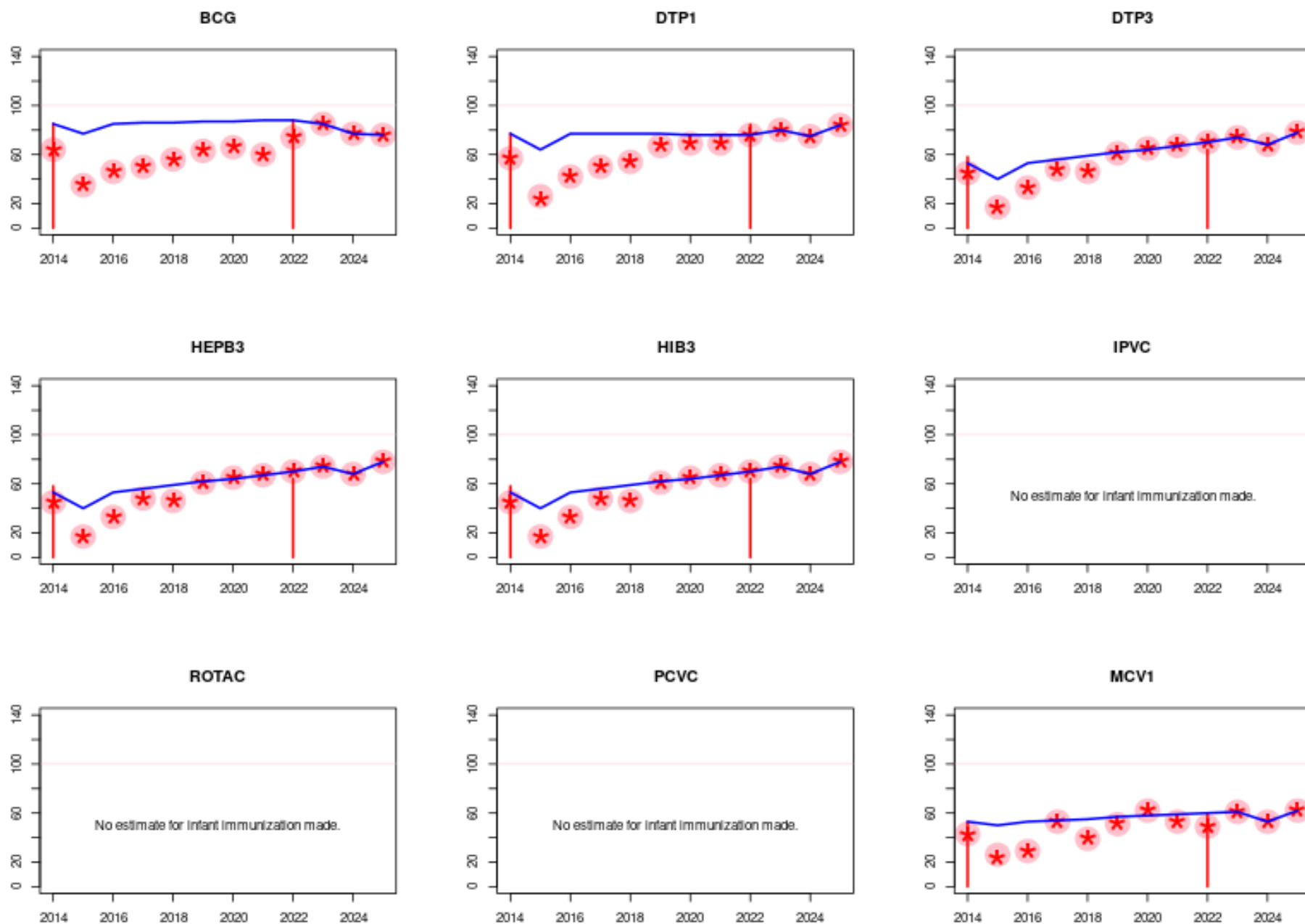




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage. The estimates refer to immunizations delivered through routine immunization services to children less than 12 months of age, or at the age specified in the recommended immunization schedule, for whom vaccinations are recorded. Immunizations received through supplemental immunization activities, such as polio and measles campaigns, are not included.

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

IPV1: percentage of surviving infants who received the first dose of inactivated polio vaccine.

IPVC: percentage of surviving infants who received the final recommended dose of IPV in the primary series, according to the national immunization schedule primary series (e.g., second or third dose).

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

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

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

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.

PCVC: percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine according to the national immunization schedule (e.g., second or third dose).

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

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

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ANTECEDENTES Cada año, la OMS y UNICEF revisan conjuntamente los informes presentados por los Estados Miembros relativos a la cobertura nacional de inmunización, los informes finales de encuestas de cobertura, así como los datos identificados en la literatura gris y publicada. Sobre la base de esos datos, y teniendo debidamente en cuenta los posibles sesgos e información de expertos locales, la OMS y el UNICEF tratan de distinguir entre las situaciones en que los datos empíricos disponibles reflejan con exactitud el desempeño del sistema de inmunización y aquellas en que los datos puedan estar comprometidos y presentar una visión distorsionada de la cobertura. Las estimaciones se refieren a las vacunas administradas y documentadas por servicios de inmunización sistemática o regular a niños menores de 12 meses de edad, o según la edad especificada en el calendario de vacunación recomendado. No se incluyen las vacunas recibidas a través de actividades de inmunización suplementarias, como las campañas contra la poliomielitis y el sarampión.

