

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

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

\*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

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

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

## DATA SOURCES.

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

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

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

## ABBREVIATIONS

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

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

**Pol3:** percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

**IPV1:** percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine

immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

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

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

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

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

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

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

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

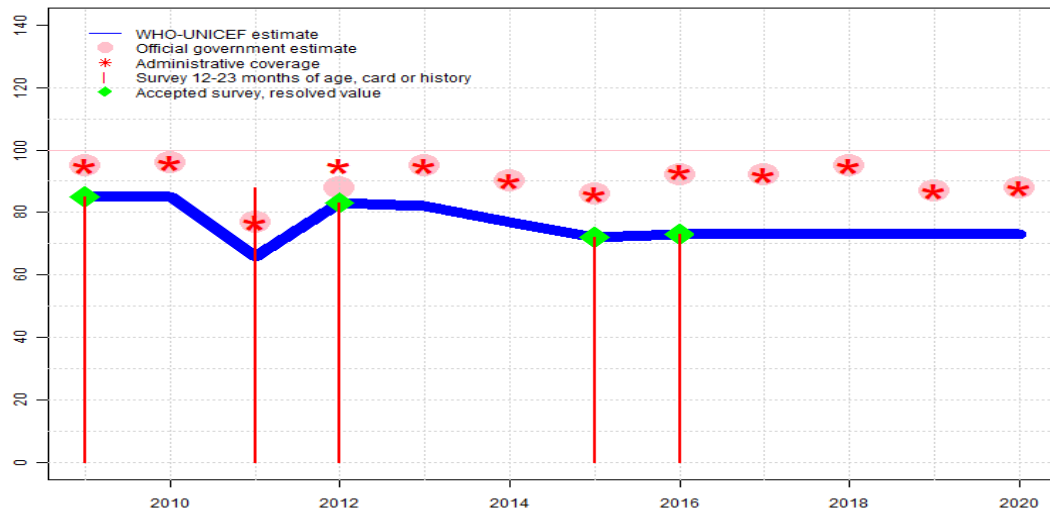
**PcV3:** percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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

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# Democratic Republic of the Congo - BCG

COD - BCG



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	85	85	66	83	82	77	72	73	73	73	73	73
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	95	96	77	88	95	90	86	92	92	95	87	88
Administrative	95	96	77	95	95	90	86	93	92	95	87	88
Survey	85	NA	88	83	NA	NA	72	73	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

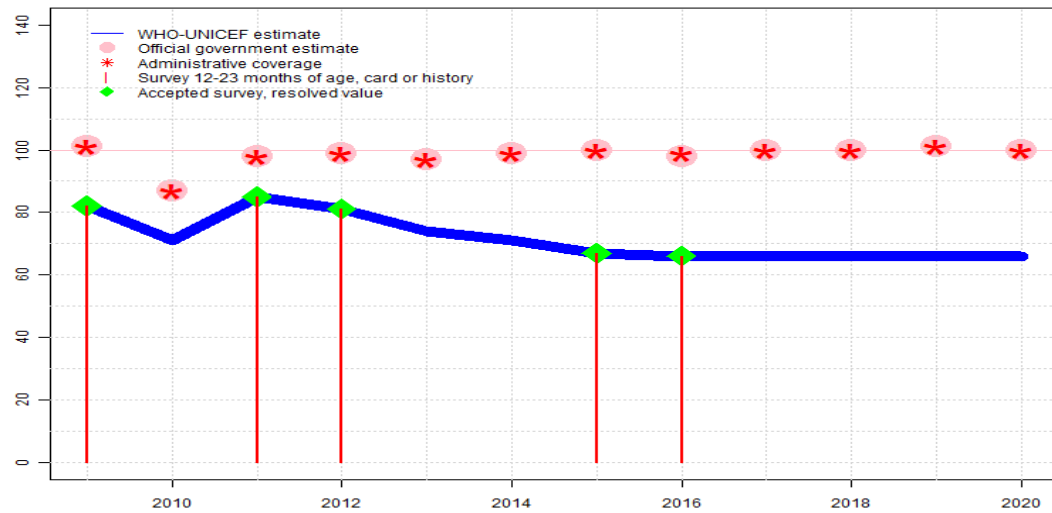
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2020: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Programme reports a national level vaccine stock-out of less than one month. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Programme reports vaccine stock outs at subnational level of unknown duration. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Programme reported less than one month vaccine stock-out at national and district levels. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 72 percent based on 1 survey(s). Programme reports two and one-half months national level stock-out. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2015 levels. Programme reports a one and a half month stock-out at national level. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2015 levels. The Minister of Health reports that the country, in collaboration with partners, has been in the process of improving the quality of immunization coverage data. As part of this process the estimates of the number of children in the target population were revised and estimates for 2013 cannot be directly compared with previous years. WHO and UNICEF encourage the Ministry of Health make an appropriate revision for previous years and re-estimate coverage for a consistent time-series. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 83 percent based on 1 survey(s). Vaccine supplies re-established in 2012. Unexplained and inconsistent adjustment of administrative coverage to obtain reported official data. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2009 and 2012 levels. Democratic Republic of Congo Immunization Coverage Survey 2012 results ignored by working group. Survey may have been conducted in a period that may not reflect vaccine stock out. Decrease may be attributed to a two month long vaccine stock-out. Estimate challenged by: D-R-S-
- 2010: Reported data calibrated to 2009 and 2012 levels. Estimate challenged by: D-R-
- 2009: Estimate of 85 percent assigned by working group. Estimate based on survey results to maintain consistency with other vaccines. Estimate challenged by: D-R-

# Democratic Republic of the Congo - DTP1

COD - DTP1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	82	71	85	81	74	71	67	66	66	66	66	66
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	101	87	98	99	97	99	100	98	100	100	101	100
Administrative	101	87	98	99	97	99	100	99	100	100	101	100
Survey	82	NA	85	81	NA	NA	67	66	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

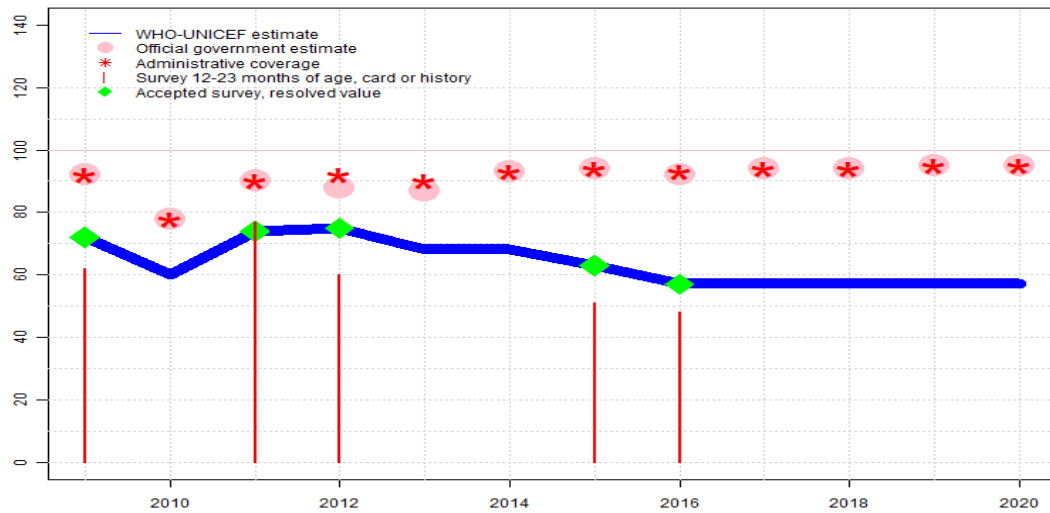
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2020: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Reported data excluded because 101 percent greater than 100 percent. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Programme reports two month vaccine stock-out at national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 66 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 67 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2015 levels. The Minister of Health reports that the country, in collaboration with partners, has been in the process of improving the quality of immunization coverage data. As part of this process the estimates of the number of children in the target population were revised and estimates for 2013 cannot be directly compared with previous years. WHO and UNICEF encourage the Ministry of Health make an appropriate revision for previous years and re-estimate coverage for a consistent time-series. Estimate challenged by: D-R-S-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 81 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 85 percent based on 1 survey(s). Increase is likely attributable to catch-up activities following vaccine shortage. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2011 levels. The decline in coverage is attributed to vaccine shortage. Estimate challenged by: D-R-S-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 82 percent based on 1 survey(s). Estimate follows reported data. Estimate challenged by: D-R-

