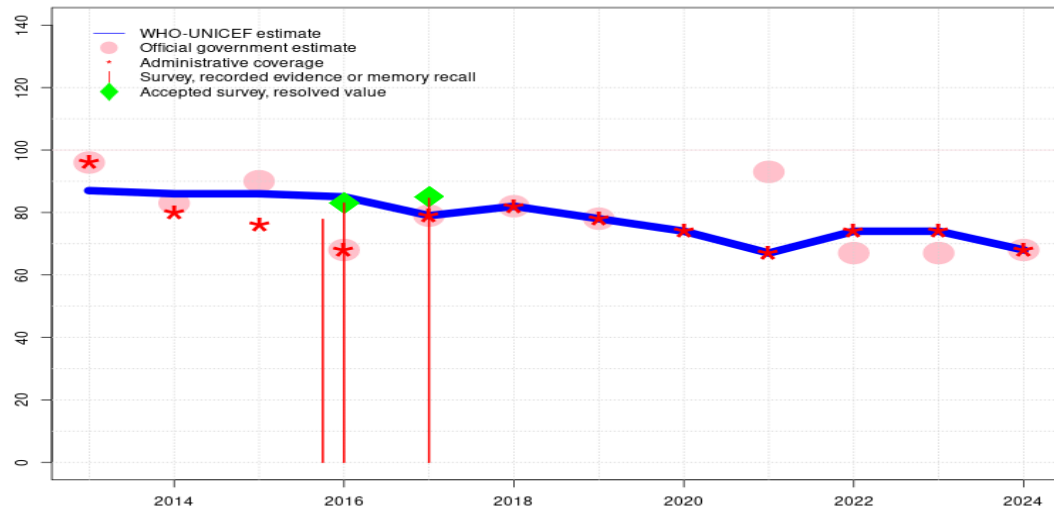
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- 2021: Estimate informed by reported administrative data. Official coverage estimates are unexplained. The programme indicates that fewer children were vaccinated due to several factors, such as stockouts, strikes of civil servants, Covid-19 vaccination campaign and misinformation. GoC=R+ D+
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- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate of 90 percent assigned by working group. Estimate informed by survey result. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. Estimate challenged by: R-
- 2015: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2014: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
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Guinea-Bissau - DTP3

GNB - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	86	86	85	79	82	78	74	67	74	74	68
Estimate GoC	●	●	●	●	●●●	●●●	●●●	●●	●●	●	●	●
Official	96	83	90	68	79	82	78	-	93	67	67	68
Administrative	96	80	76	68	79	82	78	74	67	74	74	68
Survey	-	-	-	*	85	-	-	-	-	-	-	-

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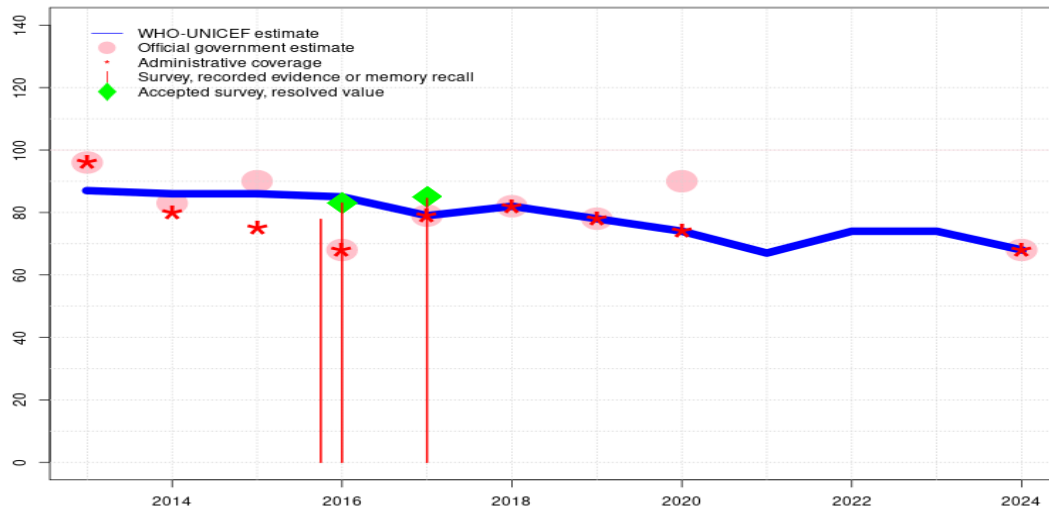
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- 2017: Estimate informed by reported data supported by survey.Survey evidence of 85 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate informed by interpolation between reported data supported by survey.Survey evidence of 83 percent based on 2 survey(s). Guinea-Bissau Vaccine Coverage Survey Report 2017 record or recall results of 83 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 82 percent.Reported data excluded due to decline in reported coverage from 90 percent to 68 percent with increase to 79 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. Estimate challenged by: D-
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- 2014: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
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working group.

Guinea-Bissau - HEPB3

GNB - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	87	86	86	85	79	82	78	74	67	74	74	68
Estimate GoC	•	•	•	•	•••	•••	•••	••	•	•	•	•
Official	96	83	90	68	79	82	78	90	-	-	-	68
Administrative	96	80	75	68	79	82	78	74	-	-	-	68
Survey	-	-	-	*	85	-	-	-	-	-	-	-

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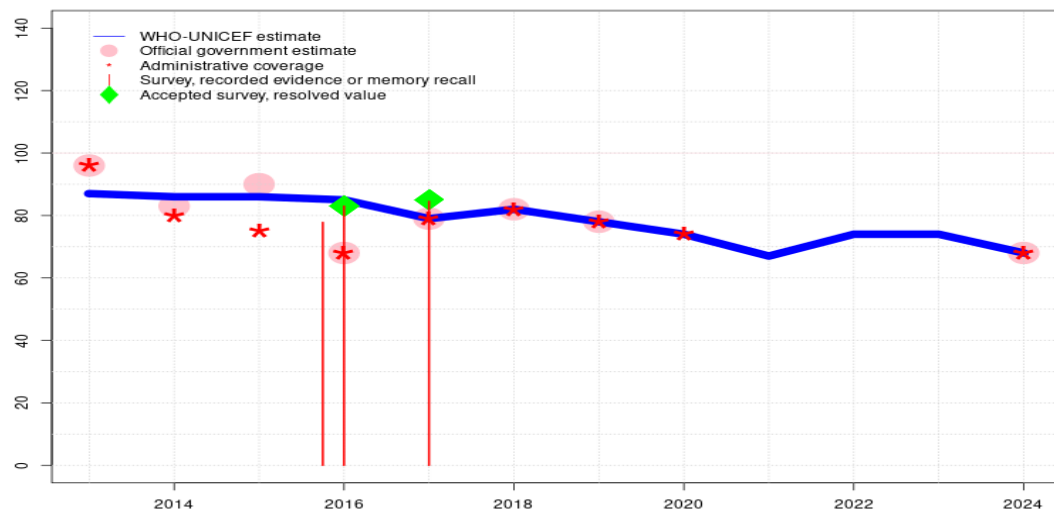
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Description:

