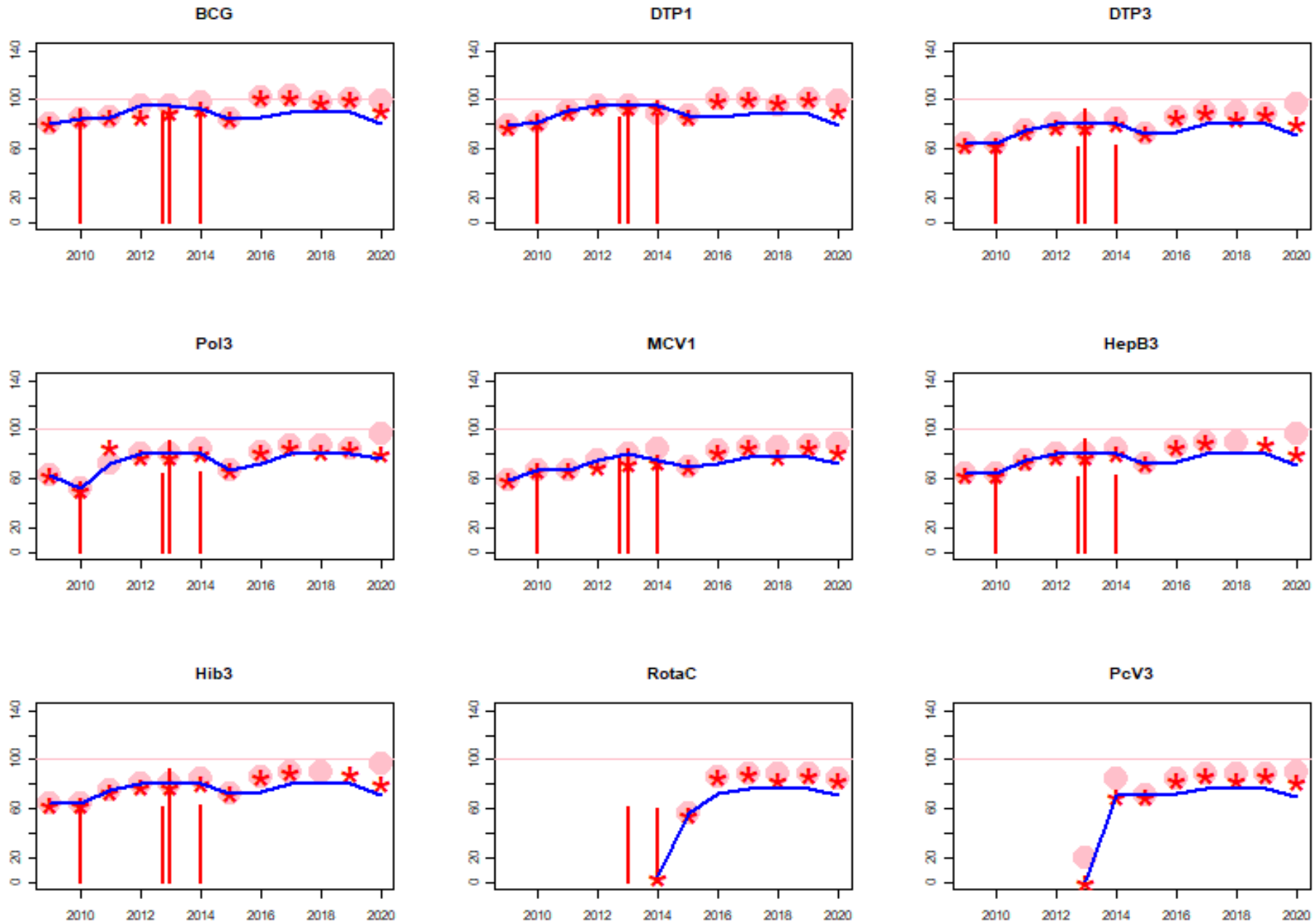


Mauritania: WHO and UNICEF estimates of immunization coverage: 2020 revision



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 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.

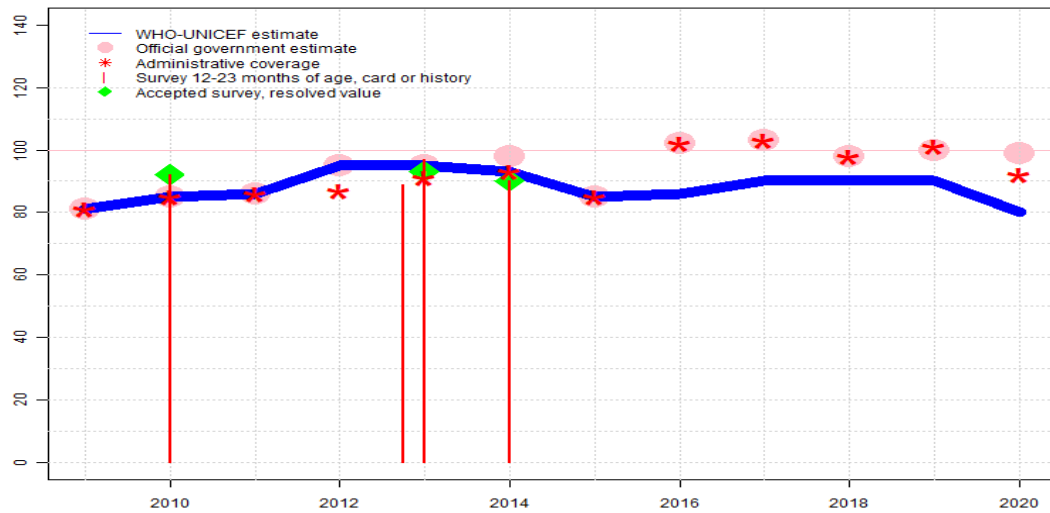
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

MRT - BCG



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	81	85	86	95	95	93	85	86	90	90	90	80
Estimate GoC	•	•••	•••	•••	•••	•	•	•	•	•	•	•
Official	81	85	86	95	95	98	85	102	103	98	100	99
Administrative	81	85	86	87	91	93	85	102	103	98	101	92
Survey	NA	92	NA	NA	*	90	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.