# Democratic Republic of the Congo - DTP3

COD - DTP3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	72	60	74	75	68	68	63	57	57	57	57	57
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	92	78	90	88	87	93	94	92	94	94	95	95
Administrative	92	78	90	92	90	93	94	93	94	94	95	95
Survey	62	NA	77	60	NA	NA	51	48	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

- 2020: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Programme reports two month vaccine stock-out at national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 57 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 48 percent modified for recall bias to 57 percent based on 1st dose card or history coverage of 66 percent, 1st dose card only coverage of 22 percent and 3rd dose card only coverage of 19 percent. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 51 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 67 percent, 1st dose card only coverage of 17 percent and 3rd dose card only coverage of 16 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 and 2015 levels. The Minister of Health reports that the country, in collaboration with partners, has been in the process of improving the quality of immunization coverage data. As part of this process the estimates of the number of children in the target population were revised and estimates for 2013 cannot be directly compared with previous years. WHO and UNICEF encourage the Ministry of Health make an appropriate revision for previous years and re-estimate coverage for a consistent time-series. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Democratic Republic of Congo Demographic and Health Survey 2013-14 card or history results of 60 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 26 percent and 3rd dose card only coverage of 24 percent. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey

# Democratic Republic of the Congo - DTP3

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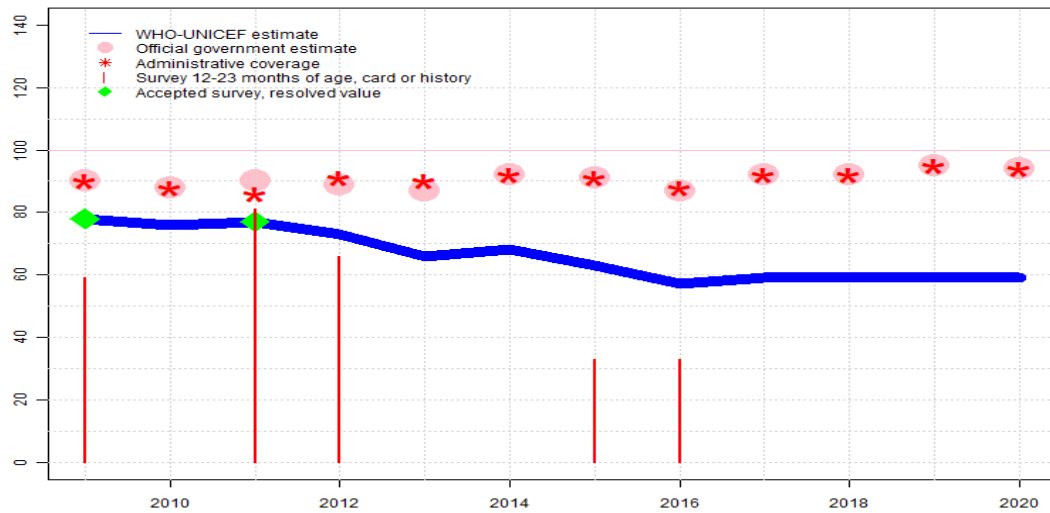
evidence of 74 percent based on 1 survey(s). Democratic Republic of Congo Immunization Coverage Survey 2012 card or history results of 77 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 24 percent and 3rd dose card only coverage of 21 percent. Increase is likely attributable to catch-up activities following vaccine shortage. Estimate challenged by: D-R-

2010: Reported data calibrated to 2009 and 2011 levels. The decline in coverage is attributed to vaccine shortage. Estimate challenged by: D-R-S-

2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 72 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey 2010 card or history results of 62 percent modified for recall bias to 72 percent based on 1st dose card or history coverage of 82 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 37 percent. Estimate challenged by: D-R-

# Democratic Republic of the Congo - Pol3

COD - Pol3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	78	76	77	73	66	68	63	57	59	59	59	59
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	88	90	89	87	92	91	87	92	92	95	94
Administrative	90	88	86	91	90	92	91	88	92	92	95	94
Survey	59	NA	81	66	NA	NA	33	33	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

2020: Reported data calibrated to 2018 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme reports a half month vaccine stock-out at national and subnational levels. Estimate challenged by: D-R-

2019: Reported data calibrated to 2018 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Estimate challenged by: D-R-

2018: Estimate of 59 percent assigned by working group. Estimate is based on estimated DTP3 level. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-

2017: Estimate of 59 percent assigned by working group. Estimate is based on estimated DTP3 level. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-

2016: Estimate of 57 percent assigned by working group. Estimate is based on estimated DTP3 level. Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 results ignored by working group. Survey results may include doses delivered through campaign. Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 33 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 73 percent, 1st dose card only coverage of 22 percent and 3rd dose card only coverage of 20 percent. Estimate challenged by: D-R-

2015: Estimate of 63 percent assigned by working group. Estimate is based on estimated DTP3 level. Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 results ignored by working group. Survey results may include doses delivered through campaign. Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 33 percent modified for recall bias to 70 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 18 percent and 3rd dose card only coverage of 17 percent. Estimate challenged by: D-R-

2014: Reported data calibrated to 2011 and 2015 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2011 and 2015 levels. The Minister of Health reports that the country, in collaboration with partners, has been in the process of improving the quality of immunization coverage data. As part of this process the estimates of the number of children in the target population were revised and estimates for 2013 cannot be directly compared with previous years. WHO and UNICEF encourage the Ministry of Health make an appropriate revision for previous years and re-estimate coverage for a consistent time-series. Estimate challenged by: D-R-S-

2012: Reported data calibrated to 2011 and 2015 levels. Democratic Republic of Congo Demographic and Health Survey 2013-14 results ignored by working group. Survey results may include doses delivered through campaign. Democratic Republic of Congo Demographic

# Democratic Republic of the Congo - Pol3

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and Health Survey 2013-14 card or history results of 66 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 26 percent and 3rd dose card only coverage of 24 percent. Estimate challenged by: D-R-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 77 percent based on 1 survey(s). Democratic Republic of Congo Immunization Coverage Survey 2012 card or history results of 81 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 25 percent and 3rd dose card only coverage of 22 percent. Estimate challenged by: R-

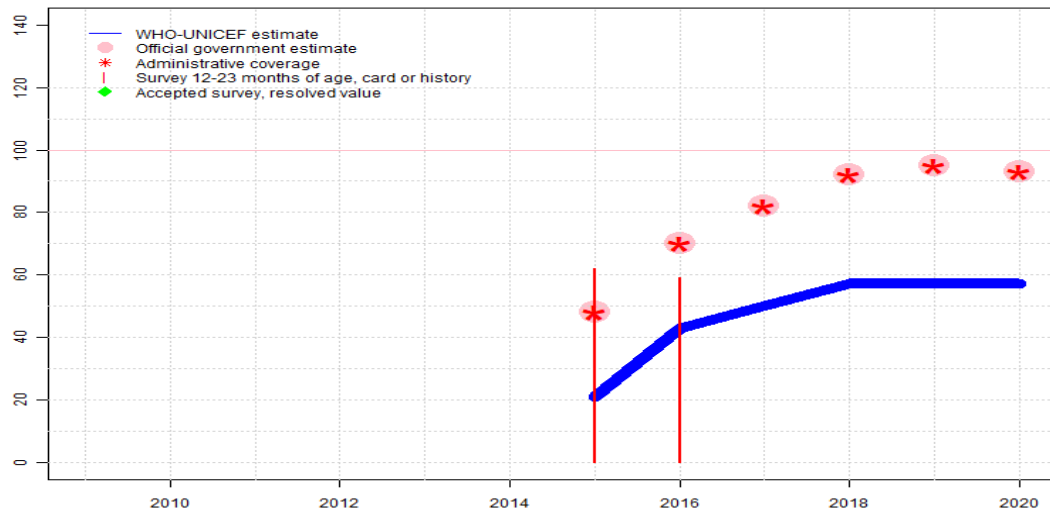
2010: Reported data calibrated to 2009 and 2011 levels. Estimate challenged by: R-