Las estimaciones de cobertura de la OMS y UNICEF son específicas para cada país; es decir, los datos de cada país se revisan individualmente y, en ausencia de datos, no se toman prestados datos de otros países. Las estimaciones no se basan en ajustes ad hoc de los datos notificados y en algunos casos solo se dispone de datos empíricos de una única fuente, habitualmente los datos de cobertura notificados a nivel nacional. En los casos en que no se dispone de datos para una combinación determinada de país/vacuna/año, se consideran los datos de años anteriores y posteriores y se realiza una interpolación para estimar la cobertura del año(s) faltante(s). En los casos en que se cuenta con diversas fuentes de datos y éstos muestran una gran diferencia, se intenta identificar la estimación más cercana a la realidad teniendo en cuenta los posibles sesgos de los datos disponibles. Para leer la metodología, véase:

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

FUENTES DE DATOS

Cobertura ADMINISTRATIVA: Datos reportados por las autoridades nacionales en base a informes administrativos agregados procedentes de proveedores de servicios sanitarios sobre el número de dosis administradas durante un periodo determinado (datos del numerador) y datos sobre la población meta (datos del denominador). La cobertura administrativa puede estar sesgada por inexactitudes en el numerador y/o denominador.

Cobertura OFICIAL: Cobertura comunicada por las autoridades nacionales como la estimación que refleja su evaluación de la cobertura más probable usualmente basada en cualquier combinación de cobertura administrativa, estimaciones basadas en encuestas u otras fuentes de datos o ajustes. La metodología para determinar la cobertura OFICIAL puede variar de un país a otro.

Cobertura de ENCUESTA: Basada en la cobertura estimada a partir de encuestas de hogares para la población de niños de 6-11, 12-23 o 24-35 meses, tras una revisión de los métodos y los resultados de la encuesta. La información se basa en la combinación de datos de vacunación extraídas de algún documento (tarjeta de vacunación, registros) o de lo que pueda recordar el responsable del niño. Los resultados de una encuesta se consideran para la cohorte de nacimiento de la mayoría de los niños en función del periodo de recopilación de datos y la edad de los niños incluidos.

ABREVIATURAS Y DEFINICIONES

BCG: porcentaje de recién nacidos que recibieron una dosis de la vacuna Bacillus Calmette-Guerin, contra formas severas de tuberculosis.

DTP1 / DTP3 (del inglés diphtheria-tetanus-pertussis): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª / 3ª dosis, respectivamente, de una vacuna que contiene toxoide diftérico y tetánico y vacuna contra la tos ferina (Pertussis).

IPV1 (del inglés inactivated polio vaccine): porcentaje recién nacidos supervivientes (al año) que recibieron la 1ª dosis de la vacuna inactivada contra la poliomielitis.

IPVC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la vacuna VPI en la serie primaria, recomendada según el calendario nacional de vacunación (por ejemplo, la segunda o tercera dosis).

MCV1 (del inglés measles-containing vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la 1ª dosis de alguna vacuna antisarampionosa. En países en los que el esquema nacional de vacunación recomienda la 1ª dosis vacuna antisarampionosa a partir de los 12 meses de edad, en función de la epidemiología de la enfermedad en el país, las estimaciones de cobertura reflejan el porcentaje de niños que recibieron la 1ª dosis de vacuna antisarampionosa según la edad recomendada.

MCV2: porcentaje de niños que recibieron la 2ª dosis de alguna vacuna antisarampionosa según el calendario recomendado a nivel nacional.

RCV1 (del inglés rubella-containing vaccine): porcentaje de recién nacidos supervivientes (al año), o según la edad recomendada, que recibieron la 1ª dosis de alguna vacuna contra la rubéola. Las estimaciones de cobertura contra la rubéola se basan en las estimaciones de la OMS y UNICEF para la vacuna antisarampionosa correspondiente a la primera vacuna combinada contra el sarampión y la rubéola. La estimación de la OMS y UNICEF no considera la cobertura contra la rubéola notificada.

HEPBB: porcentaje de recién nacidos que recibieron una dosis de vacuna contra la hepatitis B dentro de las primeras 24 horas después del nacimiento. Las estimaciones de cobertura de hepatitis B del recién nacido sólo se elaboran para los países que recomiendan esta dosis de manera universal y no para los países que recomiendan una dosis al nacer solo para recién nacidos de madres infectadas por el virus de la hepatitis B o cuando no hay información suficiente para determinar si la vacunación se administra dentro de las primeras 24 horas después del nacimiento.

HEPB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de una vacuna contra la hepatitis B tras la dosis de nacimiento.

HIB3: porcentaje de recién nacidos supervivientes (al año) que recibieron una 3ª dosis de la vacuna contra Haemophilus influenzae tipo b.

ROTAC: porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis recomendada de la vacuna contra el rotavirus, que puede ser la 2ª o la 3ª dosis dependiendo de la vacuna utilizada.

PCVC (del inglés pneumococcal conjugate vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron la última dosis de la serie primaria de la vacuna antineumocócica conjugada, recomendada según el calendario nacional de vacunación (p. ej., segunda o tercera dosis).

YFV (del inglés yellow fever vaccine): porcentaje de recién nacidos supervivientes (al año) que recibieron una dosis de vacuna contra la fiebre amarilla en países donde la vacuna antiamarílica forma parte del calendario nacional de vacunación infantil o se recomienda en zonas de riesgo; las estimaciones de cobertura se anualizan para toda la cohorte de recién nacidos supervivientes.

MENGA: porcentaje de niños que recibieron una dosis de la vacuna conjugada antimeningocócica A. Las estimaciones de cobertura MENGA son únicamente elaboradas para los países del cinturón de la meningitis de África subsahariana.

Descargo de responsabilidad: La Organización Mundial de la Salud y el Fondo de las Naciones Unidas para la Infancia han tomado todas las precauciones razonables para verificar la información contenida en esta publicación. No obstante, el material publicado se distribuye sin garantía de ningún tipo, ni expresa ni implícita. La responsabilidad de la interpretación y el uso del material recae en el lector. En ningún caso la Organización Mundial de la Salud o el Fondo de las Naciones Unidas para la Infancia serán responsables de potenciales daños derivados de su uso.