- 2024: Estimate based on estimated DTP3. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. Estimate challenged by: D-R-
- 2023: Estimate informed by estimated DTP3 coverage. Reported government official estimate is unexplained. GoC=No accepted empirical data
- 2022: Estimate informed by estimated DTP3 coverage. The 2023 survey - Assessment of vaccination coverage of routine EPI antigens, barriers and acceptance of new vaccines [Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas] only included coverage results for the 81 percent of children 12-23 months with cards seen. Pentavalent 3 coverage of 85 percent by age 12 months for children with cards seen. GoC=No accepted empirical data
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Guinea-Bissau - HIB3

GNB - HIB3



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Estimate	87	86	86	85	79	82	78	74	67	74	74	68
Estimate GoC	•	•	•	•	•••	•••	•••	••	•	•	•	•
Official	96	83	90	68	79	82	78	-	-	-	-	68
Administrative	96	80	75	68	79	82	78	74	-	-	-	68
Survey	-	-	-	*	85	-	-	-	-	-	-	-

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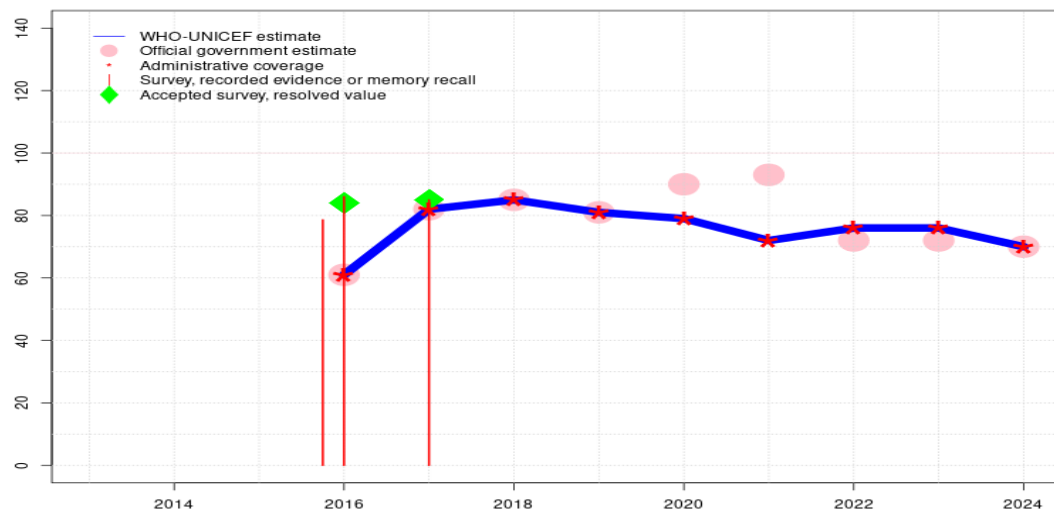
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Guinea-Bissau - ROTAC

GNB - ROTAC



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Estimate	-	-	-	61	82	85	81	79	72	76	76	70
Estimate GoC	-	-	-	•	••	•••	•••	••	••	•	•	•
Official	-	-	-	61	82	85	81	90	93	72	72	70
Administrative	-	-	-	61	82	85	81	79	72	76	76	70
Survey	-	-	-	*	85	-	-	-	-	-	-	-

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.

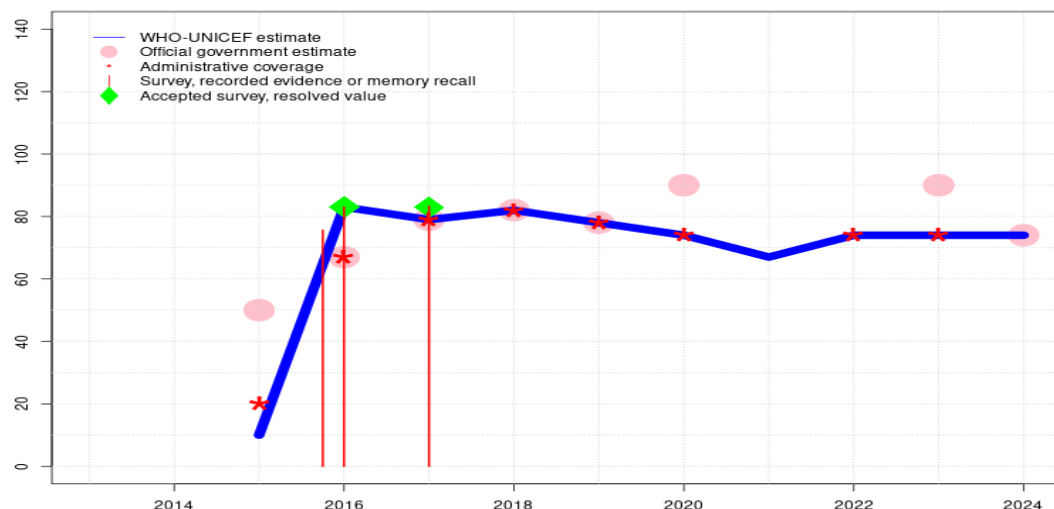
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate informed by reported administrative data. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. The 2023 survey - Assessment of vaccination coverage of routine EPI antigens, barriers and acceptance of new vaccines [Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas] only included coverage results for the 81 percent of children 12-23 months with cards seen. Rotavirus 2 coverage of 91 percent by age 12 months for children with cards seen. Reported official government estimate is based on prior year WUENIC. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Programme reports a 12-month vaccine stockout at the national and subnational levels. Official coverage estimates are unexplained. The programme indicates that fewer children were vaccinated due to several factors, such as stockouts, strikes of civil servants, Covid-19 vaccination campaign and misinformation. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. WHO and UNICEF encourage activities to improve the recording and reporting practices. Country reports that the COVID-19 affected the implementation of immunization activities and programme performance. Official estimate is unexplained. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate is exceptionally based on reported data. Rotavirus vaccine introduction in 2016. Survey result may reflect children reached beyond infancy during introduction. Guinea-Bissau Vaccine Coverage Survey Report 2017 record or recall results of 86 percent modified for recall bias to 88 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 82 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. Estimate challenged by: S-

Guinea-Bissau - PCV3

GNB - PCV3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	10	83	79	82	78	74	67	74	74	74
Estimate GoC	-	-	•	•	•••	•••	•••	••	•	•	•	•
Official	-	-	50	67	79	82	78	90	-	-	90	74
Administrative	-	-	20	67	79	82	78	74	-	74	74	-
Survey	-	-	-	*	83	-	-	-	-	-	-	-

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.