2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 78 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey 2010 card or history results of 59 percent modified for recall bias to 78 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 41 percent and 3rd dose card only coverage of 37 percent. Estimate follows trend in reported data. Estimate challenged by: R-



# Democratic Republic of the Congo - IPV1

COD - IPV1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	21	43	50	57	57	57
Estimate GoC	NA	NA	NA	NA	NA	NA	●	●	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	48	70	82	92	95	93
Administrative	NA	NA	NA	NA	NA	NA	48	70	82	92	95	93
Survey	NA	NA	NA	NA	NA	NA	62	59	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

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

2020: Reported data calibrated to 2018 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: D-R-

2019: Reported data calibrated to 2018 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Estimate of 57 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-

2018: Estimate of 57 percent assigned by working group. Estimate is based on estimated DTP3 level. Reported data excluded. See comment in 2019. Programme reports less than one month vaccine stock-out at national level. Estimate of 57 percent changed from previous revision value of 59 percent. Estimate challenged by: D-R-

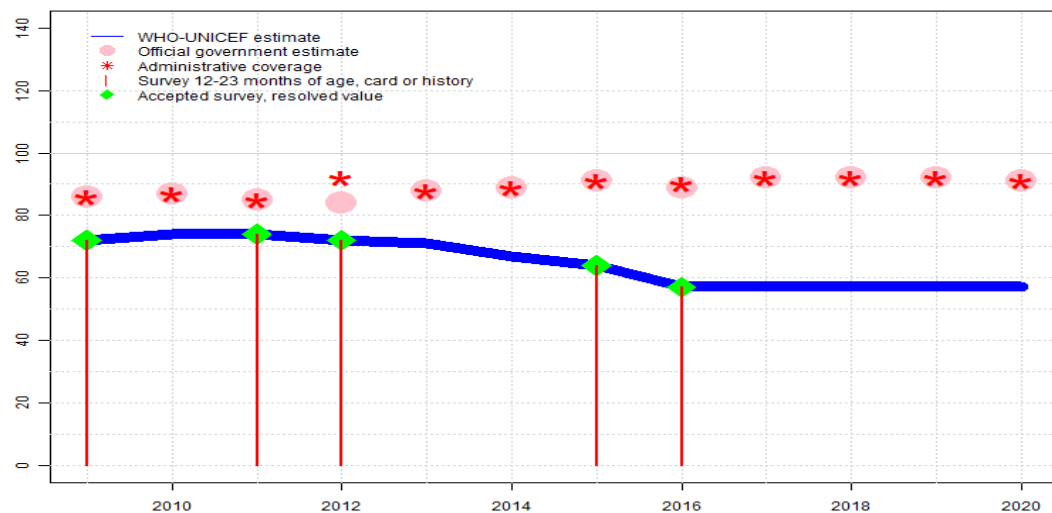
2017: Estimate based on interpolation between 2016 and 2018 levels. . Reported data excluded. See comment in 2019. Estimate of 50 percent changed from previous revision value of 51 percent. Estimate challenged by: D-R-

2016: Estimate of 43 percent assigned by working group. Estimate based on the ratio of estimated to reported DTP3 coverage applied to reported IPV coverage. Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 results ignored by working group. Survey report notes that IPV coverage may be biased due to difficulty distinguishing between an injection against Polio (IPV) from an injection of Penta during the vaccination session. Programme reported two and half month national stock out. Estimate challenged by: D-R-

2015: Reported data calibrated to 2016 levels. Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 results ignored by working group. Survey report notes that IPV coverage may be biased due to difficulty distinguishing between an injection against Polio (IPV) from an injection of Penta during the vaccination session. Inactivated polio vaccine in April 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

# Democratic Republic of the Congo - MCV1

COD - MCV1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	72	74	74	72	71	67	64	57	57	57	57	57
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	86	87	85	84	88	89	91	89	92	92	92	91
Administrative	86	87	85	92	88	89	91	90	92	92	92	91
Survey	72	NA	74	72	NA	NA	64	57	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

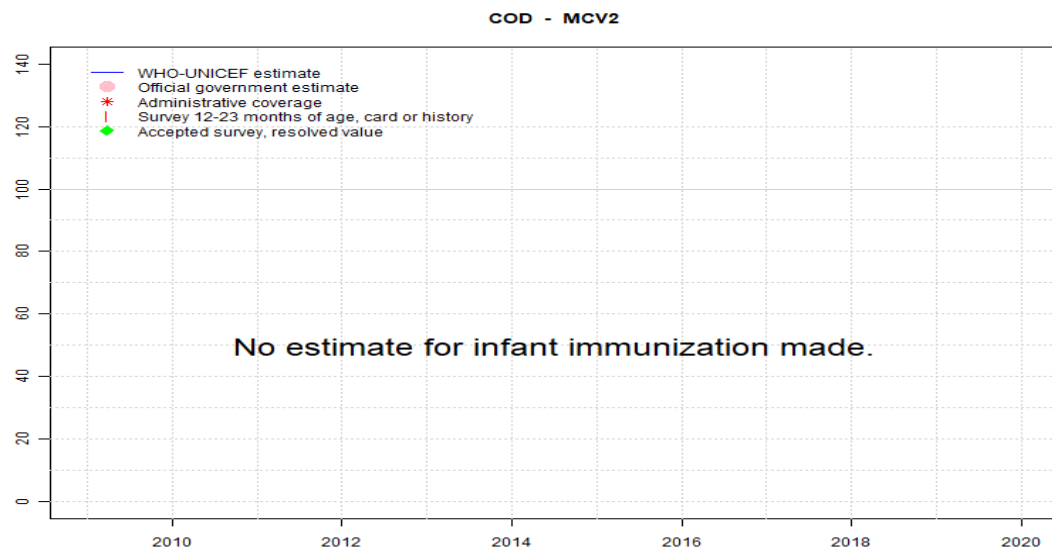
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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:

- 2020: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Programme reports less than one month vaccine stock-out at national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 57 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2015 levels. Programme reports a stock-out of MCV1 at the national level that lasted less than one month. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2015 levels. The Minister of Health reports that the country, in collaboration with partners, has been in the process of improving the quality of immunization coverage data. As part of this process the estimates of the number of children in the target population were revised and estimates for 2013 cannot be directly compared with previous years. WHO and UNICEF encourage the Ministry of Health make an appropriate revision for previous years and re-estimate coverage for a consistent time-series. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 72 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 74 percent based on 1 survey(s). Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2011 levels. Estimate challenged by: R-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 72 percent based on 1 survey(s). Estimate challenged by: D-R-