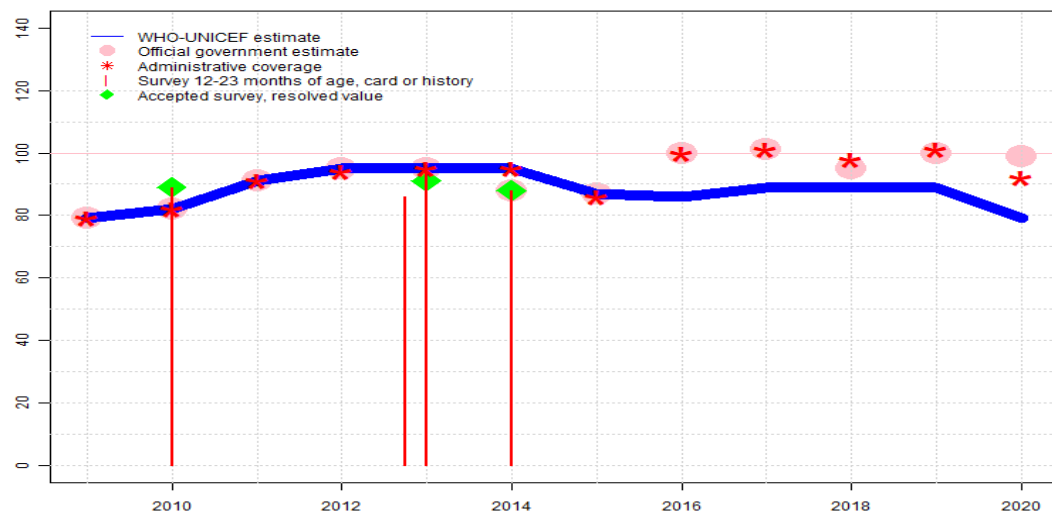
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. WHO and UNICEF are aware of ongoing DHS and await the final results. Estimate challenged by: D-R-
- 2019: Estimate based on estimated coverage from 2018. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Estimate challenged by: D-R-
- 2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-
- 2017: Estimate based on relative change in administered doses between 2016 and 2017. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: D-R-
- 2016: Estimate based on relative change in administered doses between 2015 and 2016. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-R-
- 2015: Estimate based on coverage reported by national government. Unexplained decline in reported coverage between 2014 and 2015. Estimate challenged by: D-
- 2014: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 90 percent based on 1 survey(s). Adjustment from administrative coverage unexplained. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 93 percent based on 2 survey(s). GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: S-

Mauritania - DTP1

MRT - DTP1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	79	82	91	95	95	95	87	86	89	89	89	79
Estimate GoC	•	•••	•••	•••	•••	•	•	•	•	•	•	•
Official	79	82	91	95	95	88	87	100	101	95	100	99
Administrative	79	82	91	94	95	95	86	100	101	98	101	92
Survey	NA	89	NA	NA	*	88	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.

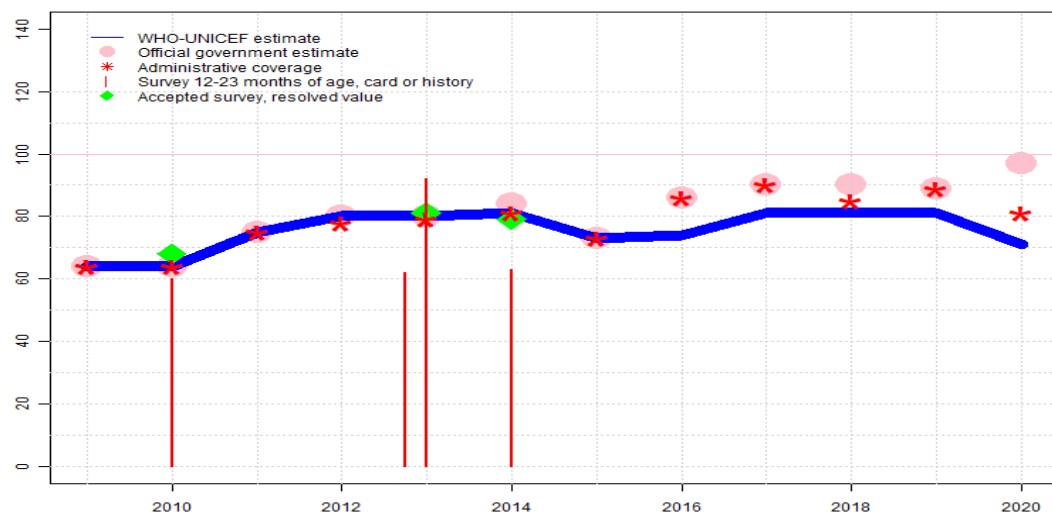
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Description:

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- 2019: Estimate based on estimated coverage from 2018. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Estimate challenged by: D-R-
- 2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-
- 2017: Estimate based on relative change in administered doses between 2016 and 2017. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Estimate based on relative change in administered doses between 2015 and 2016. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Estimate challenged by: D-R-
- 2015: Estimate based on coverage reported by national government. Estimate challenged by: D-
- 2014: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 88 percent based on 1 survey(s). Adjustment from administrative coverage unexplained. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 91 percent based on 2 survey(s). GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 89 percent based on 1 survey(s). GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-

Mauritania - DTP3

MRT - DTP3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	64	64	75	80	80	81	73	74	81	81	81	71
Estimate GoC	•	•••	•••	•	•••	•	•	•	•	•	•	•
Official	64	64	75	80	80	84	73	86	90	90	89	97
Administrative	64	64	75	78	79	81	73	86	90	85	89	81
Survey	NA	60	NA	NA	*	63	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.

Description:

- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. WHO and UNICEF are aware of ongoing DHS and await the final results. Estimate challenged by: D-R-
- 2019: Estimate based on estimated coverage from 2018. Although reported administrative coverage suggests an increase from 2018, reported official coverage suggests a decrease from 2018 levels. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Estimate challenged by: R-
- 2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-
- 2017: Estimate based on relative change in administered doses between 2016 and 2017. Estimate challenged by: R-
- 2016: Estimate based on relative change in administered doses between 2015 and 2016. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Estimate challenged by: R-
- 2015: Estimate based on coverage reported by national government. Programme reports decline in reported coverage due to insufficient funding for conduct of outreach activity. Estimate challenged by: D-
- 2014: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2015 card or history results of 63 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 29 percent and 3rd dose card only coverage of 26 percent. Adjustment from administrative coverage unexplained. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 2 survey(s). Report of the External EPI Review, Mauritania, 2014 card or history results of 92 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 47 percent and 3rd dose card only coverage of 43 percent. Mauritania Multiple Indicator Cluster Survey 2015 card or history results of 62 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 14 percent and 3rd dose card only coverage of 12 percent. GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2011: Estimate based on coverage reported by national government. . GoC=R+ S+ D+
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 68 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2011 card or history results of 60 percent modified for recall bias to 68 percent

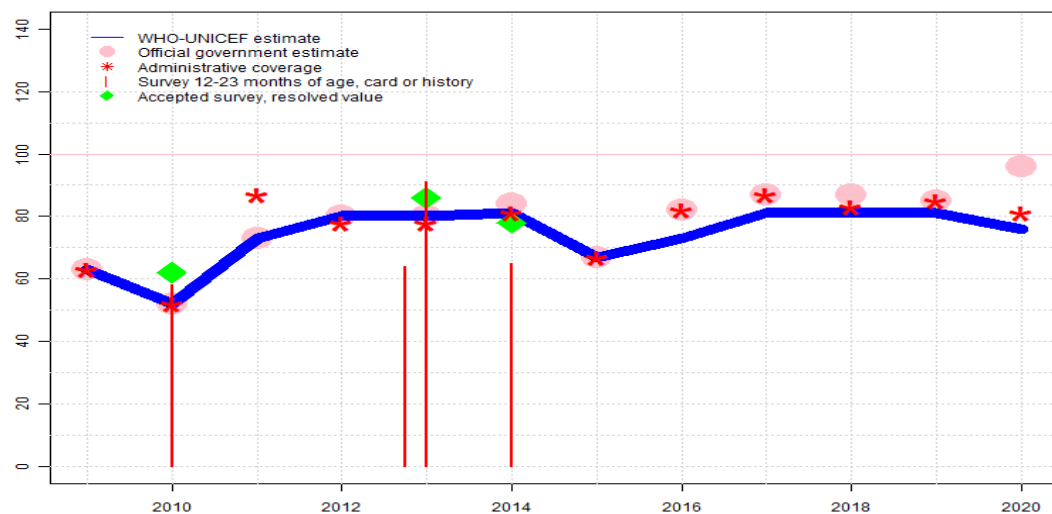
Mauritania - DTP3

based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 30 percent and 3rd dose card only coverage of 23 percent. GoC=R+ S+ D+