NOTE DE SYNTHÈSE Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture. Les estimations se réfèrent aux vaccinations administrées et documentées dans le cadre des services de vaccination de routine aux enfants de moins de 12 mois, ou à l'âge spécifié dans le calendrier vaccinal recommandé. Les vaccinations reçues dans le cadre d'activités de vaccination supplémentaires, telles que les campagnes contre la poliomyélite ou la rougeole, ne sont pas incluses.

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

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

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

SOURCES DE DONNÉES

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

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

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

ABRÉVIATIONS ET DÉFINITIONS

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

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

IPV1 (VPI1): pourcentage de nourrissons survivants ayant reçu la 1re dose de vaccin antipoliomyélitique inactivé (VPI).

IPVC (VPIC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de VPI de la série primaire, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

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

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

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

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

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

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

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

PCVC (VPCC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de vaccin antipneumococcique conjugué, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

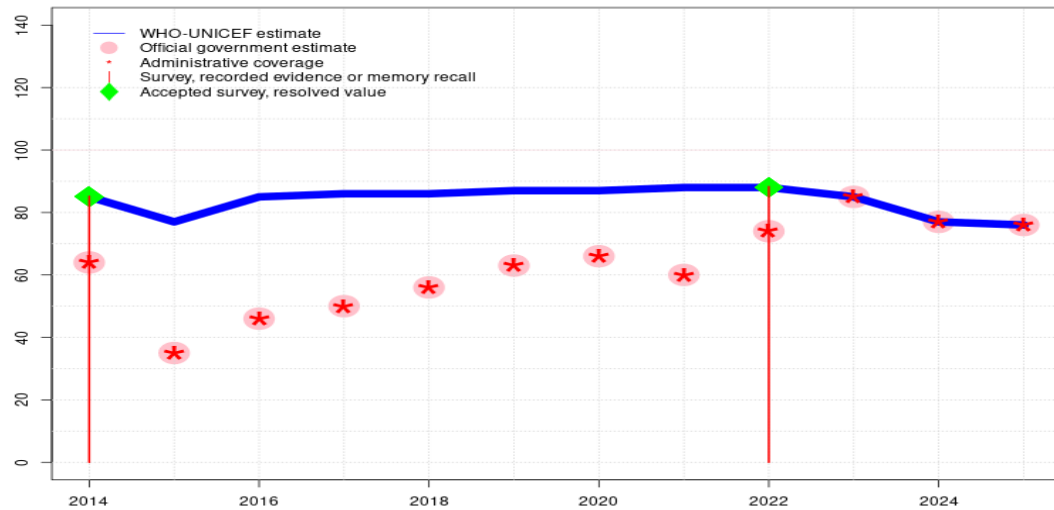
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la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

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

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

Equatorial Guinea - BCG

GNQ - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	77	85	86	86	87	87	88	88	85	77	76
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	64	35	46	50	56	63	66	60	74	85	77	76
Administrative	64	35	46	50	56	63	66	60	74	85	77	76
Survey	85	-	-	-	-	-	-	-	88	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

- 2025: Estimate informed by reported data. Programme reported 2 months vaccine stock-out at the national and subnational levels. Estimate challenged by: D-
- 2024: Estimate based on reported data. Estimate challenged by: D-S-
- 2023: Estimate based on reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Programme reports a one month vaccine stockout at national and subnational levels. Estimate of 85 percent changed from previous revision value of 88 percent. Estimate challenged by: D-R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 88 percent based on 1 survey(s). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 85 percent assigned by working group. Estimate informed by survey estimated coverage for 2014. Reported number of doses in 2016 are similar to that reported in 2014 at the time of the survey. Reported data excluded. Unexplained variation in reported

Equatorial Guinea - BCG

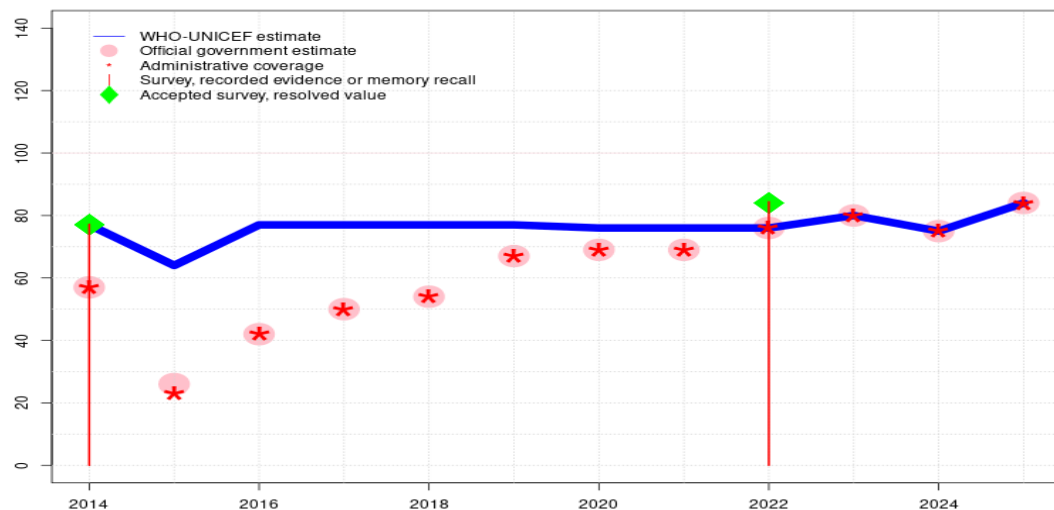
target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2015: Programme reports district level stockout of unknown duration. Estimate informed by the change in recomputed coverage between 2014 and 2015, using the reported number of doses and an independent denominator, applied to survey result in 2014. Reported data excluded due to decline in reported coverage from 64 percent to 35 percent with increase to 46 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Reported data excluded due to an increase from 51 percent to 64 percent with decrease to 35 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - DTP1