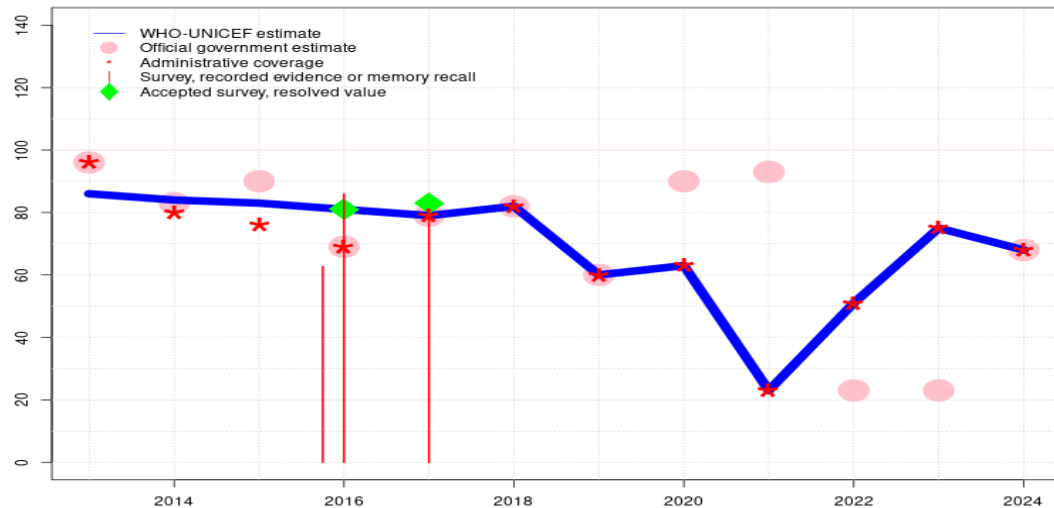
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2024: Estimate based on extrapolation from data reported by national government. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. GoC=No accepted empirical data
- 2023: Estimate informed by reported administrative data. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. The 2023 survey - Assessment of vaccination coverage of routine EPI antigens, barriers and acceptance of new vaccines [Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas] only included coverage results for the 81 percent of children 12-23 months with cards seen. PCV3 coverage of 86 percent by age 12 months for children with cards seen. Estimate challenged by: D-
- 2021: Estimate informed by estimated DTP3 coverage. Official coverage estimates are unexplained. The programme indicates that fewer children were vaccinated due to several factors, such as stockouts, strikes of civil servants, Covid-19 vaccination campaign and misinformation. GoC=No accepted empirical data
- 2020: Estimate informed by reported administrative data. WHO and UNICEF encourage activities to improve the recording and reporting practices. Country reports that the COVID-19 affected the implementation of immunization activities and programme performance. Official estimate is unexplained. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate of 83 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Guinea-Bissau Vaccine Coverage Survey Report 2017 record or recall results of 83 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 82 percent. Guinea-Bissau Multiple Indicator Cluster Survey 2018-2019 record or recall results of 76 percent modified for recall bias to 78 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 68 percent and 3rd dose record only coverage of 61 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. Estimate challenged by: D-R-
- 2015: Programme reports 20 percent coverage in 50 percent of the national target population. Estimate informed by coverage achieved in total national annual birth cohort. Pneumococcal conjugate vaccine introduced in 2015. Estimate challenged by: R-S-

Guinea-Bissau - POL3

GNB - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	86	84	83	81	79	82	60	63	23	51	75	68
Estimate GoC	•	•	•	•	•••	•••	•	••	••	••	•	•
Official	96	83	90	69	79	82	60	90	93	23	23	68
Administrative	96	80	76	69	79	82	60	63	23	51	75	68
Survey	-	-	-	*	78	-	-	-	-	-	-	-

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 administrative data. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. The 2023 survey - Assessment of vaccination coverage of routine EPI antigens, barriers and acceptance of new vaccines [Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas] only included coverage results for the 81 percent of children 12-23 months with cards seen. bOPV 3 coverage of only 35 percent by age 12 months for children with cards seen. Reported official government estimate is based on prior year WUENIC. GoC=R+ D+
- 2021: Estimate informed by reported administrative data. Programme reports a 12-month OPV stockout at the national and subnational levels. Official coverage estimates are unexplained. The programme indicates that fewer children were vaccinated due to several factors, such as stockouts, strikes of civil servants, Covid-19 vaccination campaign and misinformation. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. WHO and UNICEF encourage activities to improve the recording and reporting practices. Country reports that the COVID-19 affected the implementation of immunization activities and programme performance. Official estimate is unexplained. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports three months vaccine stockout at national and district levels. Estimate challenged by: S-
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Guinea-Bissau Multiple Indicator Cluster Survey 2018-2019 record or recall results of 78 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 77 percent. GoC=R+ S+ D+
- 2016: Estimate of 81 percent assigned by working group. Estimate informed by survey result. Guinea-Bissau Vaccine Coverage Survey Report 2017 record or recall results of 86 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 83 percent and 3rd dose record only coverage of 82 percent. Guinea-Bissau Multiple Indicator Cluster Survey 2018-2019 record or recall results of 63 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 70 percent and 3rd dose record only coverage of 61 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. Estimate challenged by: R-
- 2015: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged

Guinea-Bissau - POL3

by: R-

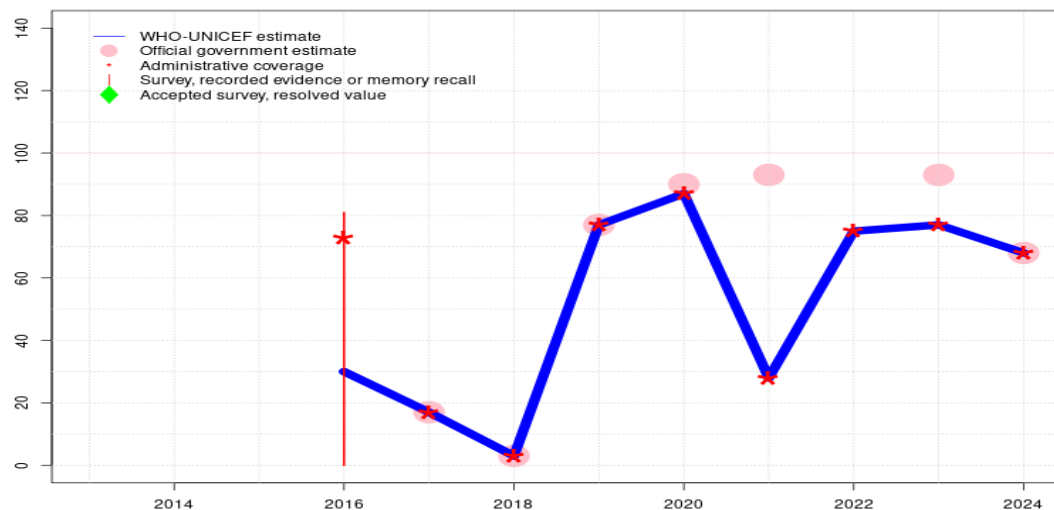
2014: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged

by: R-

2013: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group.