2009: Estimate based on coverage reported by national government. Estimate challenged by: D-

Mauritania - Pol3

MRT - Pol3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	63	52	73	80	80	81	67	73	81	81	81	76
Estimate GoC	•	•••	•	•	•••	•	•	•	•	•	•	•
Official	63	52	73	80	80	84	67	82	87	87	85	96
Administrative	63	52	87	78	78	81	67	82	87	83	85	81
Survey	NA	58	NA	NA	*	65	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.

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Description:

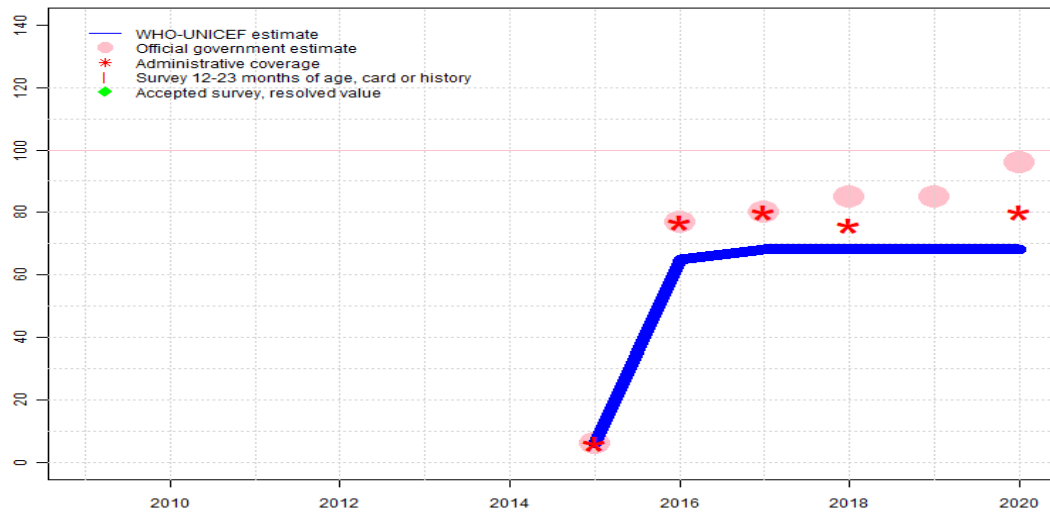
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Reported data excluded due to sudden change in coverage from 85 level to 96 percent. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. WHO and UNICEF are aware of ongoing DHS and await the final results. Estimate challenged by: R-
- 2019: Estimate based on estimated coverage from 2018. Although reported administrative coverage suggests an increase from 2018, reported official coverage suggests a decrease from 2018 levels. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Programme reports a one month vaccine stock-out. Estimate challenged by: R-
- 2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-
- 2017: Estimate based on relative change in administered doses between 2016 and 2017. Estimate challenged by: R-
- 2016: Estimate based on relative change in administered doses between 2015 and 2016. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Estimate challenged by: R-
- 2015: Estimate based on coverage reported by national government. Programme reports decline in reported coverage due to insufficient funding for conduct of outreach activity. Estimate challenged by: S-
- 2014: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 78 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2015 card or history results of 65 percent modified for recall bias to 78 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 29 percent and 3rd dose card only coverage of 25 percent. Adjustment from administrative coverage unexplained. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 86 percent based on 2 survey(s). Report of the External EPI Review, Mauritania, 2014 card or history results of 91 percent modified for recall bias to 89 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 46 percent and 3rd dose card only coverage of 43 percent. Mauritania Multiple Indicator Cluster Survey 2015 card or history results of 64 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 13 percent and 3rd dose card only coverage of 12 percent. GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2011: Estimate based on coverage reported by national government. Increase is most likely the results of recovery from previous years vaccine shortage. Estimate challenged by: D-S-

Mauritania - Pol3

- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 62 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2011 card or history results of 58 percent modified for recall bias to 62 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 22 percent and 3rd dose card only coverage of 16 percent. Decline is likely the results of three months of vaccine shortage. GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-

Mauritania - IPV1

MRT - IPV1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	6	65	68	68	68	68
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	6	77	80	85	85	96
Administrative	NA	NA	NA	NA	NA	NA	6	77	80	76	NA	80
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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- 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.
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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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: Estimate based on estimated coverage from 2018. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Reported data excluded due to sudden change in coverage from 85 level to 96 percent. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. WHO and UNICEF are aware of ongoing DHS and await the final results. Estimate challenged by: D-R-

2019: Estimate based on estimated coverage from 2018. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Estimate challenged by: R-

2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-

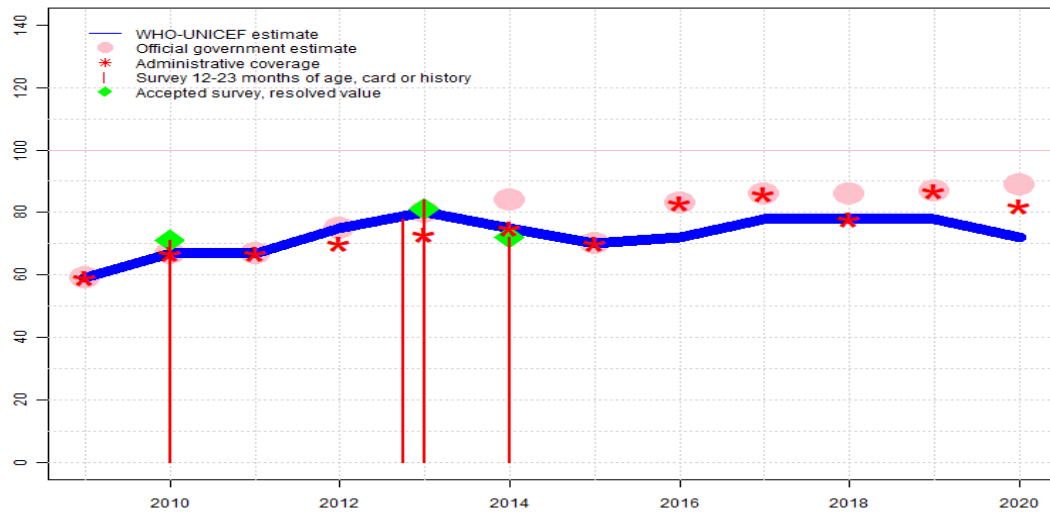
2017: Estimate based on relative change in administered doses between 2016 and 2017. Estimate challenged by: R-

2016: Estimate based on the relationship between reported coverage and number of children vaccinated with DTP3. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Estimate challenged by: R-