GNQ - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	77	64	77	77	77	77	76	76	76	80	75	84
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	57	26	42	50	54	67	69	69	76	80	75	84
Administrative	57	23	42	50	54	67	69	69	76	80	75	84
Survey	77	-	-	-	-	-	-	-	84	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

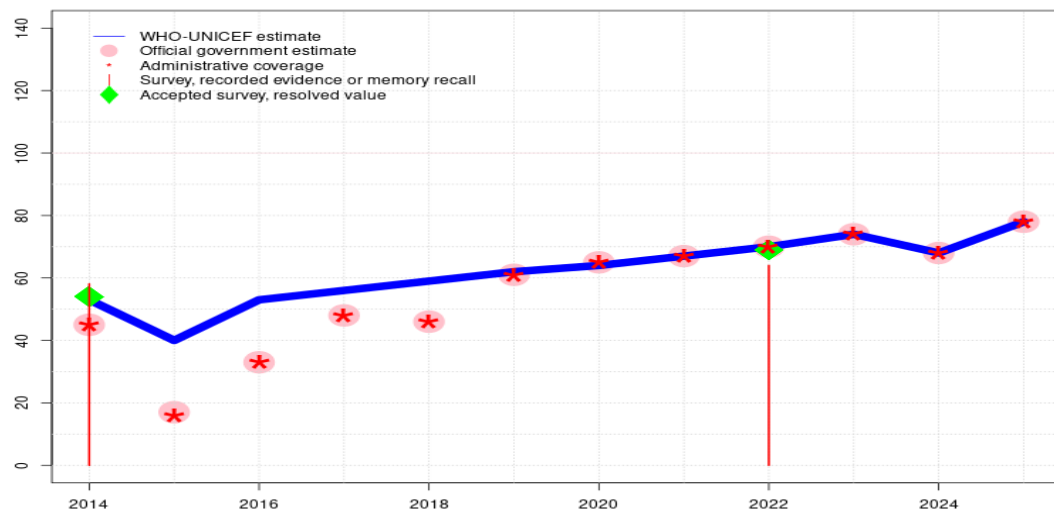
- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 77 percent assigned by working group. Estimate informed by survey value for 2014. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - DTP1

- 2015: Programme reports four months stockout of DTP-HepB-Hib vaccine. Estimate informed by the change in recomputed coverage between 2014 and 2015, using the reported number of doses and an independent denominator, applied to survey result in 2014. Reported data excluded due to decline in reported coverage from 57 percent to 26 percent with increase to 42 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2014: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 77 percent based on 1 survey(s). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - DTP3

GNQ - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	53	40	53	56	59	62	64	67	70	74	68	78
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	45	17	33	48	46	61	65	67	70	74	68	78
Administrative	45	16	33	48	46	61	65	67	70	74	68	78
Survey	58	-	-	-	-	-	-	-	64	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 69 percent based on 1 survey(s). Immunization Coverage Survey Among Children Aged 6-23 Months, Equatorial Guinea, 2024 record or recall results of 64 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 62 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by survey result for 2014. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over

Equatorial Guinea - DTP3

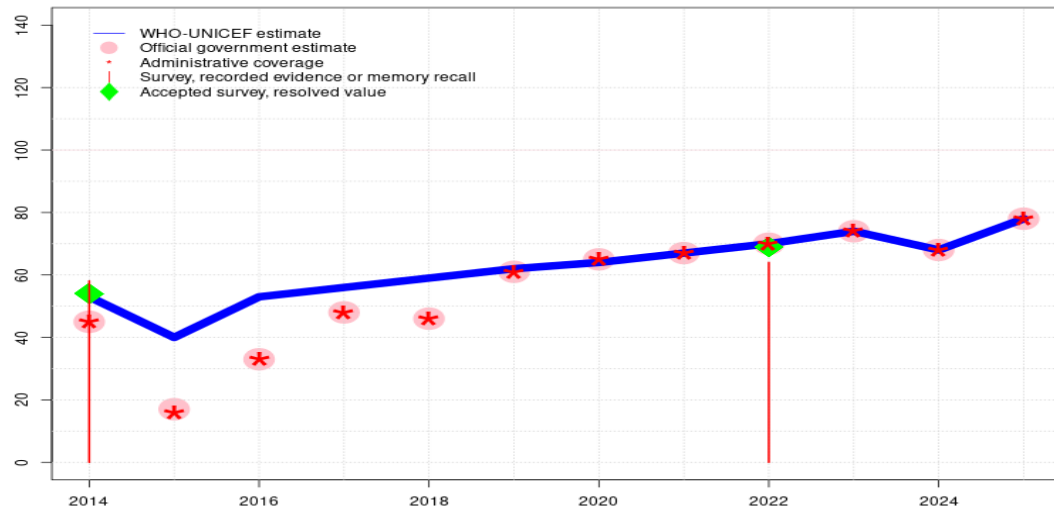
time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2015: Programme reports four months stockout of DTP-HepB-Hib vaccine. Estimate informed by the change in recomputed coverage between 2014 and 2015, using the reported number of doses and an independent denominator, applied to survey result in 2014. Reported data excluded due to decline in reported coverage from 45 percent to 17 percent with increase to 33 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2014: Estimate of 53 percent assigned by working group. Estimate informed by survey. EPI External Revue 2016 - National Coverage survey record or recall results of 58 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 23 percent. Reported data excluded due to an increase from 24 percent to 45 percent with decrease to 17 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - HEPB3