# Democratic Republic of the Congo - MCV2



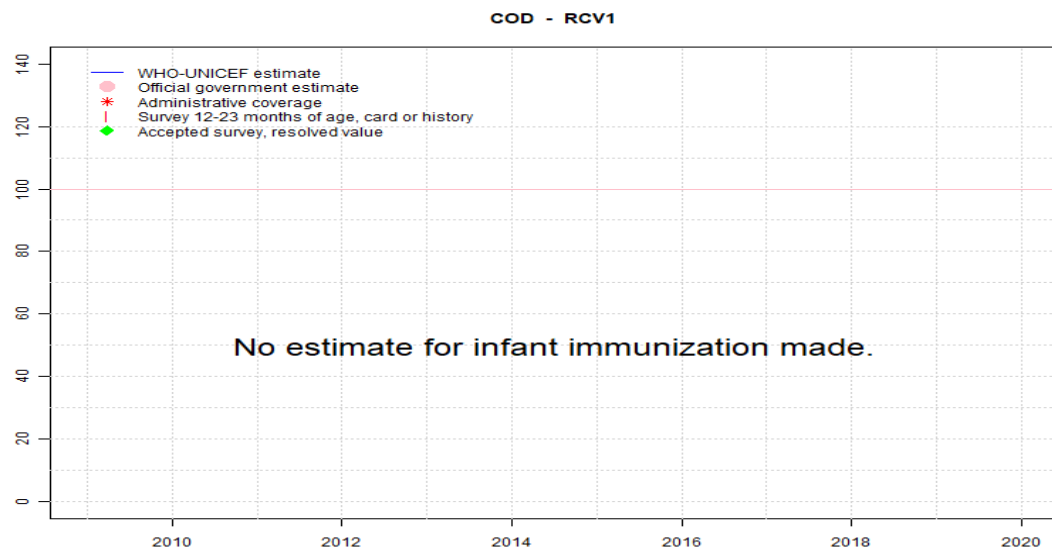
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

# Democratic Republic of the Congo - RCV1



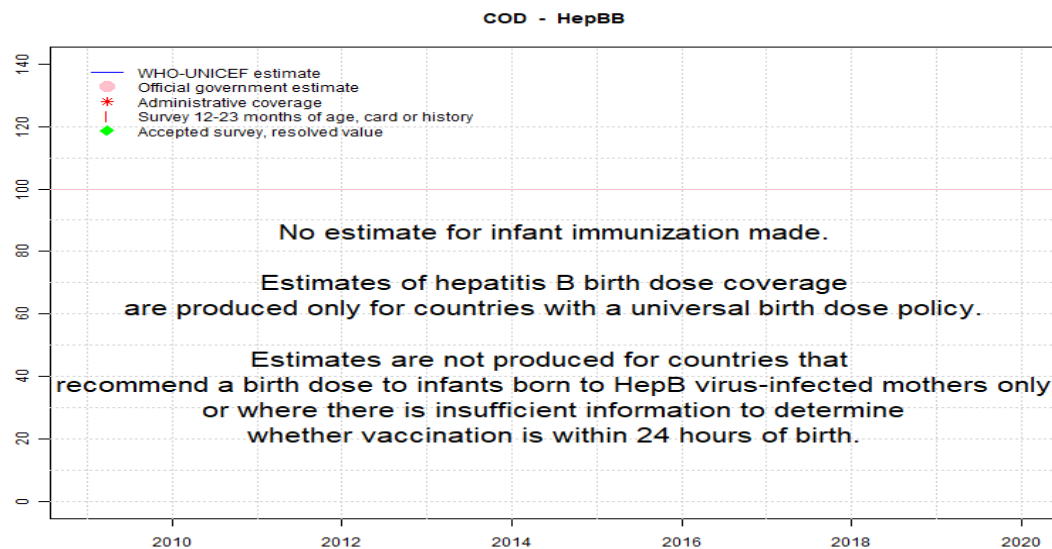
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

# Democratic Republic of the Congo - HepBB



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

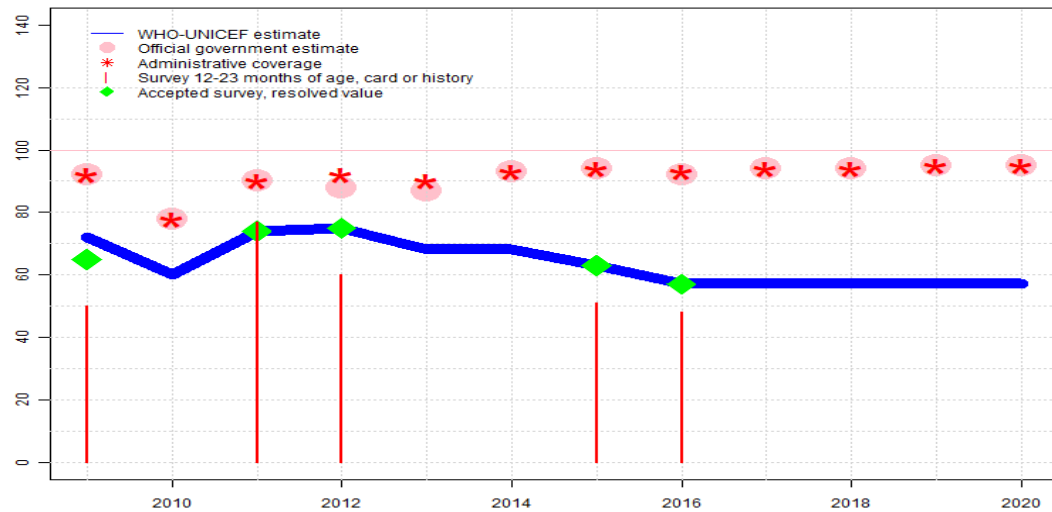
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

# Democratic Republic of the Congo - HepB3

COD - HepB3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	72	60	74	75	68	68	63	57	57	57	57	57
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	92	78	90	88	87	93	94	92	94	94	95	95
Administrative	92	78	90	92	90	93	94	93	94	94	95	95
Survey	50	NA	77	60	NA	NA	51	48	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

- 2020: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Programme reports two month vaccine stock-out at national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 57 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 48 percent modified for recall bias to 57 percent based on 1st dose card or history coverage of 66 percent, 1st dose card only coverage of 22 percent and 3rd dose card only coverage of 19 percent. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 51 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 67 percent, 1st dose card only coverage of 17 percent and 3rd dose card only coverage of 16 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 and 2015 levels. The Minister of Health reports that the country, in collaboration with partners, has been in the process of improving the quality of immunization coverage data. As part of this process the estimates of the number of children in the target population were revised and estimates for 2013 cannot be directly compared with previous years. WHO and UNICEF encourage the Ministry of Health make an appropriate revision for previous years and re-estimate coverage for a consistent time-series. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Democratic Republic of Congo Demographic and Health Survey 2013-14 card or history results of 60 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 26 percent and 3rd dose card only coverage of 24 percent. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey

# Democratic Republic of the Congo - HepB3

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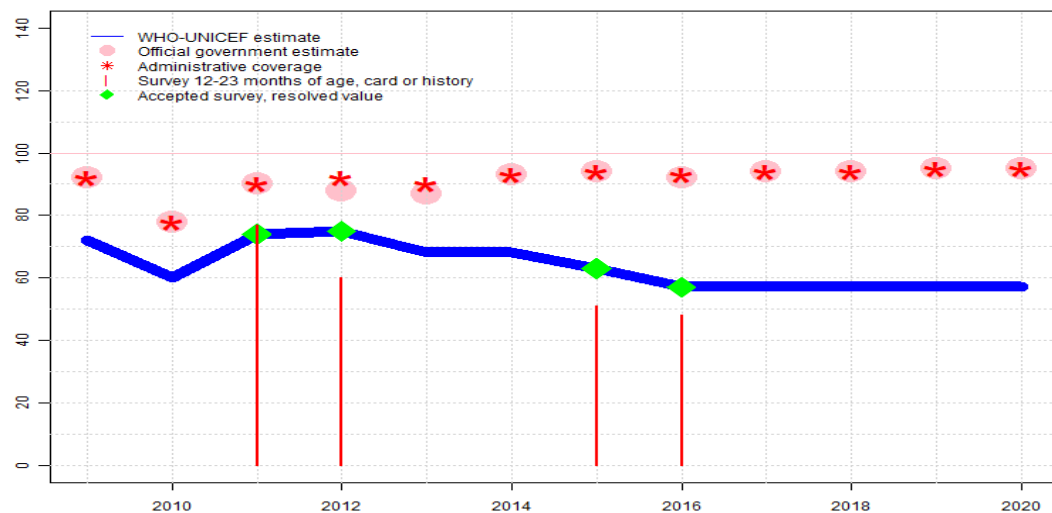
evidence of 74 percent based on 1 survey(s). Democratic Republic of Congo Immunization Coverage Survey 2012 card or history results of 77 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 24 percent and 3rd dose card only coverage of 21 percent. Estimate challenged by: D-R-