2015: Estimate based on coverage reported by national government. Inactivated polio vaccine during November 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Mauritania - MCV1

MRT - MCV1



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	59	67	67	75	80	75	70	72	78	78	87	72
Estimate GoC	•	•••	•	•••	•••	•••	•	•	•	•	•	•
Official	59	67	67	75	80	84	70	83	86	86	87	89
Administrative	59	67	67	70	73	75	70	83	86	78	87	82
Survey	NA	71	NA	NA	*	72	NA	NA	NA	NA	NA	NA

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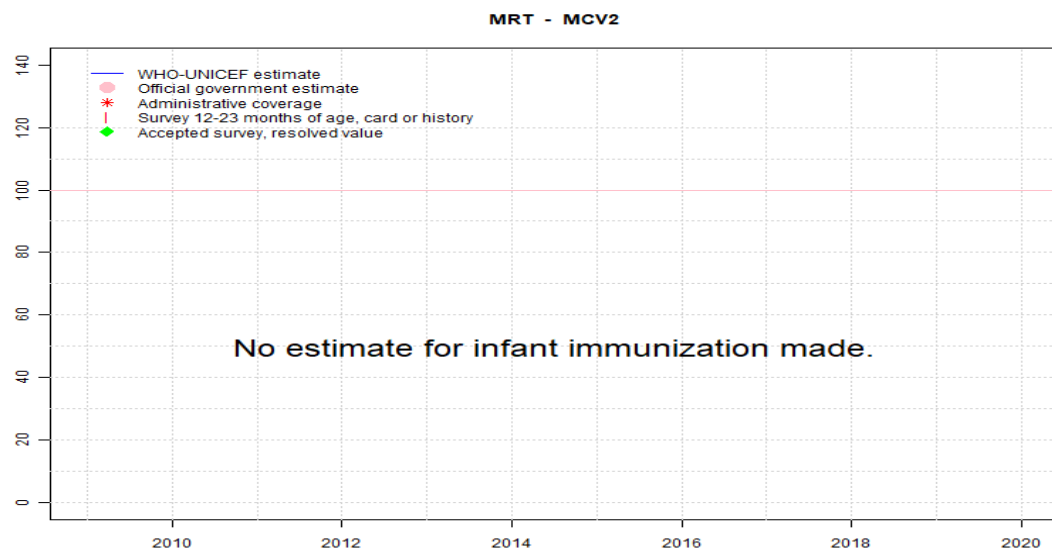
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2020 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. WHO and UNICEF are aware of ongoing DHS and await the final results. Estimate challenged by: D-R-
- 2019: Estimate based on estimated coverage from 2018. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Estimate challenged by: R-
- 2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-
- 2017: Estimate based on relative change in administered doses between 2016 and 2017. Estimate challenged by: R-
- 2016: Estimate based on relative change in administered doses between 2015 and 2016. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Estimate challenged by: R-
- 2015: Estimate based on coverage reported by national government. Programme reports decline in reported coverage due to insufficient funding for conduct of outreach activity. Estimate challenged by: S-
- 2014: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 72 percent based on 1 survey(s). Adjustment from administrative coverage unexplained. GoC=R+ S+ D+
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 2 survey(s). GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2011: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 71 percent based on 1 survey(s). GoC=R+ S+ D+
- 2009: Estimate based on coverage reported by national government. Estimate challenged by: D-S-

Mauritania - 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

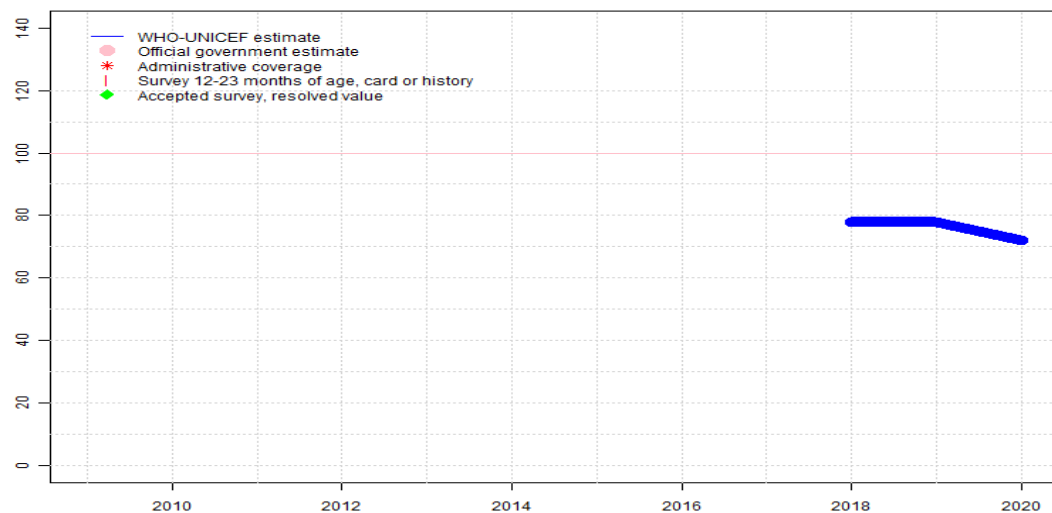
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mauritania - RCV1

MRT - RCV1



Description:

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

2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. WHO and UNICEF are aware of ongoing DHS and await the final results. Estimate challenged by: D-R-

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

2018: Estimate is based on estimated MCV1 level. Rubella containing vaccine introduced during 2018. Estimate challenged by: R-

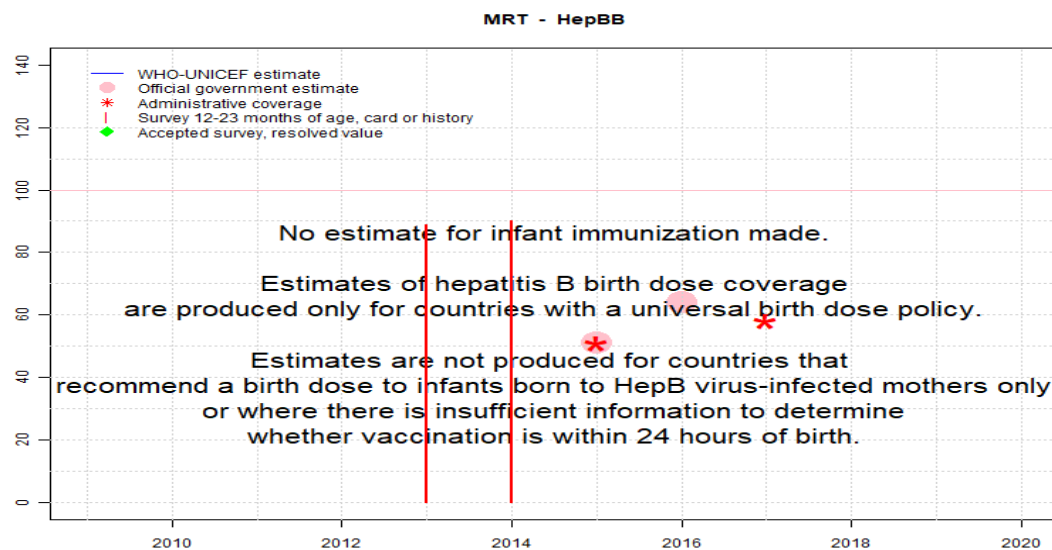
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	78	78	72
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Mauritania - 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	51	64	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	51	NA	58	NA	NA	NA
Survey	NA	NA	NA	NA	89	90	NA	NA	NA	NA	NA	NA