GNQ - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	53	40	53	56	59	62	64	67	70	74	68	78
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	45	17	33	48	46	61	65	67	70	74	68	78
Administrative	45	16	33	48	46	61	65	67	70	74	68	78
Survey	58	-	-	-	-	-	-	-	64	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 69 percent based on 1 survey(s). Immunization Coverage Survey Among Children Aged 6-23 Months, Equatorial Guinea, 2024 record or recall results of 64 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 62 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over

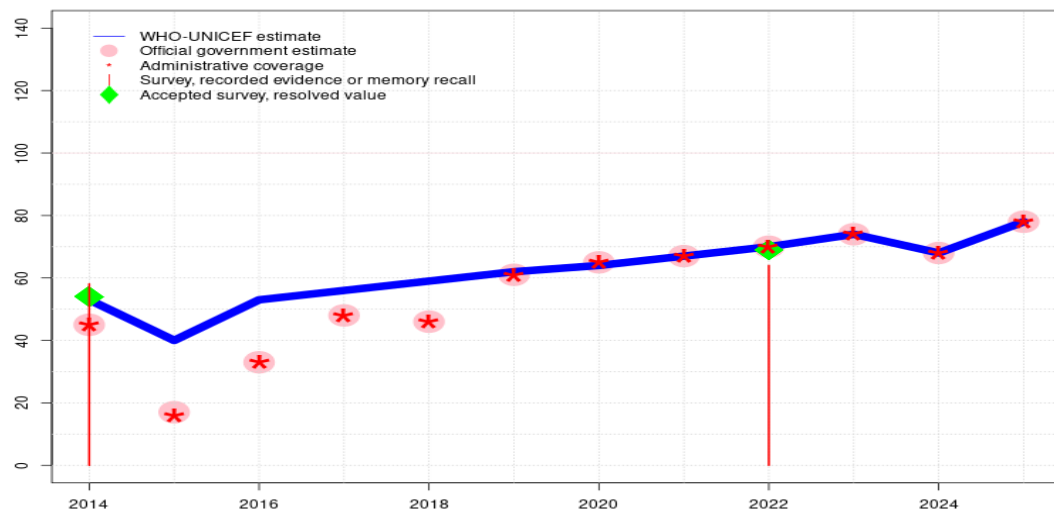
time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2015: Programme reports four months stockout of DTP-HepB-Hib vaccine. Estimate follows DTP level. Reported data excluded due to decline in reported coverage from 45 percent to 17 percent with increase to 33 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2014: Estimate of 53 percent assigned by working group. HepB containing vaccine introduced in 2013 in pentavalent DTP-HepB-Hib. Reporting began during 2014. Estimate informed by estimated DTP coverage level. EPI External Revue 2016 - National Coverage survey record or recall results of 58 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 23 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - HIB3

GNQ - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	53	40	53	56	59	62	64	67	70	74	68	78
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	45	17	33	48	46	61	65	67	70	74	68	78
Administrative	45	16	33	48	46	61	65	67	70	74	68	78
Survey	58	-	-	-	-	-	-	-	64	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 69 percent based on 1 survey(s). Immunization Coverage Survey Among Children Aged 6-23 Months, Equatorial Guinea, 2024 record or recall results of 64 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 62 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate of 53 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over

Equatorial Guinea - HIB3

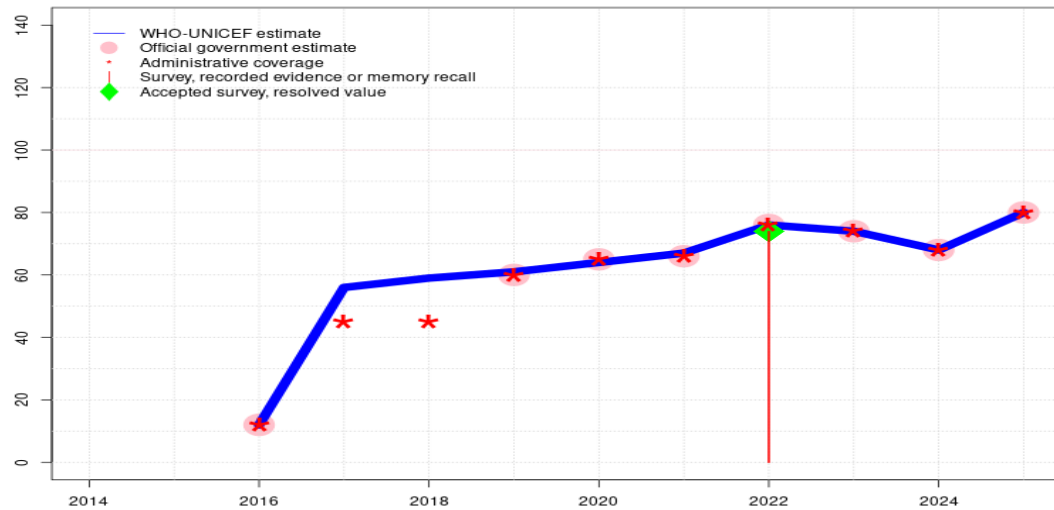
time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2015: Programme reports four months stockout of DTP-HepB-Hib vaccine. Estimate follows DTP level. Reported data excluded due to decline in reported coverage from 45 percent to 17 percent with increase to 33 percent. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

2014: Estimate of 53 percent assigned by working group. Hib containing vaccine introduced in 2013 in pentavalent DTP-HepB-Hib. Reporting began during 2014. Estimate informed by estimated DTP coverage level. EPI External Revue 2016 - National Coverage survey record or recall results of 58 percent modified for recall bias to 54 percent based on 1st dose record or recall coverage of 77 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 23 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - IPV1

GNQ - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	12	56	59	61	64	67	76	74	68	80
Estimate GoC	-	-	●	●	●	●	●	●	●	●	●	●
Official	-	-	12	-	-	60	65	66	76	74	68	80
Administrative	-	-	12	45	45	60	65	66	76	74	68	80
Survey	-	-	-	-	-	-	-	-	74	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