2010: Estimate follows DTP3 coverage levels. Reported data excluded due to decline in reported coverage from 92 percent to 78 percent with increase to 90 percent. The decline in coverage is attributed to vaccine shortage. Estimate challenged by: D-R-S-

2009: Estimate follows DTP3 coverage levels. Democratic Republic of the Congo Multiple Indicator Cluster Survey 2010 card or history results of 50 percent modified for recall bias to 65 percent based on 1st dose card or history coverage of 71 percent, 1st dose card only coverage of 38 percent and 3rd dose card only coverage of 35 percent. DTP-HepB-Hib combination vaccine introduced in 2009. Estimate challenged by: D-R-

# Democratic Republic of the Congo - Hib3

COD - Hib3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	72	60	74	75	68	68	63	57	57	57	57	57
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	92	78	90	88	87	93	94	92	94	94	95	95
Administrative	92	78	90	92	90	93	94	93	94	94	95	95
Survey	NA	NA	77	60	NA	NA	51	48	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

- 2020: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Programme reports two month vaccine stock-out at national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 57 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 48 percent modified for recall bias to 57 percent based on 1st dose card or history coverage of 66 percent, 1st dose card only coverage of 22 percent and 3rd dose card only coverage of 19 percent. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 51 percent modified for recall bias to 63 percent based on 1st dose card or history coverage of 67 percent, 1st dose card only coverage of 17 percent and 3rd dose card only coverage of 16 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-S-
- 2013: Reported data calibrated to 2012 and 2015 levels. The Minister of Health reports that the country, in collaboration with partners, has been in the process of improving the quality of immunization coverage data. As part of this process the estimates of the number of children in the target population were revised and estimates for 2013 cannot be directly compared with previous years. WHO and UNICEF encourage the Ministry of Health make an appropriate revision for previous years and re-estimate coverage for a consistent time-series. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Democratic Republic of Congo Demographic and Health Survey 2013-14 card or history results of 60 percent modified for recall bias to 75 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 26 percent and 3rd dose card only coverage of 24 percent. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey



# Democratic Republic of the Congo - Hib3

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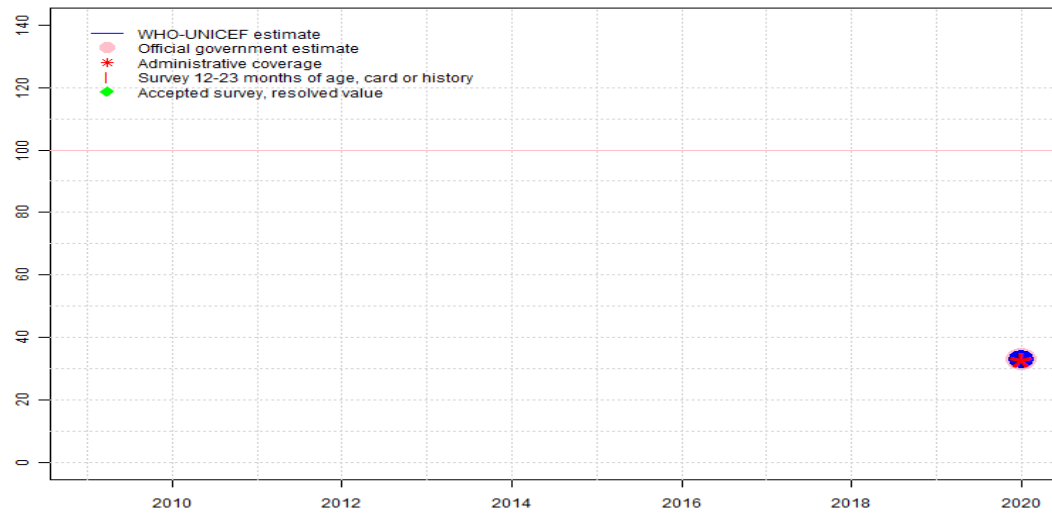
evidence of 74 percent based on 1 survey(s). Democratic Republic of Congo Immunization Coverage Survey 2012 card or history results of 77 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 24 percent and 3rd dose card only coverage of 21 percent. Estimate challenged by: D-R-

2010: Estimate follows DTP3 coverage levels. Reported data excluded due to decline in reported coverage from 92 percent to 78 percent with increase to 90 percent. The decline in coverage is attributed to vaccine shortage. Estimate challenged by: D-R-S-

2009: Estimate follows DTP3 coverage levels. Hib vaccine introduced in 2009. Vaccine presentation is DTP-HepB-Hib. Estimate challenged by: D-R-

# Democratic Republic of the Congo - RotaC

COD - RotaC



## Description:

2020: Estimate is exceptionally based on reported coverage as new vaccine introduction in December 2019. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: R-

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	33
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	33
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	33
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

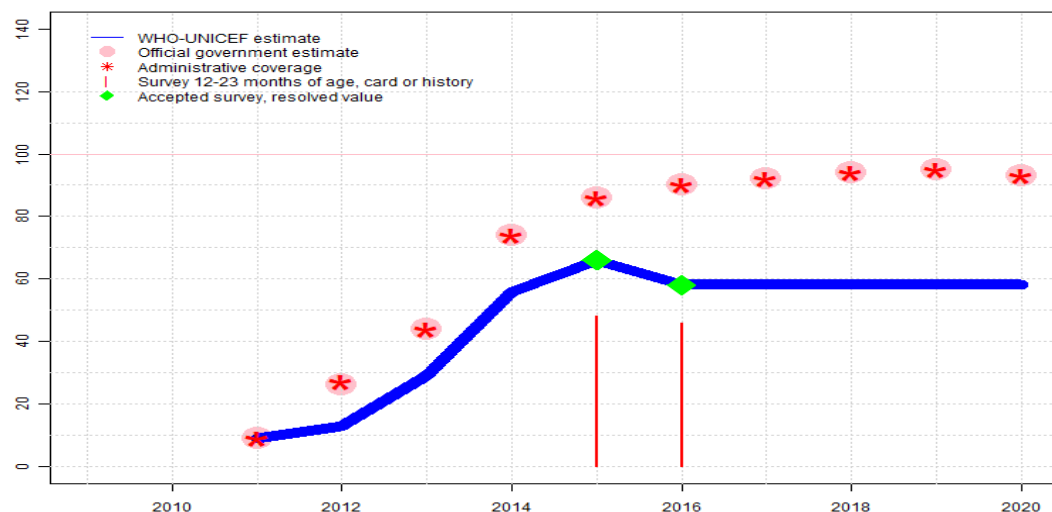
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

# Democratic Republic of the Congo - PcV3

COD - PcV3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	9	13	29	56	66	58	58	58	58	58
Estimate GoC	NA	NA	••	•	•	•	•	•	•	•	•	•
Official	NA	NA	9	26	44	74	86	90	92	94	95	93
Administrative	NA	NA	9	27	44	74	86	90	92	94	95	93
Survey	NA	NA	NA	NA	NA	NA	48	46	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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.