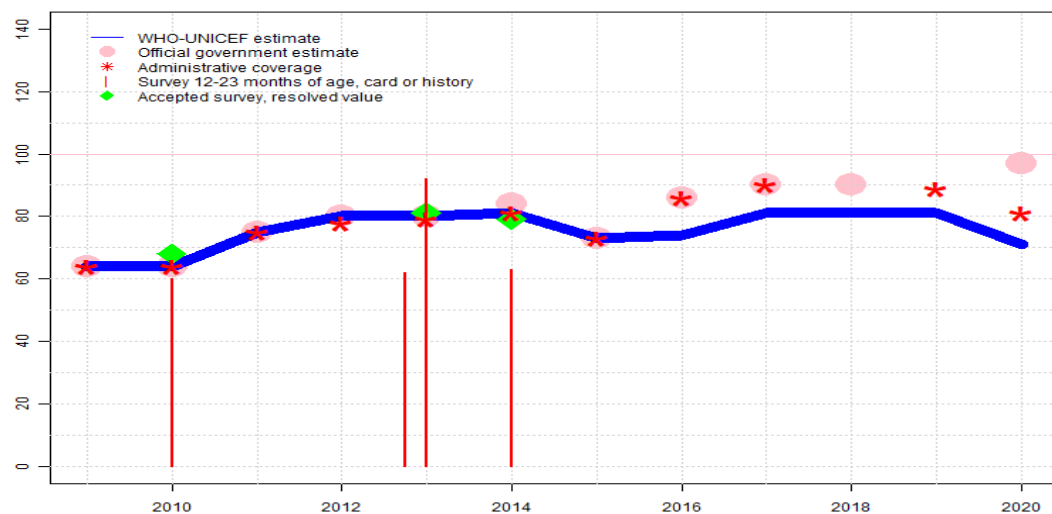
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mauritania - HepB3

MRT - HepB3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	64	64	75	80	80	81	73	74	81	81	81	71
Estimate GoC	•	•••	•••	•	•••	•	•	•	•	•	•	•
Official	64	64	75	80	80	84	73	86	90	90	NA	97
Administrative	64	64	75	78	79	81	73	86	90	NA	89	81
Survey	NA	60	NA	NA	*	63	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.

Description:

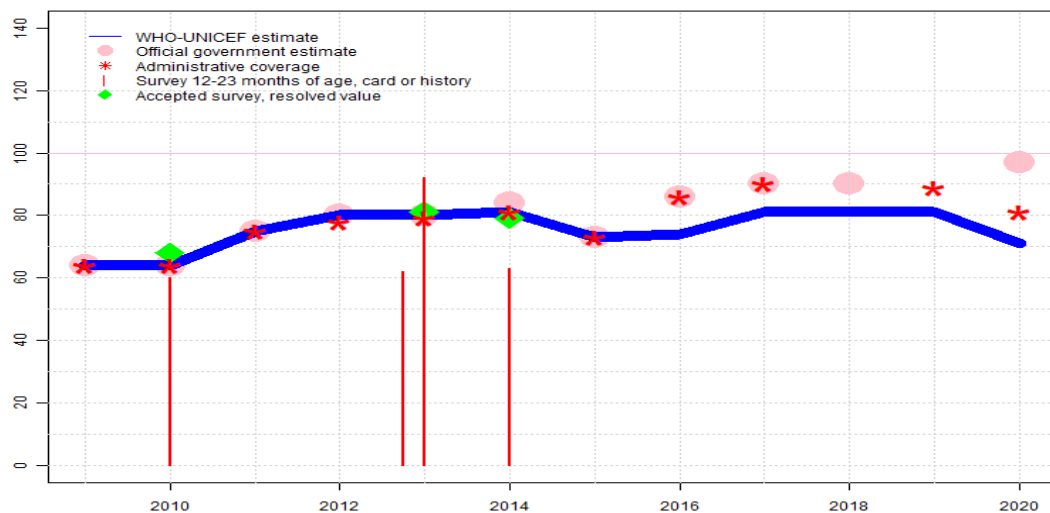
- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. WHO and UNICEF are aware of ongoing DHS and await the final results. Estimate challenged by: D-R-
- 2019: Estimate based on estimated coverage from 2018. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Estimate challenged by: R-
- 2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-
- 2017: Estimate based on relative change in administered doses between 2016 and 2017. Estimate challenged by: R-
- 2016: Estimate based on relative change in administered doses between 2015 and 2016. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Estimate challenged by: R-
- 2015: Estimate based on coverage reported by national government. Programme reports decline in reported coverage due to insufficient funding for conduct of outreach activity. Estimate challenged by: D-
- 2014: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2015 card or history results of 63 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 29 percent and 3rd dose card only coverage of 26 percent. Adjustment from administrative coverage unexplained. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 2 survey(s). Report of the External EPI Review, Mauritania, 2014 card or history results of 92 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 47 percent and 3rd dose card only coverage of 43 percent. Mauritania Multiple Indicator Cluster Survey 2015 card or history results of 62 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 14 percent and 3rd dose card only coverage of 12 percent. GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 68 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2011 card or history results of 60 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of

Mauritania - HepB3

30 percent and 3rd dose card only coverage of 23 percent. GoC=R+ S+ D+
2009: Estimate based on reported data. Estimate challenged by: D-

Mauritania - Hib3

MRT - Hib3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	64	64	75	80	80	81	73	74	81	81	81	71
Estimate GoC	•	•••	•••	•	•••	•	•	•	•	•	•	•
Official	64	64	75	80	80	84	73	86	90	90	NA	97
Administrative	64	64	75	78	79	81	73	86	90	NA	89	81
Survey	NA	60	NA	NA	*	63	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.

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Description:

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- 2019: Estimate based on estimated coverage from 2018. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Estimate challenged by: R-
- 2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-
- 2017: Estimate based on relative change in administered doses between 2016 and 2017. Estimate challenged by: R-
- 2016: Estimate based on relative change in administered doses between 2015 and 2016. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Estimate challenged by: R-
- 2015: Estimate based on coverage reported by national government. Programme reports decline in reported coverage due to insufficient funding for conduct of outreach activity. Estimate challenged by: D-
- 2014: Estimate based on administrative data reported by national government supported by survey. Survey evidence of 79 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2015 card or history results of 63 percent modified for recall bias to 79 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 29 percent and 3rd dose card only coverage of 26 percent. Adjustment from administrative coverage unexplained. Estimate challenged by: D-
- 2013: Estimate based on coverage reported by national government supported by survey. Survey evidence of 81 percent based on 2 survey(s). Report of the External EPI Review, Mauritania, 2014 card or history results of 92 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 47 percent and 3rd dose card only coverage of 43 percent. Mauritania Multiple Indicator Cluster Survey 2015 card or history results of 62 percent modified for recall bias to 74 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 14 percent and 3rd dose card only coverage of 12 percent. GoC=R+ S+ D+
- 2012: Estimate based on coverage reported by national government. Estimate challenged by: S-
- 2011: Estimate based on coverage reported by national government. GoC=R+ S+ D+
- 2010: Estimate based on coverage reported by national government supported by survey. Survey evidence of 68 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2011 card or history results of 60 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of