Guinea-Bissau - IPV1

GNB - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	30	17	3	77	87	28	75	77	68
Estimate GoC	-	-	-	●	●	●	●●	●●	●●	●	●	●
Official	-	-	-	-	17	3	77	90	93	-	93	68
Administrative	-	-	-	73	17	3	77	87	28	75	77	68
Survey	-	-	-	81	-	-	-	-	-	-	-	-

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.

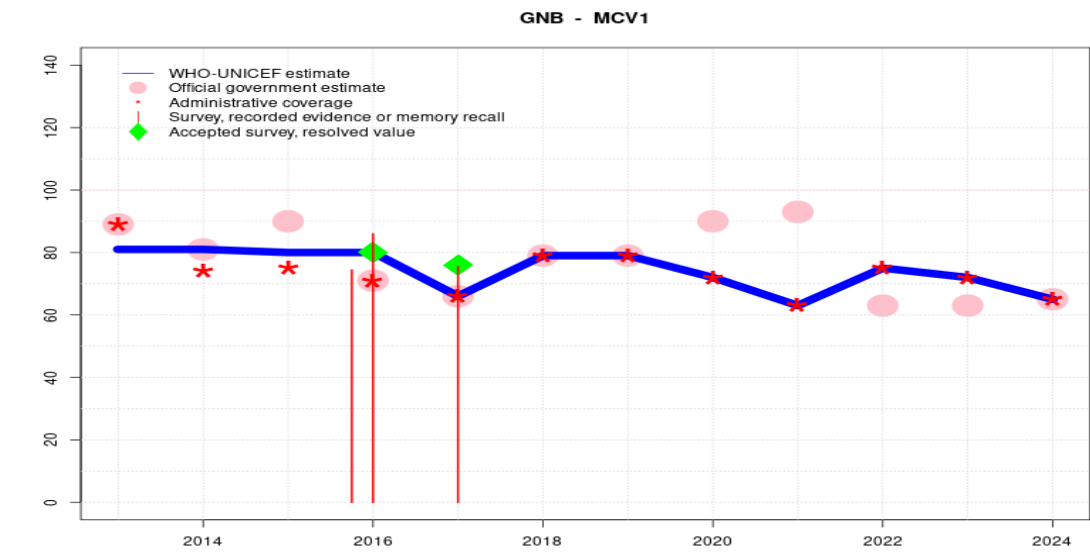
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 administrative data. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. The 2023 survey - Assessment of vaccination coverage of routine EPI antigens, barriers and acceptance of new vaccines [Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas] only included coverage results for the 81 percent of children 12-23 months with cards seen. IPV1 coverage of 86 percent by age 12 months for children with cards seen. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Official coverage estimates are unexplained. The programme indicates that fewer children were vaccinated due to several factors, such as stockouts, strikes of civil servants, Covid-19 vaccination campaign and misinformation. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. WHO and UNICEF encourage activities to improve the recording and reporting practices. Country reports that the COVID-19 affected the implementation of immunization activities and programme performance. Official estimate is unexplained. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Reported data excluded due to decline in reported coverage from 17 percent to 3 percent with increase to 77 percent. Programme reports eleven month vaccine stockout at national level. Estimate challenged by: R-
- 2017: Programme reports seven months vaccine stockout. Estimate challenged by: R-
- 2016: Programme reports coverage of 73 percent in 42 percent of the target population. Estimate based on annualized coverage for target population. Guinea-Bissau Vaccine Coverage Survey Report 2017 results ignored by working group. Survey estimate is inconsistent with period of introduction and reported number of doses administered. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. Estimate challenged by: R-

Guinea-Bissau - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	81	81	80	80	66	79	79	72	63	75	72	65
Estimate GoC	•	•	•	•	•	•••	•••	••	••	•	•	•
Official	89	81	90	71	66	79	79	90	93	63	63	65
Administrative	89	74	75	71	66	79	79	72	63	75	72	65
Survey	-	-	-	*	76	-	-	-	-	-	-	-

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.

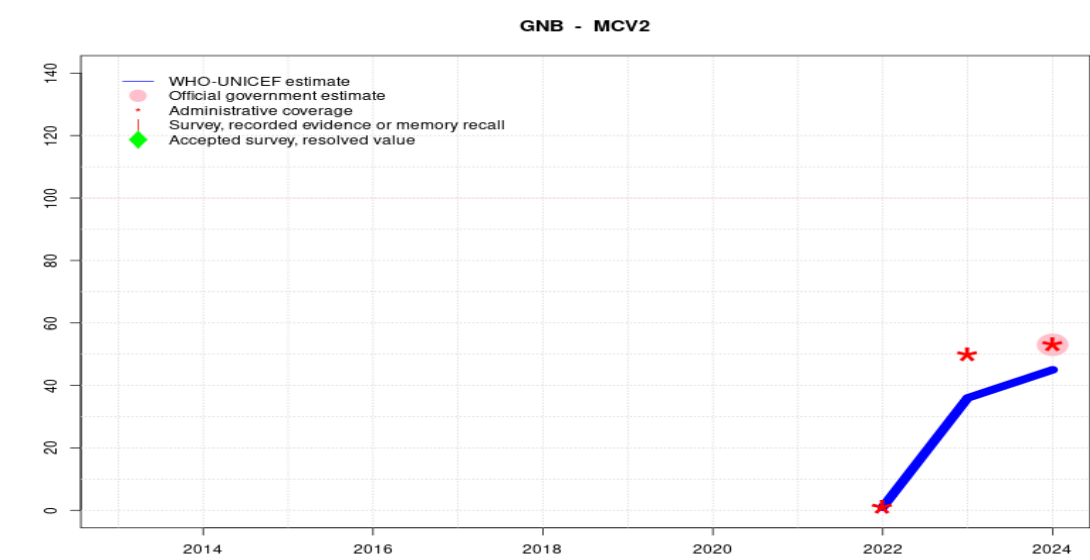
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 administrative data. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. The 2023 survey - Assessment of vaccination coverage of routine EPI antigens, barriers and acceptance of new vaccines [Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas] only included coverage results for the 81 percent of children 12-23 months with cards seen. MCV1 coverage of 66 percent by age 12 months for children with cards seen. Reported official government estimate is based on prior year WUENIC. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Official coverage estimates are unexplained. The programme indicates that fewer children were vaccinated due to several factors, such as stockouts, strikes of civil servants, Covid-19 vaccination campaign and misinformation. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. WHO and UNICEF encourage activities to improve the recording and reporting practices. Country reports that the COVID-19 affected the implementation of immunization activities and programme performance. Official estimate is unexplained. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. Programme reports one month vaccine stockout at national level. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey.Survey evidence of 76 percent based on 1 survey(s). Programme reports one month stockout. Estimate challenged by: S-
- 2016: Estimate of 80 percent assigned by working group. Estimate informed by survey result. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. Estimate challenged by: R-
- 2015: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2014: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2013: Estimate informed by interpolation between 2012 and 2016 levels. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=Assigned by working group.