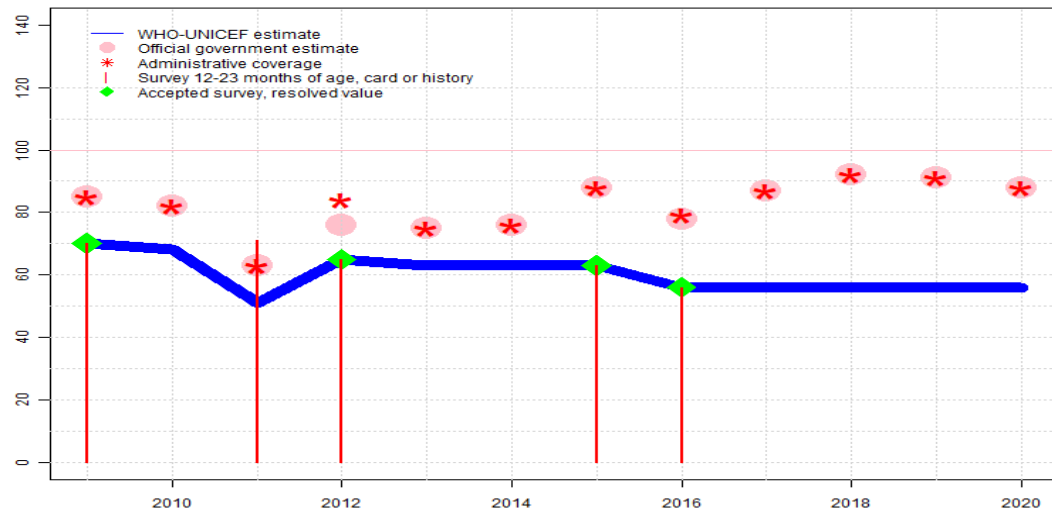
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2020: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Programme reports less than one month vaccine stock-out at national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 58 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 46 percent modified for recall bias to 58 percent based on 1st dose card or history coverage of 64 percent, 1st dose card only coverage of 21 percent and 3rd dose card only coverage of 19 percent. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 66 percent based on 1 survey(s). Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018 card or history results of 48 percent modified for recall bias to 66 percent based on 1st dose card or history coverage of 66 percent, 1st dose card only coverage of 16 percent and 3rd dose card only coverage of 16 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2015 levels. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2015 levels. The Minister of Health reports that the country, in collaboration with partners, has been in the process of improving the quality of immunization coverage data. As part of this process the estimates of the number of children in the target population were revised and estimates for 2013 cannot be directly compared with previous years. WHO and UNICEF encourage the Ministry of Health make an appropriate revision for previous years and re-estimate coverage for a consistent time-series. Estimate challenged by: D-R-S-
- 2012: Estimate of 13 percent assigned by working group. Estimate is based on calibrated DTP3 level. Estimate challenged by: D-R-
- 2011: Estimate is based on reported data. Pneumococcal conjugate vaccine was introduced in part of the country in 2011. GoC=R+

# Democratic Republic of the Congo - YFV

COD - YFV



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	70	68	51	65	63	63	63	56	56	56	56	56
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	82	63	76	75	76	88	78	87	92	91	88
Administrative	85	82	63	84	75	76	88	79	87	92	91	88
Survey	70	NA	71	65	NA	NA	63	56	NA	NA	NA	NA

The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability model upon which the estimates are based, we are unable to present classical measures of uncertainty, e.g., confidence intervals. Moreover, we have chosen not to make subjective estimates of plausibility/certainty ranges around the coverage. The GoC reflects the degree of empirical support upon which the estimates are based. It is not a judgment of the quality of data reported by national authorities.

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 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:

- 2020: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Reported data excluded. Review of trends in reported coverage during 2011-2016 suggests the administrative recording and reporting system was unable to identify declines in coverage suggested by surveys. Programme notes ongoing activity to improve data quality consistent with a 2018-2022 data improvement plan. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Reported data excluded. See comment in 2019. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 56 percent based on 1 survey(s). Programme reported district level stock outs of unknown duration. Estimate challenged by: D-R-
- 2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 63 percent based on 1 survey(s). Reported data excluded. Unexplained increase in reported coverage from previous year. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2015 levels. Programme reports a two month stock-out at the national level. Reported coverage appears to be in error in contrast to reported administrative coverage. Estimate challenged by: D-R-
- 2013: Reported data calibrated to 2012 and 2015 levels. The Minister of Health reports that the country, in collaboration with partners, has been in the process of improving the quality of immunization coverage data. As part of this process the estimates of the number of children in the target population were revised and estimates for 2013 cannot be directly compared with previous years. WHO and UNICEF encourage the Ministry of Health make an appropriate revision for previous years and re-estimate coverage for a consistent time-series. Estimate challenged by: D-R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 65 percent based on 1 survey(s). Recovered from vaccine stock out. Estimate challenged by: D-R-
- 2011: Reported data calibrated to 2009 and 2012 levels. Democratic Republic of Congo Immunization Coverage Survey 2012 results ignored by working group. Survey may have been conducted in a period that may not reflect vaccine stock out. Decline in coverage most likely attributable to vaccine stock-out in 221 of 509 districts. Estimate challenged by: R-S-
- 2010: Reported data calibrated to 2009 and 2012 levels. Estimate challenged by: D-R-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 70 percent based on 1 survey(s). Estimate challenged by: D-R-

# Democratic Republic of the Congo - survey details

## 2016 Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	71.9	12-23 m	4287	25
BCG	Card	22.9	12-23 m	4287	25
BCG	Card or History	73.4	12-23 m	4287	25
BCG	History	50.6	12-23 m	4287	25
DTP1	C or H <12 months	65	12-23 m	4287	25
DTP1	Card	21.6	12-23 m	4287	25
DTP1	Card or History	65.8	12-23 m	4287	25
DTP1	History	44.2	12-23 m	4287	25
DTP3	C or H <12 months	46.2	12-23 m	4287	25
DTP3	Card	19.4	12-23 m	4287	25
DTP3	Card or History	47.6	12-23 m	4287	25
DTP3	History	28.2	12-23 m	4287	25
HepB1	C or H <12 months	65	12-23 m	4287	25
HepB1	Card	21.6	12-23 m	4287	25
HepB1	Card or History	65.8	12-23 m	4287	25
HepB1	History	44.2	12-23 m	4287	25
HepB3	C or H <12 months	46.2	12-23 m	4287	25
HepB3	Card	19.4	12-23 m	4287	25
HepB3	Card or History	47.6	12-23 m	4287	25
HepB3	History	28.2	12-23 m	4287	25
Hib1	C or H <12 months	65	12-23 m	4287	25
Hib1	Card	21.6	12-23 m	4287	25
Hib1	Card or History	65.8	12-23 m	4287	25
Hib1	History	44.2	12-23 m	4287	25
Hib3	C or H <12 months	46.2	12-23 m	4287	25
Hib3	Card	19.4	12-23 m	4287	25
Hib3	Card or History	47.6	12-23 m	4287	25
Hib3	History	28.2	12-23 m	4287	25
IPV1	C or H <12 months	57.8	12-23 m	4287	25
IPV1	Card	15.6	12-23 m	4287	25
IPV1	Card or History	59	12-23 m	4287	25
IPV1	History	43.4	12-23 m	4287	25
MCV1	C or H <12 months	53.6	12-23 m	4287	25
MCV1	Card	16.3	12-23 m	4287	25
MCV1	Card or History	57.2	12-23 m	4287	25