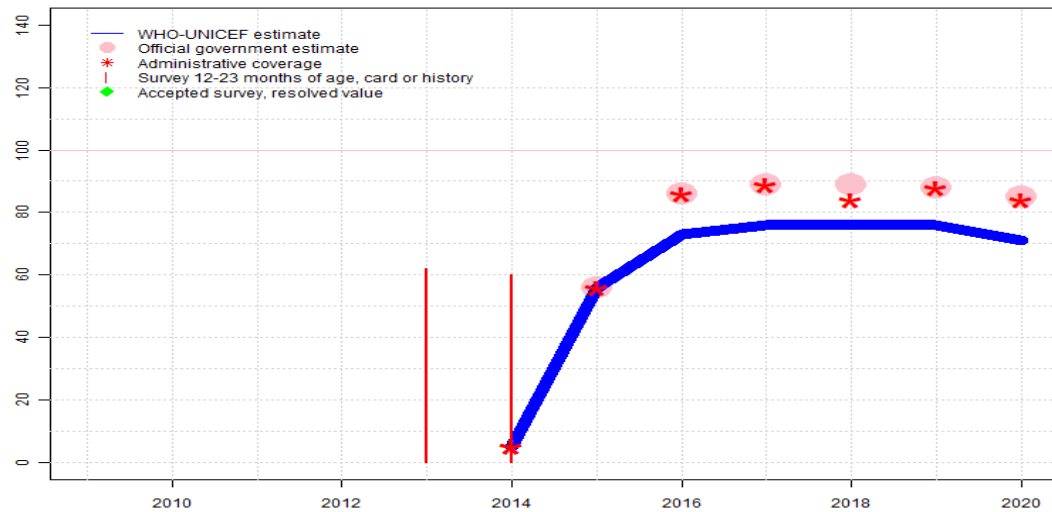
Mauritania - Hib3

30 percent and 3rd dose card only coverage of 23 percent. GoC=R+ S+ D+

2009: Estimate based on reported data. Hib vaccine introduced in 2009. Vaccine presentation is DTP-HepB-Hib. Estimate challenged by: D-

Mauritania - RotaC

MRT - RotaC



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	NA	5	56	73	76	76	76	71
Estimate GoC	NA	NA	NA	NA	NA	•	••	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	56	86	89	89	88
Administrative	NA	NA	NA	NA	NA	5	56	86	89	84	88	84
Survey	NA	NA	NA	NA	62	60	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.

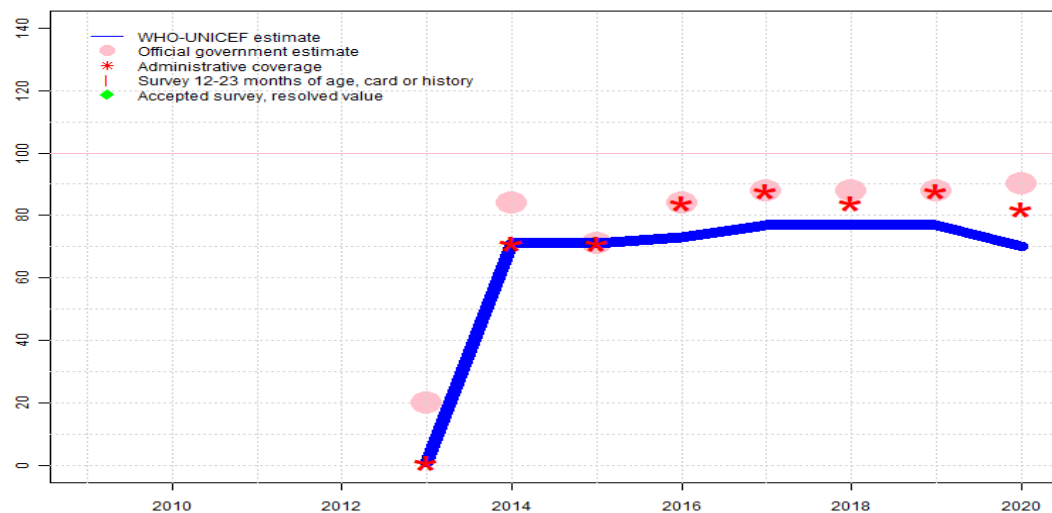
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2020: Estimate exceptionally based on the difference between administrative coverage 2019 to 2020 applied to the 2019 WUENIC estimate. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. WHO and UNICEF are aware of ongoing DHS and await the final results. Estimate challenged by: D-R-
- 2019: Estimate based on estimated coverage from 2018. Although reported administrative coverage suggests an increase from 2018, reported official coverage suggests a decrease from 2018 levels. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Estimate challenged by: D-R-
- 2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-
- 2017: Estimate based on relative change in administered doses between 2016 and 2017. Estimate challenged by: R-
- 2016: Estimate based on the relationship between reported coverage and number of children vaccinated with DTP3. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Estimate challenged by: R-
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on reported administrative estimate. Mauritania Multiple Indicator Cluster Survey 2015 results ignored by working group. . Rotavirus vaccine introduced during December 2014. Adjustment from administrative coverage unexplained. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Mauritania - PcV3

MRT - PcV3



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Estimate	NA	NA	NA	NA	1	71	71	73	77	77	77	70
Estimate GoC	NA	NA	NA	NA	•	•	••	•	•	•	•	•
Official	NA	NA	NA	NA	20	84	71	84	88	88	88	90
Administrative	NA	NA	NA	NA	1	71	71	84	88	84	88	82
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.

Description:

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- 2019: Estimate based on estimated coverage from 2018. Although reported administrative coverage suggests an increase from 2018, reported official coverage suggests stable coverage compared to 2018. Reported data excluded. Concern remains regarding the quality of the recording and reporting system. Estimate challenged by: D-R-
- 2018: Estimate based on estimated coverage from 2017. Reported data excluded. Administrative data do not support an increase in reported official coverage. Estimate challenged by: R-
- 2017: Estimate based on relative change in administered doses between 2016 and 2017. Estimate challenged by: R-
- 2016: Estimate based on the relationship between reported coverage and number of children vaccinated with DTP3. Reported data excluded. Unexplained reduction in target population of over 16 percent compared to the previous year. Estimate challenged by: R-
- 2015: Estimate based on coverage reported by national government. GoC=R+ D+
- 2014: Estimate based on reported administrative estimate. Reported coverage reflects doses administered to national target population following introduction. Adjustment from administrative coverage unexplained. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2013: Estimate based on reported administrative estimate. Pneumococcal conjugate vaccine introduced in 2013. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Mauritania - survey details