Guinea-Bissau - MCV2



Description:

- 2024: Reported coverage of 53 percent achieved in 71 percent of national target population. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. Estimate challenged by: R-
- 2023: Reported coverage reflects that achieved in a subset of the national target population. Estimated coverage reflects that achieved in the annual national cohort of surviving infants, which was used in the absence of information on the cohort size of 1-year old children. Estimated coverage may underestimate coverage slightly. Reported government official estimate is unexplained. Estimate challenged by: R-
- 2022: Estimate informed by reported administrative data. Second dose of measles containing vaccine, recommended for administration at 15-23 months of age, introduced in Q4 2022. The 2023 survey - Assessment of vaccination coverage of routine EPI antigens, barriers and acceptance of new vaccines [Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas] only included coverage results for the 81 percent of children 12-23 months with cards seen. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	1	36	45
Estimate GoC	-	-	-	-	-	-	-	-	-	••	•	•
Official	-	-	-	-	-	-	-	-	-	-	-	53
Administrative	-	-	-	-	-	-	-	-	-	1	50	53
Survey	-	-	-	-	-	-	-	-	-	-	-	-

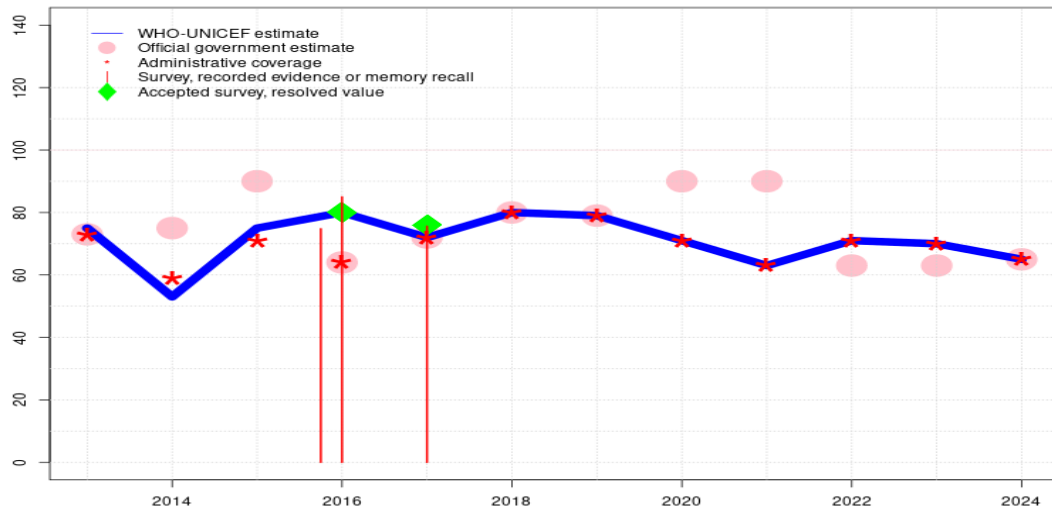
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Guinea-Bissau - YFV

GNB - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	75	53	75	80	72	80	79	71	63	71	70	65
Estimate GoC	•	•	•	•	•••	•••	•••	••	••	•	•	•
Official	73	75	90	64	72	80	79	90	90	63	63	65
Administrative	73	59	71	64	72	80	79	71	63	71	70	65
Survey	-	-	-	*	76	-	-	-	-	-	-	-

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.

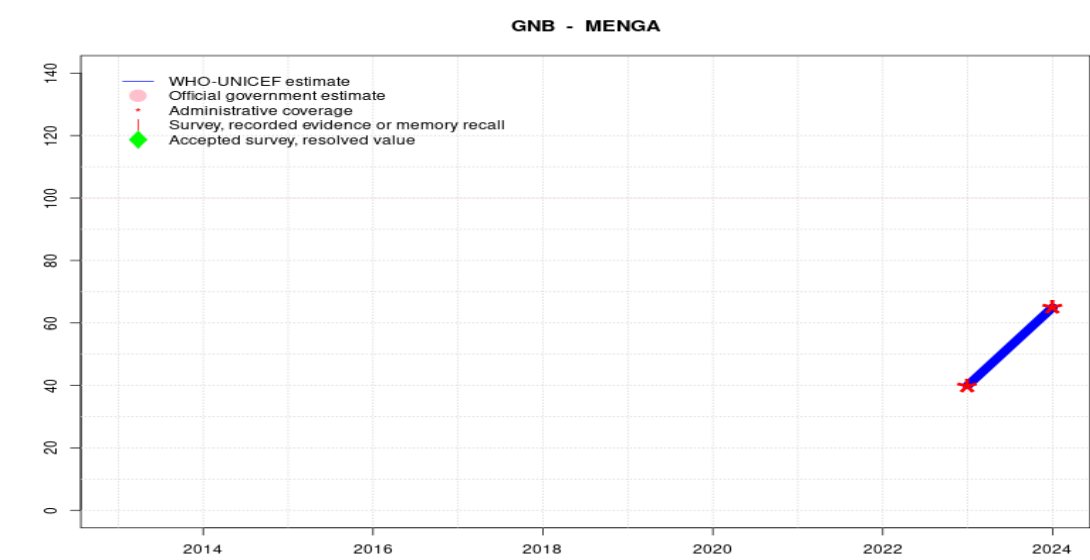
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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 administrative data. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Reported government official estimate is unexplained. Estimate challenged by: D-
- 2022: Estimate informed by reported administrative data. The 2023 survey - Assessment of vaccination coverage of routine EPI antigens, barriers and acceptance of new vaccines [Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas] only included coverage results for the 81 percent of children 12-23 months with cards seen. Yellow fever vaccine coverage of 66 percent by age 12 months for children with cards seen. Reported official government estimate is based on prior year WUENIC. Estimate challenged by: D-
- 2021: Estimate informed by reported administrative data. Official coverage estimates are unexplained. The programme indicates that fewer children were vaccinated due to several factors, such as stockouts, strikes of civil servants, Covid-19 vaccination campaign and misinformation. GoC=R+ D+
- 2020: Estimate informed by reported administrative data. WHO and UNICEF encourage activities to improve the recording and reporting practices. Country reports that the COVID-19 affected the implementation of immunization activities and programme performance. Official estimate is unexplained. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ S+ D+
- 2018: Estimate informed by reported data. GoC=R+ S+ D+
- 2017: Estimate informed by reported data supported by survey. Survey evidence of 76 percent based on 1 survey(s). GoC=R+ S+ D+
- 2016: Estimate of 80 percent assigned by working group. Estimate informed by survey results. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. Estimate challenged by: D-R-
- 2015: Estimate of 75 percent assigned by working group. Estimate informed by 2013 coverage level. Reported number of children vaccinated during 2015 suggests recovery from stockout reported in 2014. However, programme also reports a stockout of YFV vaccine during 2015. Reported data excluded due to an increase from 75 percent to 90 percent with decrease to 64 percent. Estimate challenged by: R-
- 2014: Programme reports a two months stockout of yellow fever vaccine at the national level. Estimate challenged by: R-S-
- 2013: Estimate of 75 percent assigned by working group. Estimate informed by survey results. GoC=Assigned by working group.