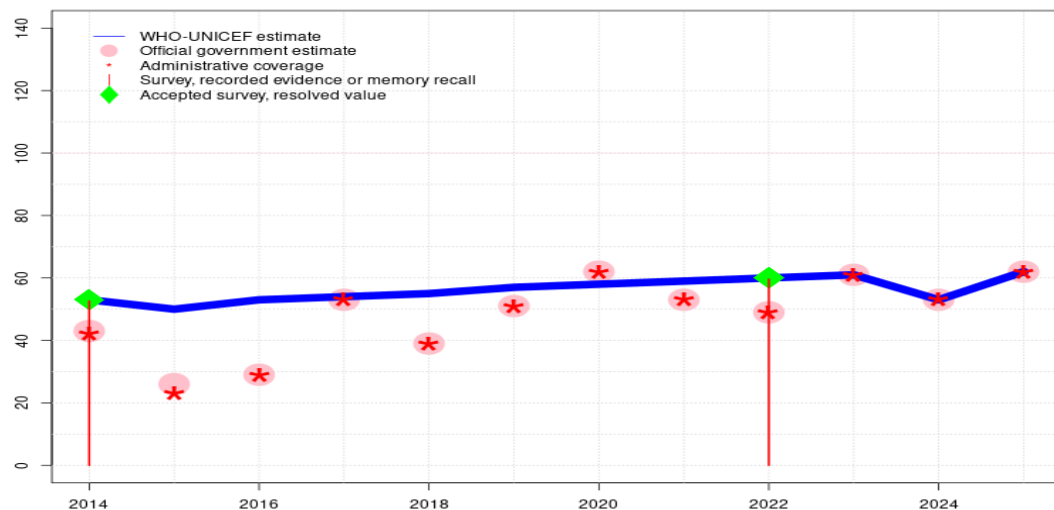
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 74 percent based on 1 survey(s). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by estimated DTP3 coverage. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate of 64 percent assigned by working group. Estimate informed by estimated DTP3 coverage. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2017 and 2020 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2017 and 2020 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate of 56 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2016: Estimate is exceptionally based on reported data during introduction year. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. Inactivated polio vaccine introduced in 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - MCV1

GNQ - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	53	50	53	54	55	57	58	59	60	61	53	62
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	43	26	29	53	39	51	62	53	49	61	53	62
Administrative	42	23	29	53	39	51	62	53	49	61	53	62
Survey	53	-	-	-	-	-	-	-	60	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

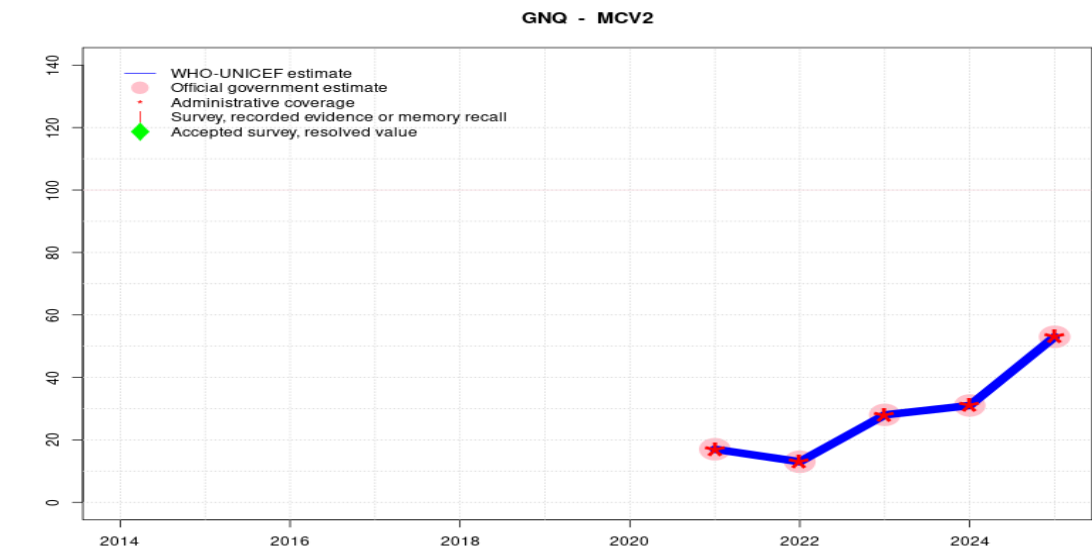
Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Survey in preceding year supports the reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 60 percent based on 1 survey(s). Estimate of 60 percent changed from previous revision value of 49 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by interpolation between 2016 and 2022 levels. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. Estimate of 59 percent changed from previous revision value of 50 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by interpolation between 2016 and 2022 levels. Estimate of 58 percent changed from previous revision value of 50 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by interpolation between 2016 and 2022 levels. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. Estimate of 57 percent changed from previous revision value of 51 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Reported data excluded due to decline in reported coverage from 53 percent to 39 percent with increase to 51 percent. WHO and UNICEF received a sub-national EPI survey conducted in 2016 in only 9 districts (50 percent). Estimate of 55 percent changed from previous revision value of 52 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate informed by interpolation between 2016 and 2022 levels. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Reported data excluded due to an increase from 29 percent to 53 percent with decrease to 39 percent. Estimate of 54 percent changed from previous revision value of 52 percent. GoC=Assigned by working group. Fluctuation in reported coverage across

the time series suggests challenges in routine monitoring system.