2014 Mauritania Multiple Indicator Cluster Survey 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	83.2	12-23 m	2140	29
BCG	Card	28.3	12-23 m	2140	29
BCG	Card or History	89.6	12-23 m	2140	29
BCG	History	61.4	12-23 m	2140	29
DTP1	C or H <12 months	81.1	12-23 m	2140	29
DTP1	Card	29.2	12-23 m	2140	29
DTP1	Card or History	87.7	12-23 m	2140	29
DTP1	History	58.5	12-23 m	2140	29
DTP3	C or H <12 months	56.5	12-23 m	2140	29
DTP3	Card	25.5	12-23 m	2140	29
DTP3	Card or History	62.7	12-23 m	2140	29
DTP3	History	37.1	12-23 m	2140	29
HepB1	C or H <12 months	81.1	12-23 m	2140	29
HepB1	Card	29.2	12-23 m	2140	29
HepB1	Card or History	87.7	12-23 m	2140	29
HepB1	History	58.5	12-23 m	2140	29
HepB3	C or H <12 months	56.5	12-23 m	2140	29
HepB3	Card	25.5	12-23 m	2140	29
HepB3	Card or History	62.7	12-23 m	2140	29
HepB3	History	37.1	12-23 m	2140	29
HepBB	C or H <12 months	81.1	12-23 m	2140	29
HepBB	Card	27.9	12-23 m	2140	29
HepBB	Card or History	89.6	12-23 m	2140	29
HepBB	History	61.7	12-23 m	2140	29
Hib1	C or H <12 months	81.1	12-23 m	2140	29
Hib1	Card	29.2	12-23 m	2140	29
Hib1	Card or History	87.7	12-23 m	2140	29
Hib1	History	58.5	12-23 m	2140	29
Hib3	C or H <12 months	56.5	12-23 m	2140	29
Hib3	Card	25.5	12-23 m	2140	29
Hib3	Card or History	62.7	12-23 m	2140	29
Hib3	History	37.1	12-23 m	2140	29
MCV1	C or H <12 months	61.9	12-23 m	2140	29
MCV1	Card	20.8	12-23 m	2140	29
MCV1	Card or History	72.4	12-23 m	2140	29
MCV1	History	51.6	12-23 m	2140	29
PCV1	C or H <12 months	74.5	12-23 m	2140	29

PCV1	Card	27	12-23 m	2140	29
PCV1	Card or History	80.3	12-23 m	2140	29
PCV1	History	53.3	12-23 m	2140	29
Pol1	C or H <12 months	84.5	12-23 m	2140	29
Pol1	Card	28.8	12-23 m	2140	29
Pol1	Card or History	89.8	12-23 m	2140	29
Pol1	History	61.1	12-23 m	2140	29
Pol3	C or H <12 months	58.7	12-23 m	2140	29
Pol3	Card	25.2	12-23 m	2140	29
Pol3	Card or History	64.9	12-23 m	2140	29
Pol3	History	39.8	12-23 m	2140	29
RotaC	C or H <12 months	50.8	12-23 m	2140	29
RotaC	Card	16.8	12-23 m	2140	29
RotaC	Card or History	60.4	12-23 m	2140	29
RotaC	History	43.6	12-23 m	2140	29

2013 Mauritania Multiple Indicator Cluster Survey 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	81.2	24-35 m	2098	29
BCG	Card	13.3	24-35 m	2098	29
BCG	Card or History	89.3	24-35 m	2098	29
BCG	History	76	24-35 m	2098	29
DTP1	C or H <12 months	76.8	24-35 m	2098	29
DTP1	Card	13.5	24-35 m	2098	29
DTP1	Card or History	85.5	24-35 m	2098	29
DTP1	History	72	24-35 m	2098	29
DTP3	C or H <12 months	53.8	24-35 m	2098	29
DTP3	Card	12.1	24-35 m	2098	29
DTP3	Card or History	62.3	24-35 m	2098	29
DTP3	History	50.2	24-35 m	2098	29
HepB1	C or H <12 months	76.8	24-35 m	2098	29
HepB1	Card	13.5	24-35 m	2098	29
HepB1	Card or History	85.5	24-35 m	2098	29
HepB1	History	72	24-35 m	2098	29
HepB3	C or H <12 months	53.8	24-35 m	2098	29
HepB3	Card	12.1	24-35 m	2098	29
HepB3	Card or History	62.3	24-35 m	2098	29
HepB3	History	50.2	24-35 m	2098	29

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HepBB	C or H <12 months	77.7	24-35 m	2098	29	DTP1	Card	47	12-23 m	-	55
HepBB	Card	13.2	24-35 m	2098	29	DTP1	Card or History	96	12-23 m	3727	55
HepBB	Card or History	89.3	24-35 m	2098	29	DTP1	History	49.4	12-23 m	-	55
HepBB	History	76.1	24-35 m	2098	29	DTP3	Card	43.4	12-23 m	-	55
Hib1	C or H <12 months	76.8	24-35 m	2098	29	DTP3	Card or History	92	12-23 m	3727	55
Hib1	Card	13.5	24-35 m	2098	29	DTP3	History	48.5	12-23 m	-	55
Hib1	Card or History	85.5	24-35 m	2098	29	HepB1	Card	47	12-23 m	-	55
Hib1	History	72	24-35 m	2098	29	HepB1	Card or History	96	12-23 m	3727	55
Hib3	C or H <12 months	53.8	24-35 m	2098	29	HepB1	History	49.4	12-23 m	-	55
Hib3	Card	12.1	24-35 m	2098	29	HepB3	Card	43.4	12-23 m	-	55
Hib3	Card or History	62.3	24-35 m	2098	29	HepB3	Card or History	92	12-23 m	3727	55
Hib3	History	50.2	24-35 m	2098	29	HepB3	History	48.5	12-23 m	-	55
MCV1	C or H <12 months	62.1	24-35 m	2098	29	Hib1	Card	47	12-23 m	-	55
MCV1	Card	10.2	24-35 m	2098	29	Hib1	Card or History	96	12-23 m	3727	55
MCV1	Card or History	78.4	24-35 m	2098	29	Hib1	History	49.4	12-23 m	-	55
MCV1	History	68.2	24-35 m	2098	29	Hib3	Card	43.4	12-23 m	-	55
PCV1	C or H <12 months	64.4	24-35 m	2098	29	Hib3	Card or History	92	12-23 m	3727	55
PCV1	Card	10.7	24-35 m	2098	29	Hib3	History	48.5	12-23 m	-	55
PCV1	Card or History	75.9	24-35 m	2098	29	MCV1	Card	36.8	12-23 m	-	55
PCV1	History	65.2	24-35 m	2098	29	MCV1	Card or History	84	12-23 m	3727	55
Pol1	C or H <12 months	81.3	24-35 m	2098	29	MCV1	History	47	12-23 m	-	55
Pol1	Card	13	24-35 m	2098	29	Pol1	Card	46.3	12-23 m	-	55
Pol1	Card or History	89.1	24-35 m	2098	29	Pol1	Card or History	95	12-23 m	3727	55
Pol1	History	76.2	24-35 m	2098	29	Pol1	History	49.2	12-23 m	-	55
Pol3	C or H <12 months	55.2	24-35 m	2098	29	Pol3	Card	43	12-23 m	-	55
Pol3	Card	11.8	24-35 m	2098	29	Pol3	Card or History	91	12-23 m	3727	55
Pol3	Card or History	63.9	24-35 m	2098	29	Pol3	History	48	12-23 m	-	55
Pol3	History	52	24-35 m	2098	29						
RotaC	C or H <12 months	47	24-35 m	2098	29						
RotaC	Card	6.4	24-35 m	2098	29						
RotaC	Card or History	62.4	24-35 m	2098	29						
RotaC	History	56	24-35 m	2098	29						