Guinea-Bissau - MENGA



Description:

2024: Estimate informed by reported administrative data. WHO and UNICEF are aware of an ongoing post-campaign coverage survey and routine immunization and await final results. Reported government official estimate is unexplained. Estimate challenged by: D-

2023: Estimate informed by reported administrative data. Meningitis A vaccine introduced in April 2023. Reported government official estimate is unexplained. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	40	65
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●●	●
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	40	65
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.

Guinea-Bissau - 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.

2021 Avaliacao da cobertura vacinal dos antigenos de rotina do PAV, barreiras e aceitacao das novas vacinas, Guinea-Bissau, 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record<12m	57	12-23 m	4374	81
DTP1	Record<12m	97	12-23 m	4374	81
DTP3	Record<12m	85	12-23 m	4374	81
HEPB1	Record<12m	97	12-23 m	4374	81
HEPB3	Record<12m	85	12-23 m	4374	81
HIB1	Record<12m	97	12-23 m	4374	81
HIB3	Record<12m	85	12-23 m	4374	81
IPV1	Record<12m	86	12-23 m	4374	81
MCV1	Record<12m	66	12-23 m	4374	81
PCV1	Record<12m	96	12-23 m	4374	81
PCV3	Record<12m	86	12-23 m	4374	81
POL1	Record<12m	93	12-23 m	4374	81
POL3	Record<12m	35	12-23 m	4374	81
ROTAC	Record<12m	91	12-23 m	4374	81
YFV	Record<12m	64	12-23 m	4374	81

2017 Guinée-Bissau Inquerito aos Indicadores Multiplos 2018-2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	8.7	12-23 m	1426	86
BCG	Record	85.5	12-23 m	1426	86
BCG	Record or Recall	94.2	12-23 m	1426	86
BCG	Record or Recall<12m	93.7	12-23 m	1426	86
DTP1	Recall	8.5	12-23 m	1426	86
DTP1	Record	84.4	12-23 m	1426	86
DTP1	Record or Recall	93	12-23 m	1426	86
DTP1	Record or Recall<12m	92.3	12-23 m	1426	86
DTP3	Recall	7.6	12-23 m	1426	86
DTP3	Record	76.9	12-23 m	1426	86
DTP3	Record or Recall	84.5	12-23 m	1426	86
DTP3	Record or Recall<12m	81.9	12-23 m	1426	86
HEPB1	Recall	8.5	12-23 m	1426	86
HEPB1	Record	84.4	12-23 m	1426	86
HEPB1	Record or Recall	93	12-23 m	1426	86
HEPB1	Record or Recall<12m	92.3	12-23 m	1426	86
HEPB3	Recall	7.6	12-23 m	1426	86
HEPB3	Record	76.9	12-23 m	1426	86
HEPB3	Record or Recall	84.5	12-23 m	1426	86
HEPB3	Record or Recall<12m	81.9	12-23 m	1426	86
HIB1	Recall	8.5	12-23 m	1426	86
HIB1	Record	84.4	12-23 m	1426	86
HIB1	Record or Recall	93	12-23 m	1426	86
HIB1	Record or Recall<12m	92.3	12-23 m	1426	86
HIB3	Recall	7.6	12-23 m	1426	86
HIB3	Record	76.9	12-23 m	1426	86
HIB3	Record or Recall	84.5	12-23 m	1426	86
HIB3	Record or Recall<12m	81.9	12-23 m	1426	86
MCV1	Recall	8.1	12-23 m	1426	86
MCV1	Record	67.4	12-23 m	1426	86
MCV1	Record or Recall	75.5	12-23 m	1426	86
MCV1	Record or Recall<12m	69.2	12-23 m	1426	86
PCV1	Recall	8.2	12-23 m	1426	86
PCV1	Record	83.1	12-23 m	1426	86
PCV1	Record or Recall	91.4	12-23 m	1426	86
PCV1	Record or Recall<12m	90.6	12-23 m	1426	86
PCV3	Recall	7.2	12-23 m	1426	86
PCV3	Record	76	12-23 m	1426	86

Guinea-Bissau - Survey Details

PCV3	Record or Recall	83.3	12-23 m	1426	86
PCV3	Record or Recall<12m	80.7	12-23 m	1426	86
POL1	Recall	7.3	12-23 m	1426	86
POL1	Record	84.6	12-23 m	1426	86
POL1	Record or Recall	91.9	12-23 m	1426	86
POL1	Record or Recall<12m	91.4	12-23 m	1426	86
POL3	Recall	1.3	12-23 m	1426	86
POL3	Record	76.9	12-23 m	1426	86
POL3	Record or Recall	78.3	12-23 m	1426	86
POL3	Record or Recall<12m	76.2	12-23 m	1426	86
ROTAC	Recall	8.1	12-23 m	1426	86
ROTAC	Record	76.9	12-23 m	1426	86
ROTAC	Record or Recall	85	12-23 m	1426	86
ROTAC	Record or Recall<12m	82.9	12-23 m	1426	86
YFV	Recall	8.2	12-23 m	1426	86
YFV	Record	67.4	12-23 m	1426	86
YFV	Record or Recall	75.6	12-23 m	1426	86
YFV	Record or Recall<12m	69.6	12-23 m	1426	86

HEPB3	Record	61.1	24-35 m	1509	-
HEPB3	Record or Recall	77.8	24-35 m	1509	-
HEPB3	Record or Recall<12m	72.3	24-35 m	1509	-
HIB1	Recall	20.1	24-35 m	1509	-
HIB1	Record	69.7	24-35 m	1509	-
HIB1	Record or Recall	89.8	24-35 m	1509	-
HIB1	Record or Recall<12m	88.4	24-35 m	1509	-
HIB3	Recall	16.6	24-35 m	1509	-
HIB3	Record	61.1	24-35 m	1509	-
HIB3	Record or Recall	77.8	24-35 m	1509	-
HIB3	Record or Recall<12m	72.3	24-35 m	1509	-
MCV1	Recall	19.2	24-35 m	1509	-
MCV1	Record	55.2	24-35 m	1509	-
MCV1	Record or Recall	74.4	24-35 m	1509	-
MCV1	Record or Recall<12m	63.2	24-35 m	1509	-
PCV1	Recall	18.8	24-35 m	1509	-
PCV1	Record	68.3	24-35 m	1509	-
PCV1	Record or Recall	87.1	24-35 m	1509	-
PCV1	Record or Recall<12m	85.9	24-35 m	1509	-
PCV3	Recall	15	24-35 m	1509	-
PCV3	Record	60.7	24-35 m	1509	-
PCV3	Record or Recall	75.6	24-35 m	1509	-
PCV3	Record or Recall<12m	70.4	24-35 m	1509	-
POL1	Recall	13.9	24-35 m	1509	-
POL1	Record	69.7	24-35 m	1509	-
POL1	Record or Recall	83.6	24-35 m	1509	-
POL1	Record or Recall<12m	82.3	24-35 m	1509	-
POL3	Recall	2	24-35 m	1509	-
POL3	Record	60.7	24-35 m	1509	-
POL3	Record or Recall	62.7	24-35 m	1509	-
POL3	Record or Recall<12m	58.5	24-35 m	1509	-
ROTAC	Recall	17.9	24-35 m	1509	-
ROTAC	Record	60.7	24-35 m	1509	-
ROTAC	Record or Recall	78.6	24-35 m	1509	-
ROTAC	Record or Recall<12m	75.9	24-35 m	1509	-
YFV	Recall	19	24-35 m	1509	-
YFV	Record	55.8	24-35 m	1509	-
YFV	Record or Recall	74.8	24-35 m	1509	-
YFV	Record or Recall<12m	63.3	24-35 m	1509	-