MCV1	History	40.9	12-23 m	4287	25
PCV1	C or H <12 months	63.7	12-23 m	4287	25
PCV1	Card	21	12-23 m	4287	25
PCV1	Card or History	64.2	12-23 m	4287	25
PCV1	History	43.2	12-23 m	4287	25
PCV3	C or H <12 months	44.5	12-23 m	4287	25
PCV3	Card	19.1	12-23 m	4287	25
PCV3	Card or History	46.1	12-23 m	4287	25
PCV3	History	27	12-23 m	4287	25
Pol1	C or H <12 months	72	12-23 m	4287	25
Pol1	Card	22.4	12-23 m	4287	25
Pol1	Card or History	72.7	12-23 m	4287	25
Pol1	History	50.3	12-23 m	4287	25
Pol3	C or H <12 months	31.8	12-23 m	4287	25
Pol3	Card	20.1	12-23 m	4287	25
Pol3	Card or History	32.7	12-23 m	4287	25
Pol3	History	12.6	12-23 m	4287	25
YFV	C or H <12 months	52.6	12-23 m	4287	25
YFV	Card	15.4	12-23 m	4287	25
YFV	Card or History	56.3	12-23 m	4287	25
YFV	History	40.9	12-23 m	4287	25

## 2015 Democratic Republic of the Congo Multiple Indicator Cluster Survey (MICS-Palu) 2018

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	71	24-35 m	4166	25
BCG	Card	18.1	24-35 m	4166	25
BCG	Card or History	72.5	24-35 m	4166	25
BCG	History	54.4	24-35 m	4166	25
DTP1	C or H <12 months	65.8	24-35 m	4166	25
DTP1	Card	16.7	24-35 m	4166	25
DTP1	Card or History	66.9	24-35 m	4166	25
DTP1	History	50.1	24-35 m	4166	25
DTP3	C or H <12 months	49	24-35 m	4166	25
DTP3	Card	16.1	24-35 m	4166	25
DTP3	Card or History	50.6	24-35 m	4166	25
DTP3	History	34.5	24-35 m	4166	25
HepB1	C or H <12 months	65.8	24-35 m	4166	25

# Democratic Republic of the Congo - survey details

HepB1	Card	16.7	24-35 m	4166	25
HepB1	Card or History	66.9	24-35 m	4166	25
HepB1	History	50.1	24-35 m	4166	25
HepB3	C or H <12 months	49	24-35 m	4166	25
HepB3	Card	16.1	24-35 m	4166	25
HepB3	Card or History	50.6	24-35 m	4166	25
HepB3	History	34.5	24-35 m	4166	25
Hib1	C or H <12 months	65.8	24-35 m	4166	25
Hib1	Card	16.7	24-35 m	4166	25
Hib1	Card or History	66.9	24-35 m	4166	25
Hib1	History	50.1	24-35 m	4166	25
Hib3	C or H <12 months	49	24-35 m	4166	25
Hib3	Card	16.1	24-35 m	4166	25
Hib3	Card or History	50.6	24-35 m	4166	25
Hib3	History	34.5	24-35 m	4166	25
IPV1	C or H <12 months	59.1	24-35 m	4166	25
IPV1	Card	12	24-35 m	4166	25
IPV1	Card or History	61.6	24-35 m	4166	25
IPV1	History	49.6	24-35 m	4166	25
MCV1	C or H <12 months	58.4	24-35 m	4166	25
MCV1	Card	13.7	24-35 m	4166	25
MCV1	Card or History	64	24-35 m	4166	25
MCV1	History	50.3	24-35 m	4166	25
PCV1	C or H <12 months	64.4	24-35 m	4166	25
PCV1	Card	16.5	24-35 m	4166	25
PCV1	Card or History	65.5	24-35 m	4166	25
PCV1	History	49	24-35 m	4166	25
PCV3	C or H <12 months	46.5	24-35 m	4166	25
PCV3	Card	15.6	24-35 m	4166	25
PCV3	Card or History	48	24-35 m	4166	25
PCV3	History	32.4	24-35 m	4166	25
Pol1	C or H <12 months	72.4	24-35 m	4166	25
Pol1	Card	17.8	24-35 m	4166	25
Pol1	Card or History	73.6	24-35 m	4166	25
Pol1	History	55.8	24-35 m	4166	25
Pol3	C or H <12 months	31.7	24-35 m	4166	25
Pol3	Card	16.6	24-35 m	4166	25
Pol3	Card or History	33	24-35 m	4166	25
Pol3	History	16.4	24-35 m	4166	25
YFV	C or H <12 months	56.9	24-35 m	4166	25

YFV	Card	12.9	24-35 m	4166	25
YFV	Card or History	63	24-35 m	4166	25
YFV	History	50.1	24-35 m	4166	25

## 2012 République Démocratique du Congo Enquête Démographique et de Santé 2013-14

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82.5	12-23 m	3366	26
BCG	Card	25.6	12-23 m	877	26
BCG	Card or History	83.4	12-23 m	3366	26
BCG	History	57.8	12-23 m	2490	26
DTP1	C or H <12 months	79.5	12-23 m	3366	26
DTP1	Card	25.7	12-23 m	877	26
DTP1	Card or History	81.2	12-23 m	3366	26
DTP1	History	55.5	12-23 m	2490	26
DTP3	C or H <12 months	58.1	12-23 m	3366	26
DTP3	Card	24.1	12-23 m	877	26
DTP3	Card or History	60.5	12-23 m	3366	26
DTP3	History	36.4	12-23 m	2490	26
HepB1	C or H <12 months	79.5	12-23 m	3366	26
HepB1	Card	25.7	12-23 m	877	26
HepB1	Card or History	81.2	12-23 m	3366	26
HepB1	History	55.5	12-23 m	2490	26
HepB3	C or H <12 months	58.1	12-23 m	3366	26
HepB3	Card	24.1	12-23 m	877	26
HepB3	Card or History	60.5	12-23 m	3366	26
HepB3	History	36.4	12-23 m	2490	26
Hib1	C or H <12 months	79.5	12-23 m	3366	26
Hib1	Card	25.7	12-23 m	877	26
Hib1	Card or History	81.2	12-23 m	3366	26
Hib1	History	55.5	12-23 m	2490	26
Hib3	C or H <12 months	58.1	12-23 m	3366	26
Hib3	Card	24.1	12-23 m	877	26
Hib3	Card or History	60.5	12-23 m	3366	26
Hib3	History	36.4	12-23 m	2490	26
MCV1	C or H <12 months	64.4	12-23 m	3366	26
MCV1	Card	22.7	12-23 m	877	26
MCV1	Card or History	71.6	12-23 m	3366	26

# Democratic Republic of the Congo - survey details

MCV1	History	48.9	12-23 m	2490	26
Pol1	C or H <12 months	89.5	12-23 m	3366	26
Pol1	Card	25.8	12-23 m	877	26
Pol1	Card or History	91.7	12-23 m	3366	26
Pol1	History	65.8	12-23 m	2490	26
Pol3	C or H <12 months	62.9	12-23 m	3366	26
Pol3	Card	24.3	12-23 m	877	26
Pol3	Card or History	65.6	12-23 m	3366	26
Pol3	History	41.3	12-23 m	2490	26
YFV	C or H <12 months	59.3	12-23 m	3366	26
YFV	Card	21.7	12-23 m	877	26
YFV	Card or History	65.4	12-23 m	3366	26
YFV	History	43.7	12-23 m	2490	26

## 2011 Enquête de couverture vaccinale en République Démocratique du Congo, 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	26.9	12-23 m	6903	35
BCG	Card or History	88.5	12-23 m	6903	35
BCG	History	61.5	12-23 m	6903	35
DTP1	Card	24.1	12-23 m	6903	35
DTP1	Card or History	85.2	12-23 m	6903	35
DTP1	History	59.5	12-23 m	6903	35
DTP3	Card	21.2	12-23 m	6903	35
DTP3	Card or History	76.9	12-23 m	6903	35
DTP3	History	55.7	12-23 m	6903	35
HepB1	Card	24.1	12-23 m	6903	35
HepB1	Card or History	85.2	12-23 m	6903	35
HepB1	History	59.5	12-23 m	6903	35
HepB3	Card	21.2	12-23 m	6903	35
HepB3	Card or History	76.9	12-23 m	6903	35
HepB3	History	55.7	12-23 m	6903	35
Hib1	Card	24.1	12-23 m	6903	35
Hib1	Card or History	85.2	12-23 m	6903	35
Hib1	History	59.5	12-23 m	6903	35
Hib3	Card	21.2	12-23 m	6903	35
Hib3	Card or History	76.9	12-23 m	6903	35
Hib3	History	55.7	12-23 m	6903	35