- 2016: Estimate of 53 percent assigned by working group. Estimate informed by survey result for 2014. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2015: Estimate informed by the change in recomputed coverage between 2014 and 2015, using the reported number of doses and an independent denominator, applied to survey result in 2014. Fluctuations in reported data over time suggest poor quality administrative recording and reporting systems. Unexplained increase of 33 percentage in target population between 2014 and 2016. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2014: Estimate of 53 percent assigned by working group. Estimate informed by survey result. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - MCV2



Description:

- 2025: Estimate informed by reported data. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Reported target population declined 22 percent between 2023 and 2024. Estimate challenged by: D-
- 2023: Estimate informed by reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by reported data. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. Second dose of measles containing vaccine introduced in 2021. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	17	13	28	31	53
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●
Official	-	-	-	-	-	-	-	17	13	28	31	53
Administrative	-	-	-	-	-	-	-	17	13	28	31	53
Survey	-	-	-	-	-	-	-	-	-	-	-	-

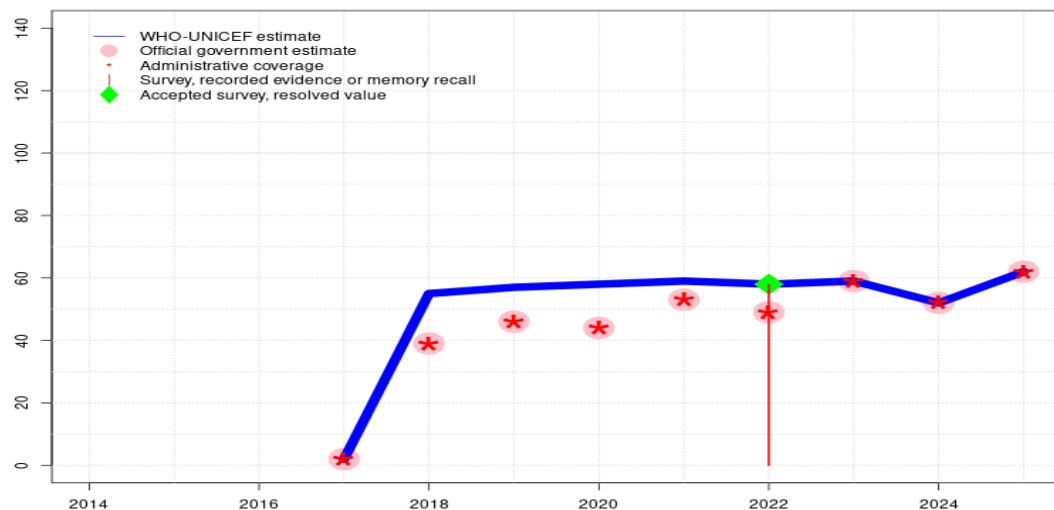
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Equatorial Guinea - YFV

GNQ - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	2	55	57	58	59	58	59	52	62
Estimate GoC	-	-	-	●	●	●	●	●	●	●	●	●
Official	-	-	-	2	39	46	44	53	49	59	52	62
Administrative	-	-	-	2	39	46	44	53	49	59	52	62
Survey	-	-	-	-	-	-	-	-	58	-	-	-

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

- 2025: Estimate informed by reported data. Programme reported 2 months vaccine stock-out at the national and subnational levels. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimate challenged by: D-
- 2023: Survey in preceding year supports the reported data. Reported coverage represents 92 percent of expected reporting. Reported target population declined 21 percent between 2021 and 2023. Programme reports a one month vaccine stockout at national level. Estimate challenged by: D-
- 2022: Estimate of 58 percent assigned by working group. Estimates based on survey results. Estimate of 58 percent changed from previous revision value of 49 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2021: Estimate informed by estimated MCV1 coverage. Programme reports improvements in performance following a thorough review of programme performance in 10 of 18 health districts that suggested improvements between 2018 and 2020. During the last several months of 2021, intensification activities resulted in an increased number of vaccinated children. Programme notes an increase in the number of health posts delivering vaccination and efforts have been made with UNICEF Supply Division to address challenges with vaccine stockouts. Estimate of 59 percent changed from previous revision value of 53 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2020: Estimate informed by estimated MCV1 coverage. Estimate of 58 percent changed from previous revision value of 50 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2019: Estimate informed by estimated MCV1 coverage. Appearance of an increase in reported coverage from 2018 to 2019, in spite of reporting similar total number of children vaccinated for both years, is reflective of a decline of 34 percent in the target population. Estimate of 57 percent changed from previous revision value of 51 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2018: Estimate informed by estimated MCV1 coverage. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. WHO and UNICEF received a subnational EPI survey conducted in 2016 in only 9 districts (50 percent). Estimate of 55 percent changed from previous revision value of 52 percent. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.
- 2017: Estimate is exceptionally based on reported data. Reported data excluded. Unexplained variation in reported target population as well as in reported number of children vaccinated. Yellow fever vaccine introduced in 2017. GoC=Assigned by working group. Fluctuation in reported coverage across the time series suggests challenges in routine monitoring system.

Equatorial Guinea - Survey Details

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

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

2022 Enquete de couverture vaccinale chez les enfants de 6-23 mois, Equatorial Guinea, 2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.6	12-23 m	780	72
BCG	Record	73.8	12-23 m	780	72
BCG	Record or Recall	88.3	12-23 m	780	72
BCG	Record2	5.7	12-23 m	780	72
DTP1	Recall	13.8	12-23 m	780	72
DTP1	Record	74.6	12-23 m	780	72
DTP1	Record or Recall	84.4	12-23 m	780	72
DTP1	Record2	5.6	12-23 m	780	72
DTP3	Recall	2.8	12-23 m	780	72
DTP3	Record	61.8	12-23 m	780	72
DTP3	Record or Recall	64	12-23 m	780	72
DTP3	Record2	3.2	12-23 m	780	72
HEPB1	Recall	13.8	12-23 m	780	72
HEPB1	Record	74.6	12-23 m	780	72
HEPB1	Record or Recall	84.4	12-23 m	780	72
HEPB1	Record2	5.6	12-23 m	780	72
HEPB3	Recall	2.8	12-23 m	780	72
HEPB3	Record	61.8	12-23 m	780	72