2016 Guinée-Bissau Inquerito aos Indicadores Multiplos 2018-2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	20.2	24-35 m	1509	-
BCG	Record	70.5	24-35 m	1509	-
BCG	Record or Recall	90.6	24-35 m	1509	-
BCG	Record or Recall<12m	89.7	24-35 m	1509	-
DTP1	Recall	20.1	24-35 m	1509	-
DTP1	Record	69.7	24-35 m	1509	-
DTP1	Record or Recall	89.8	24-35 m	1509	-
DTP1	Record or Recall<12m	88.4	24-35 m	1509	-
DTP3	Recall	16.6	24-35 m	1509	-
DTP3	Record	61.1	24-35 m	1509	-
DTP3	Record or Recall	77.8	24-35 m	1509	-
DTP3	Record or Recall<12m	72.3	24-35 m	1509	-
HEPB1	Recall	20.1	24-35 m	1509	-
HEPB1	Record	69.7	24-35 m	1509	-
HEPB1	Record or Recall	89.8	24-35 m	1509	-
HEPB1	Record or Recall<12m	88.4	24-35 m	1509	-
HEPB3	Recall	16.6	24-35 m	1509	-

Guinea-Bissau - Survey Details

2016 Relatorio do Inquerito de Cobertura Vacinal 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	8	12-23 m	1408	82
BCG	Record	83	12-23 m	1408	82
BCG	Record or Recall	91	12-23 m	1408	82
DTP1	Recall	6	12-23 m	1408	82
DTP1	Record	83	12-23 m	1408	82
DTP1	Record or Recall	89	12-23 m	1408	82
DTP3	Recall	1	12-23 m	1408	82
DTP3	Record	82	12-23 m	1408	82
DTP3	Record or Recall	83	12-23 m	1408	82
HEPB1	Recall	6	12-23 m	1408	82
HEPB1	Record	83	12-23 m	1408	82
HEPB1	Record or Recall	89	12-23 m	1408	82
HEPB3	Recall	1	12-23 m	1408	82
HEPB3	Record	82	12-23 m	1408	82
HEPB3	Record or Recall	83	12-23 m	1408	82
HIB1	Recall	6	12-23 m	1408	82
HIB1	Record	83	12-23 m	1408	82
HIB1	Record or Recall	89	12-23 m	1408	82
HIB3	Recall	1	12-23 m	1408	82
HIB3	Record	82	12-23 m	1408	82
HIB3	Record or Recall	83	12-23 m	1408	82
IPV1	Recall	0	12-23 m	1408	82
IPV1	Record	81	12-23 m	1408	82
IPV1	Record or Recall	81	12-23 m	1408	82
MCV1	Recall	5	12-23 m	1408	82
MCV1	Record	81	12-23 m	1408	82
MCV1	Record or Recall	86	12-23 m	1408	82
PCV1	Recall	5	12-23 m	1408	82
PCV1	Record	83	12-23 m	1408	82
PCV1	Record or Recall	88	12-23 m	1408	82
PCV3	Recall	1	12-23 m	1408	82
PCV3	Record	82	12-23 m	1408	82
PCV3	Record or Recall	83	12-23 m	1408	82
POL1	Recall	7	12-23 m	1408	82
POL1	Record	83	12-23 m	1408	82
POL1	Record or Recall	90	12-23 m	1408	82
POL3	Recall	4	12-23 m	1408	82

POL3	Record	82	12-23 m	1408	82
POL3	Record or Recall	86	12-23 m	1408	82
ROTAC	Recall	4	12-23 m	1408	82
ROTAC	Record	82	12-23 m	1408	82
ROTAC	Record or Recall	86	12-23 m	1408	82
YFV	Recall	5	12-23 m	1408	82
YFV	Record	80	12-23 m	1408	82
YFV	Record or Recall	85	12-23 m	1408	82

2012 Guinée-Bissau: Inquerito aos Indicadores Multiplos 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	80	12-23 m	1612	83
BCG	Record or Recall	93.5	12-23 m	1612	83
BCG	Record or Recall<12m	90.5	12-23 m	1612	83
DTP1	Record	81.9	12-23 m	1612	83
DTP1	Record or Recall	93.8	12-23 m	1612	83
DTP1	Record or Recall<12m	91.9	12-23 m	1612	83
DTP3	Record	75.9	12-23 m	1612	83
DTP3	Record or Recall	82.9	12-23 m	1612	83
DTP3	Record or Recall<12m	74.2	12-23 m	1612	83
HEPB1	Record	81.9	12-23 m	1612	83
HEPB1	Record or Recall	93.8	12-23 m	1612	83
HEPB1	Record or Recall<12m	91.9	12-23 m	1612	83
HEPB3	Record	75.9	12-23 m	1612	83
HEPB3	Record or Recall	82.9	12-23 m	1612	83
HEPB3	Record or Recall<12m	74.2	12-23 m	1612	83
HIB1	Record	81.9	12-23 m	1612	83
HIB1	Record or Recall	93.8	12-23 m	1612	83
HIB1	Record or Recall<12m	91.9	12-23 m	1612	83
HIB3	Record	75.9	12-23 m	1612	83
HIB3	Record or Recall	82.9	12-23 m	1612	83
HIB3	Record or Recall<12m	74.2	12-23 m	1612	83
MCV1	Record	69.4	12-23 m	1612	83
MCV1	Record or Recall	81.3	12-23 m	1612	83
MCV1	Record or Recall<12m	64.8	12-23 m	1612	83
POL1	Record	82.3	12-23 m	1612	83
POL1	Record or Recall	94.3	12-23 m	1612	83
POL1	Record or Recall<12m	92.7	12-23 m	1612	83