MCV1	Card	18.9	12-23 m	6903	35
MCV1	Card or History	74	12-23 m	6903	35
MCV1	History	55.1	12-23 m	6903	35
Pol1	Card	25	12-23 m	6903	35
Pol1	Card or History	88.5	12-23 m	6903	35
Pol1	History	63.5	12-23 m	6903	35
Pol3	Card	21.9	12-23 m	6903	35
Pol3	Card or History	81.4	12-23 m	6903	35
Pol3	History	59.5	12-23 m	6903	35
YFV	Card	17.8	12-23 m	6903	35
YFV	Card or History	70.8	12-23 m	6903	35
YFV	History	53	12-23 m	6903	35

## 2011 République Démocratique du Congo Enquête Démographique et de Santé 2013-14

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82.2	24-35 m	3435	26
DTP1	C or H <12 months	77.8	24-35 m	3435	26
DTP3	C or H <12 months	60.2	24-35 m	3435	26
HepB1	C or H <12 months	77.8	24-35 m	3435	26
HepB3	C or H <12 months	60.2	24-35 m	3435	26
Hib1	C or H <12 months	77.8	24-35 m	3435	26
Hib3	C or H <12 months	60.2	24-35 m	3435	26
MCV1	C or H <12 months	60.8	24-35 m	3435	26
Pol1	C or H <12 months	86.8	24-35 m	3435	26
Pol3	C or H <12 months	61.3	24-35 m	3435	26
YFV	C or H <12 months	56.3	24-35 m	3435	26

## 2010 République Démocratique du Congo Enquête Démographique et de Santé 2013-14

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82.4	36-47 m	3328	26
DTP1	C or H <12 months	79.5	36-47 m	3328	26
DTP3	C or H <12 months	60.3	36-47 m	3328	26
HepB1	C or H <12 months	79.5	36-47 m	3328	26
HepB3	C or H <12 months	60.3	36-47 m	3328	26

# Democratic Republic of the Congo - survey details

Hib1	C or H <12 months	79.5	36-47 m	3328	26
Hib3	C or H <12 months	60.3	36-47 m	3328	26
MCV1	C or H <12 months	66.4	36-47 m	3328	26
Pol1	C or H <12 months	86.5	36-47 m	3328	26
Pol3	C or H <12 months	59.7	36-47 m	3328	26
YFV	C or H <12 months	63.3	36-47 m	3328	26

## 2009 République Démocratique du Congo Enquête Démographique et de Santé 2013-14

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	84.3	48-59 m	3132	26
DTP1	C or H <12 months	80.5	48-59 m	3132	26
DTP3	C or H <12 months	63	48-59 m	3132	26
HepB1	C or H <12 months	80.5	48-59 m	3132	26
HepB3	C or H <12 months	63	48-59 m	3132	26
Hib1	C or H <12 months	80.5	48-59 m	3132	26
Hib3	C or H <12 months	63	48-59 m	3132	26
MCV1	C or H <12 months	65.6	48-59 m	3132	26
Pol1	C or H <12 months	84.8	48-59 m	3132	26
Pol3	C or H <12 months	56	48-59 m	3132	26
YFV	C or H <12 months	59.7	48-59 m	3132	26

## 2009 République Démocratique du Congo, Enquête par grappes à indicateurs multiples MICS-2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	83.9	12-23 m	2384	43
BCG	Card	41	12-23 m	2384	43
BCG	Card or History	84.6	12-23 m	2384	43
BCG	History	43.6	12-23 m	2384	43
DTP1	C or H <12 months	80.9	12-23 m	2384	43
DTP1	Card	41.5	12-23 m	2384	43
DTP1	Card or History	81.8	12-23 m	2384	43
DTP1	History	40.4	12-23 m	2384	43
DTP3	C or H <12 months	61.2	12-23 m	2384	43
DTP3	Card	37.3	12-23 m	2384	43

DTP3	Card or History	62.1	12-23 m	2384	43
DTP3	History	24.8	12-23 m	2384	43
HepB1	C or H <12 months	70.1	12-23 m	2384	43
HepB1	Card	38	12-23 m	2384	43
HepB1	Card or History	70.9	12-23 m	2384	43
HepB1	History	33	12-23 m	2384	43
HepB3	C or H <12 months	49.1	12-23 m	2384	43
HepB3	Card	35	12-23 m	2384	43
HepB3	Card or History	50	12-23 m	2384	43
HepB3	History	15	12-23 m	2384	43
MCV1	C or H <12 months	67	12-23 m	2384	43
MCV1	Card	34	12-23 m	2384	43
MCV1	Card or History	72	12-23 m	2384	43
MCV1	History	38	12-23 m	2384	43
Pol1	C or H <12 months	84.6	12-23 m	2384	43
Pol1	Card	40.7	12-23 m	2384	43
Pol1	Card or History	85.8	12-23 m	2384	43
Pol1	History	45.1	12-23 m	2384	43
Pol3	C or H <12 months	58.3	12-23 m	2384	43
Pol3	Card	36.7	12-23 m	2384	43
Pol3	Card or History	59.1	12-23 m	2384	43
Pol3	History	22.4	12-23 m	2384	43
YFV	C or H <12 months	64.7	12-23 m	2384	43
YFV	Card	34.4	12-23 m	2384	43
YFV	Card or History	69.5	12-23 m	2384	43
YFV	History	35.1	12-23 m	2384	43

## 2006 Enquête Démographique et de Santé République Démocratique du Congo 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	71.6	12-23 m	1585	24
BCG	Card	22.3	12-23 m	1585	24
BCG	Card or History	71.7	12-23 m	1585	24
BCG	History	49.4	12-23 m	1585	24
DTP1	C or H <12 months	69.6	12-23 m	1585	24
DTP1	Card	22.9	12-23 m	1585	24
DTP1	Card or History	70.6	12-23 m	1585	24
DTP1	History	47.7	12-23 m	1585	24



# Democratic Republic of the Congo - survey details

DTP3	C or H <12 months	43.8	12-23 m	1585	24
DTP3	Card	20.4	12-23 m	1585	24
DTP3	Card or History	45	12-23 m	1585	24
DTP3	History	24.6	12-23 m	1585	24
MCV1	C or H <12 months	54.9	12-23 m	1585	24
MCV1	Card	20.5	12-23 m	1585	24
MCV1	Card or History	62.9	12-23 m	1585	24
MCV1	History	42.5	12-23 m	1585	24
Pol1	C or H <12 months	76.6	12-23 m	1585	24
Pol1	Card	23.3	12-23 m	1585	24
Pol1	Card or History	77.7	12-23 m	1585	24
Pol1	History	54.3	12-23 m	1585	24
Pol3	C or H <12 months	43.9	12-23 m	1585	24
Pol3	Card	20.8	12-23 m	1585	24
Pol3	Card or History	45.7	12-23 m	1585	24
Pol3	History	24.9	12-23 m	1585	24

YFV	C or H <12 months	42.1	12-23 m	1585	24
YFV	Card	18.8	12-23 m	1585	24
YFV	Card or History	49.6	12-23 m	1585	24
YFV	History	30.8	12-23 m	1585	24

## 2000 DR Congo MICS 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	53.1	12-23 m	2690	22
DTP1	Card or History	51.2	12-23 m	2690	22
DTP3	Card or History	29.9	12-23 m	2690	22
MCV1	Card or History	46.4	12-23 m	2690	22
Pol3	Card or History	41.5	12-23 m	2690	22

Further information and estimates for previous years are available at:

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

<https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/data-statistics-and-graphics>