2013 Rapport de la revue externe du PEV Mauritanie 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	51.7	12-23 m	-	55
BCG	Card or History	97	12-23 m	3727	55
BCG	History	45	12-23 m	-	55

2010 Mauritanie Enquête par Grappes à Indicateurs Multiples 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.7	12-23 m	1764	32
BCG	Card	30.2	12-23 m	-	32
BCG	Card or History	91.6	12-23 m	1764	32
BCG	History	61.3	12-23 m	-	32
DTP1	C or H <12 months	87.7	12-23 m	1764	32
DTP1	Card	29.5	12-23 m	-	32
DTP1	Card or History	88.6	12-23 m	1764	32
DTP1	History	59.1	12-23 m	-	32

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DTP3	C or H <12 months	57.3	12-23 m	1764	32
DTP3	Card	23	12-23 m	-	32
DTP3	Card or History	60.2	12-23 m	1764	32
DTP3	History	37.2	12-23 m	-	32
HepB1	C or H <12 months	87.7	12-23 m	1764	32
HepB1	Card	29.5	12-23 m	-	32
HepB1	Card or History	88.6	12-23 m	1764	32
HepB1	History	59.1	12-23 m	-	32
HepB3	C or H <12 months	57.3	12-23 m	1764	32
HepB3	Card	23	12-23 m	-	32
HepB3	Card or History	60.2	12-23 m	1764	32
HepB3	History	37.2	12-23 m	-	32
Hib1	C or H <12 months	87.7	12-23 m	1764	32
Hib1	Card	29.5	12-23 m	-	32
Hib1	Card or History	88.6	12-23 m	1764	32
Hib1	History	59.1	12-23 m	-	32
Hib3	C or H <12 months	57.3	12-23 m	1764	32
Hib3	Card	23	12-23 m	-	32
Hib3	Card or History	60.2	12-23 m	1764	32
Hib3	History	37.2	12-23 m	-	32
MCV1	C or H <12 months	63.3	12-23 m	1764	32
MCV1	Card	14.7	12-23 m	-	32
MCV1	Card or History	71.3	12-23 m	1764	32
MCV1	History	56.6	12-23 m	-	32
Pol1	C or H <12 months	82.5	12-23 m	1764	32
Pol1	Card	22.5	12-23 m	-	32
Pol1	Card or History	85.1	12-23 m	1764	32
Pol1	History	62.6	12-23 m	-	32
Pol3	C or H <12 months	54.5	12-23 m	1764	32
Pol3	Card	16.3	12-23 m	-	32
Pol3	Card or History	57.9	12-23 m	1764	32
Pol3	History	41.6	12-23 m	-	32

2006 L'enquête par grappes à indicateurs multiples de la Mauritanie (MICS 2007)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	83.5	12-23 m	1681	32
BCG	Card	32.1	12-23 m	1681	32

BCG	Card or History	85.6	12-23 m	1681	32
BCG	History	53.4	12-23 m	1681	32
DTP1	C or H <12 months	79.1	12-23 m	1681	32
DTP1	Card	30.8	12-23 m	1681	32
DTP1	Card or History	82.7	12-23 m	1681	32
DTP1	History	52	12-23 m	1681	32
DTP3	C or H <12 months	52.6	12-23 m	1681	32
DTP3	Card	29.1	12-23 m	1681	32
DTP3	Card or History	56.9	12-23 m	1681	32
DTP3	History	27.8	12-23 m	1681	32
HepB1	Card or History	26.8	12-23 m	1681	32
HepB3	Card or History	25.3	12-23 m	1681	32
MCV1	C or H <12 months	74.3	12-23 m	1681	32
MCV1	Card	28.2	12-23 m	1681	32
MCV1	Card or History	76.2	12-23 m	1681	32
MCV1	History	48	12-23 m	1681	32
Pol1	C or H <12 months	76.5	12-23 m	1681	32
Pol1	Card	29.5	12-23 m	1681	32
Pol1	Card or History	80	12-23 m	1681	32
Pol1	History	50.5	12-23 m	1681	32
Pol3	C or H <12 months	42.1	12-23 m	1681	32
Pol3	Card	27.7	12-23 m	1681	32
Pol3	Card or History	46.2	12-23 m	1681	32
Pol3	History	18.5	12-23 m	1681	32

2003 Enquete sur la couverture vaccinale et la mobilisation sociale, Mauritania, 2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or history	95.6	12-23 m	2774	42
DTP1	Card	35.7	12-23 m	2774	42
DTP1	Card or history	91.5	12-23 m	2774	42
DTP3	Card	29.7	12-23 m	2774	42
DTP3	Card or history	83.8	12-23 m	2774	42
MCV1	Card	30	12-23 m	2774	42
MCV1	Card or history	83.5	12-23 m	2774	42
Pol1	Card	34.4	12-23 m	2774	42
Pol1	Card or history	88.8	12-23 m	2774	42
Pol3	Card	29	12-23 m	2774	42

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Pol3	Card or history	82.2	12-23 m	2774	42
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1999 Enquête Démographique et de Santé Mauritanie 2000-2001, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	67.7	12-23 m	950	34
BCG	Card	33.2	12-23 m	950	34
BCG	Card or History	74.7	12-23 m	950	34
BCG	History	41.5	12-23 m	950	34
DTP1	C or H <12 months	60.8	12-23 m	950	34
DTP1	Card	32.9	12-23 m	950	34
DTP1	Card or History	70	12-23 m	950	34
DTP1	History	37.1	12-23 m	950	34
DTP3	C or H <12 months	33.3	12-23 m	950	34
DTP3	Card	25.2	12-23 m	950	34
DTP3	Card or History	39.9	12-23 m	950	34
DTP3	History	14.7	12-23 m	950	34
MCV1	C or H <12 months	44.8	12-23 m	950	34
MCV1	Card	26.4	12-23 m	950	34
MCV1	Card or History	62	12-23 m	950	34

MCV1	History	35.6	12-23 m	950	34
Pol1	C or H <12 months	70.1	12-23 m	950	34
Pol1	Card	33.7	12-23 m	950	34
Pol1	Card or History	80.1	12-23 m	950	34
Pol1	History	46.4	12-23 m	950	34
Pol3	C or H <12 months	36.9	12-23 m	950	34
Pol3	Card	25.9	12-23 m	950	34
Pol3	Card or History	43.8	12-23 m	950	34
Pol3	History	17.9	12-23 m	950	34

1998 Enquête Nationale de Couverture Vaccinale-MSAS, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or Scar	79.9	12-23 m	2287	78
DTP1	Card or History	56	12-23 m	2287	78
DTP3	Card or History	15.5	12-23 m	2287	78
MCV1	Card or History	62.5	12-23 m	2287	78
Pol1	Card or History	56	12-23 m	2287	78
Pol3	Card or History	15.5	12-23 m	2287	78

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>