HEPB3	Record or Recall	64	12-23 m	780	72
HEPB3	Record2	3.2	12-23 m	780	72
HIB1	Recall	13.8	12-23 m	780	72
HIB1	Record	74.6	12-23 m	780	72
HIB1	Record or Recall	84.4	12-23 m	780	72
HIB1	Record2	5.6	12-23 m	780	72
HIB3	Recall	2.8	12-23 m	780	72
HIB3	Record	61.8	12-23 m	780	72
HIB3	Record or Recall	64	12-23 m	780	72
HIB3	Record2	3.2	12-23 m	780	72
IPV1	Recall	14.5	12-23 m	780	72
IPV1	Record	61.9	12-23 m	780	72
IPV1	Record or Recall	73.9	12-23 m	780	72
IPV1	Record2	3.3	12-23 m	780	72
MCV1	Recall	8.7	12-23 m	780	72
MCV1	Record	51.8	12-23 m	780	72
MCV1	Record or Recall	59.6	12-23 m	780	72
MCV1	Record2	1.3	12-23 m	780	72
MCV2	Recall	6.1	18-23 m	363	-
MCV2	Record	21.1	18-23 m	363	-
MCV2	Record or Recall	26.7	18-23 m	363	-
MCV2	Record2	0.4	18-23 m	363	-
YFV	Recall	8.3	12-23 m	780	72
YFV	Record	50.5	12-23 m	780	72
YFV	Record or Recall	57.9	12-23 m	780	72
YFV	Record2	1.3	12-23 m	780	72

2014 Revue Externe 2016 du PEV - Enquete de Couverture Vaccinale

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	28.7	12-23 m	1890	41
BCG	Record or Recall	85.2	12-23 m	1890	41
DTP1	Record	32.5	12-23 m	1890	41
DTP1	Record or Recall	77.2	12-23 m	1890	41
DTP3	Record	22.5	12-23 m	1890	41
DTP3	Record or Recall	58.1	12-23 m	1890	41
HEPB1	Record	32.5	12-23 m	1890	41
HEPB1	Record or Recall	77.2	12-23 m	1890	41
HEPB3	Record	22.5	12-23 m	1890	41

HEPB3	Record or Recall	58.1	12-23 m	1890	41
HIB1	Record	32.5	12-23 m	1890	41
HIB1	Record or Recall	77.2	12-23 m	1890	41
HIB3	Record	22.5	12-23 m	1890	41
HIB3	Record or Recall	58.1	12-23 m	1890	41
MCV1	Record	18.9	12-23 m	1890	41
MCV1	Record or Recall	52.6	12-23 m	1890	41

2010 Guinée Équatoriale Enquête Démographique et de Santé 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	34.2	12-23 m	332	37
BCG	Record	36.8	12-23 m	197	37
BCG	Record or Recall	70.8	12-23 m	529	37
BCG	Record or Recall<12m	70.8	12-23 m	529	37
DTP1	Recall	26	12-23 m	332	37
DTP1	Record	33	12-23 m	197	37
DTP1	Record or Recall	58.9	12-23 m	529	37
DTP1	Record or Recall<12m	58.6	12-23 m	529	37
DTP3	Recall	11.9	12-23 m	332	37
DTP3	Record	30.2	12-23 m	197	37
DTP3	Record or Recall	41	12-23 m	529	37
DTP3	Record or Recall<12m	41	12-23 m	529	37
MCV1	Recall	17	12-23 m	332	37
MCV1	Record	27.4	12-23 m	197	37
MCV1	Record or Recall	44.4	12-23 m	529	37
MCV1	Record or Recall<12m	40.3	12-23 m	529	37

2009 Guinée Équatoriale Enquête Démographique et de Santé 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	70.8	24-35 m	499	-
DTP1	Record or Recall<12m	53.5	24-35 m	499	-
DTP3	Record or Recall<12m	31	24-35 m	499	-
HEPB1	Record or Recall<12m	53.5	24-35 m	499	-
HEPB3	Record or Recall<12m	31	24-35 m	499	-
HIB1	Record or Recall<12m	53.5	24-35 m	499	-

HIB3	Record or Recall<12m	31	24-35 m	499	-
MCV1	Record or Recall<12m	41.3	24-35 m	499	-

2008 Guinée Équatoriale Enquête Démographique et de Santé 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	66.5	36-47 m	460	-
DTP1	Record or Recall<12m	55.2	36-47 m	460	-
DTP3	Record or Recall<12m	32.2	36-47 m	460	-
HEPB1	Record or Recall<12m	55.2	36-47 m	460	-
HEPB3	Record or Recall<12m	32.2	36-47 m	460	-
HIB1	Record or Recall<12m	55.2	36-47 m	460	-
HIB3	Record or Recall<12m	32.2	36-47 m	460	-
MCV1	Record or Recall<12m	37.1	36-47 m	460	-

2007 Guinée Équatoriale Enquête Démographique et de Santé 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	62.4	48-59 m	399	-
DTP1	Record or Recall<12m	47.8	48-59 m	399	-
DTP3	Record or Recall<12m	27.3	48-59 m	399	-
HEPB1	Record or Recall<12m	47.8	48-59 m	399	-
HEPB3	Record or Recall<12m	27.3	48-59 m	399	-
HIB1	Record or Recall<12m	47.8	48-59 m	399	-
HIB3	Record or Recall<12m	27.3	48-59 m	399	-
MCV1	Record or Recall<12m	30.6	48-59 m	399	-

1999 Equatorial Guinea MICS 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	73.2	12-23 m	457	42
DTP1	Record or Recall	65	12-23 m	457	42
DTP3	Record or Recall	32.9	12-23 m	457	42
MCV1	Record or Recall	50.8	12-23 m	457	42

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