Guinea-Bissau - Survey Details

POL3	Record	76	12-23 m	1612	83
POL3	Record or Recall	77.4	12-23 m	1612	83
POL3	Record or Recall<12m	69.7	12-23 m	1612	83
YFV	Record	63.3	12-23 m	1612	83
YFV	Record or Recall	74.9	12-23 m	1612	83
YFV	Record or Recall<12m	53.6	12-23 m	1612	83

POL3	Record or Recall<12m	63.3	24-35 m	1501	-
YFV	Record	62.5	24-35 m	1501	-
YFV	Record or Recall	80	24-35 m	1501	-
YFV	Record or Recall<12m	55.2	24-35 m	1501	-

2009 Guinée-Bissau 2010 4^o Inquérito por amostragem aos Indicadores Múltiplos

2011 Guinée-Bissau: Inquerito aos Indicadores Multiplos 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	71.5	24-35 m	1501	-
BCG	Record or Recall	91.6	24-35 m	1501	-
BCG	Record or Recall<12m	86.6	24-35 m	1501	-
DTP1	Record	73.7	24-35 m	1501	-
DTP1	Record or Recall	91.6	24-35 m	1501	-
DTP1	Record or Recall<12m	87.4	24-35 m	1501	-
DTP3	Record	69.1	24-35 m	1501	-
DTP3	Record or Recall	81.7	24-35 m	1501	-
DTP3	Record or Recall<12m	72	24-35 m	1501	-
HEPB1	Record	73.7	24-35 m	1501	-
HEPB1	Record or Recall	91.6	24-35 m	1501	-
HEPB1	Record or Recall<12m	87.4	24-35 m	1501	-
HEPB3	Record	69.1	24-35 m	1501	-
HEPB3	Record or Recall	81.7	24-35 m	1501	-
HEPB3	Record or Recall<12m	72	24-35 m	1501	-
HIB1	Record	73.7	24-35 m	1501	-
HIB1	Record or Recall	91.6	24-35 m	1501	-
HIB1	Record or Recall<12m	87.4	24-35 m	1501	-
HIB3	Record	69.1	24-35 m	1501	-
HIB3	Record or Recall	81.7	24-35 m	1501	-
HIB3	Record or Recall<12m	72	24-35 m	1501	-
MCV1	Record	64.6	24-35 m	1501	-
MCV1	Record or Recall	82.6	24-35 m	1501	-
MCV1	Record or Recall<12m	59	24-35 m	1501	-
POL1	Record	73.5	24-35 m	1501	-
POL1	Record or Recall	91.2	24-35 m	1501	-
POL1	Record or Recall<12m	87.3	24-35 m	1501	-
POL3	Record	68.9	24-35 m	1501	-
POL3	Record or Recall	71.5	24-35 m	1501	-

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14.7	12-23 m	2695	83
BCG	Record	79.7	12-23 m	2695	83
BCG	Record or Recall	94.4	12-23 m	2695	83
BCG	Record or Recall<12m	93.5	12-23 m	2695	83
DTP1	Recall	13.9	12-23 m	2695	83
DTP1	Record	79.8	12-23 m	2695	83
DTP1	Record or Recall	93.7	12-23 m	2695	83
DTP1	Record or Recall<12m	92.2	12-23 m	2695	83
DTP3	Recall	12.6	12-23 m	2695	83
DTP3	Record	68.4	12-23 m	2695	83
DTP3	Record or Recall	81	12-23 m	2695	83
DTP3	Record or Recall<12m	76	12-23 m	2695	83
MCV1	Recall	14.8	12-23 m	2695	83
MCV1	Record	54.3	12-23 m	2695	83
MCV1	Record or Recall	69.2	12-23 m	2695	83
MCV1	Record or Recall<12m	60.7	12-23 m	2695	83
POL1	Recall	13.7	12-23 m	2695	83
POL1	Record	80.1	12-23 m	2695	83
POL1	Record or Recall	93.8	12-23 m	2695	83
POL1	Record or Recall<12m	92.2	12-23 m	2695	83
POL3	Recall	13.1	12-23 m	2695	83
POL3	Record	65.8	12-23 m	2695	83
POL3	Record or Recall	79	12-23 m	2695	83
POL3	Record or Recall<12m	73.4	12-23 m	2695	83
YFV	Recall	13.2	12-23 m	2695	83
YFV	Record	43.6	12-23 m	2695	83
YFV	Record or Recall	56.9	12-23 m	2695	83
YFV	Record or Recall<12m	48.9	12-23 m	2695	83

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13.2	12-23 m	1275	78
BCG	Record	75.7	12-23 m	1275	78
BCG	Record or Recall	88.9	12-23 m	1275	78
BCG	Record or Recall<12m	87.1	12-23 m	1275	78
DTP1	Recall	12.5	12-23 m	1275	78
DTP1	Record	70.2	12-23 m	1275	78
DTP1	Record or Recall	82.7	12-23 m	1275	78
DTP1	Record or Recall<12m	80.1	12-23 m	1275	78
DTP3	Recall	5.4	12-23 m	1275	78
DTP3	Record	57.4	12-23 m	1275	78
DTP3	Record or Recall	62.8	12-23 m	1275	78
DTP3	Record or Recall<12m	59.1	12-23 m	1275	78
MCV1	Recall	12	12-23 m	1275	78
MCV1	Record	63.5	12-23 m	1275	78
MCV1	Record or Recall	75.5	12-23 m	1275	78
MCV1	Record or Recall<12m	71.2	12-23 m	1275	78
POL1	Recall	13.6	12-23 m	1275	78
POL1	Record	73.4	12-23 m	1275	78
POL1	Record or Recall	87	12-23 m	1275	78
POL1	Record or Recall<12m	84.9	12-23 m	1275	78
POL3	Recall	3.1	12-23 m	1275	78
POL3	Record	61	12-23 m	1275	78
POL3	Record or Recall	64.1	12-23 m	1275	78

1999 Multiple Indicator Cluster Survey Guinea Bissau, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	31.8	12-23 m	1119	63
BCG	Record	42.2	12-23 m	1119	63
BCG	Record or Recall	74	12-23 m	1119	63
DTP1	Recall	30.8	12-23 m	1119	63
DTP1	Record	38.4	12-23 m	1119	63
DTP1	Record or Recall	68.5	12-23 m	1119	63
DTP3	Recall	12.5	12-23 m	1119	63
DTP3	Record	25.3	12-23 m	1119	63
DTP3	Record or Recall	37.8	12-23 m	1119	63
MCV1	Recall	31.9	12-23 m	1119	63
MCV1	Record	38.3	12-23 m	1119	63
MCV1	Record or Recall	70.2	12-23 m	1119	63
POL1	Recall	33	12-23 m	1119	63
POL1	Record	43.5	12-23 m	1119	63
POL1	Record or Recall	76.5	12-23 m	1119	63
POL3	Recall	13.9	12-23 m	1119	63
POL3	Record	28.4	12-23 m	1119	63
POL3	Record or Recall	42.3	12-23 m	1119	63

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