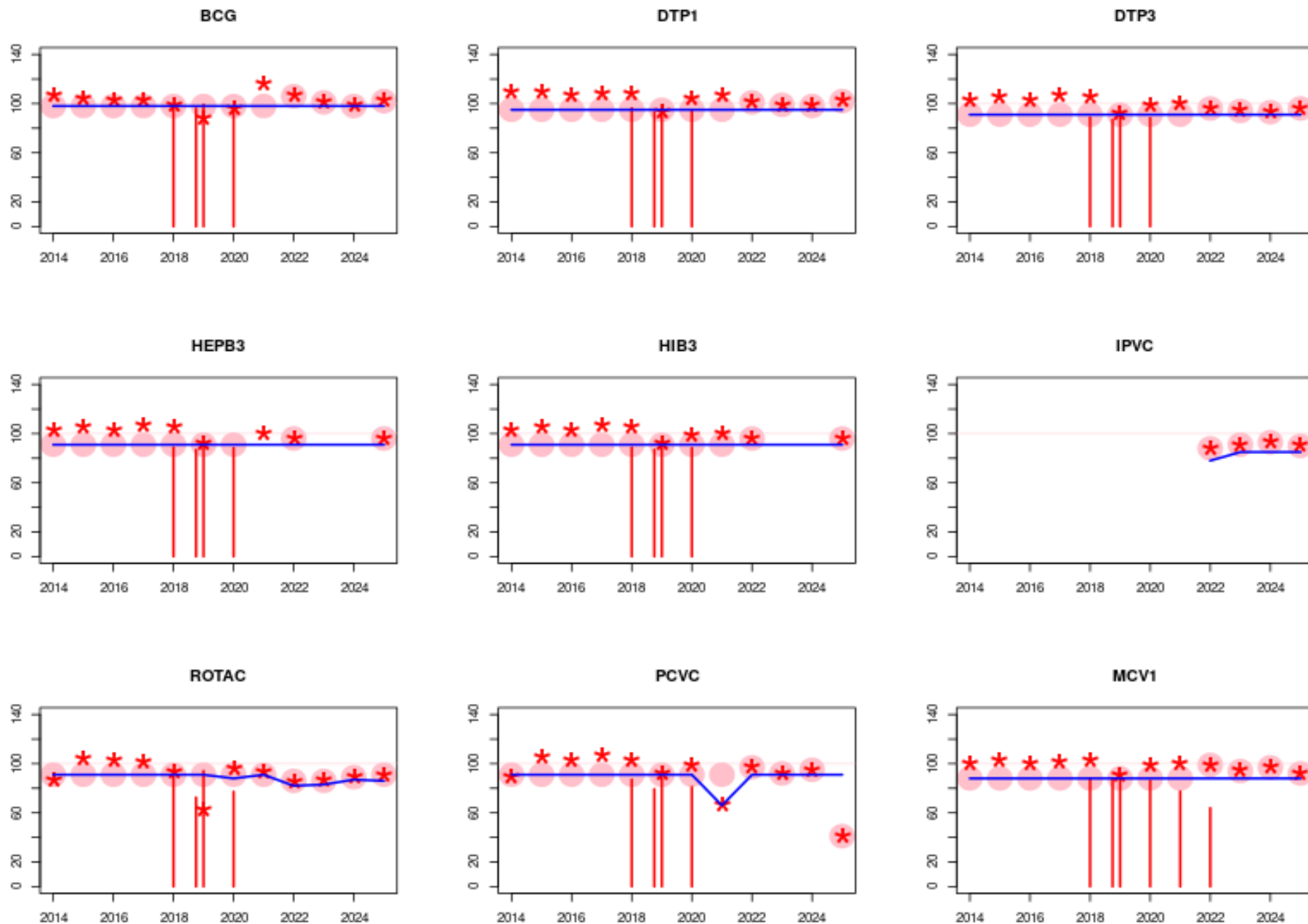




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, 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.

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

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).

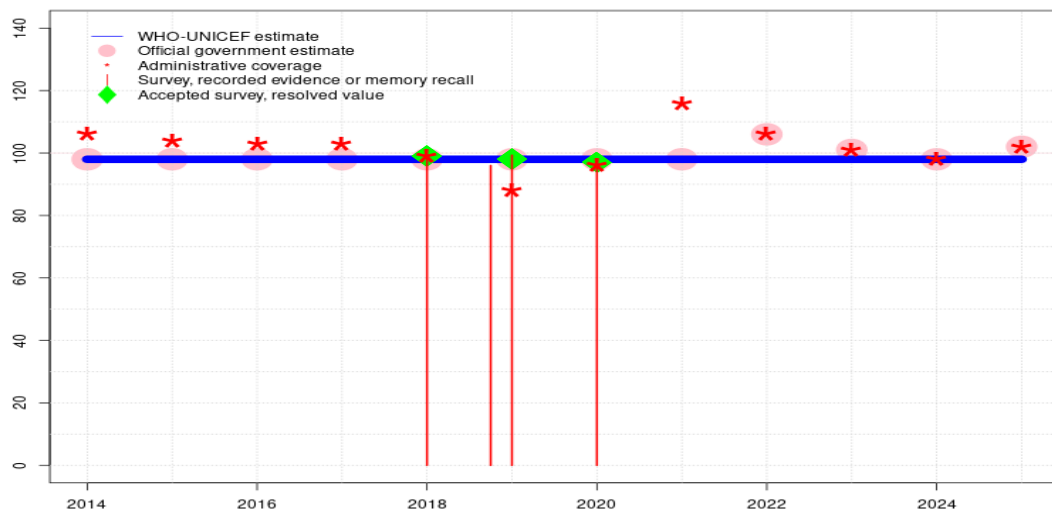
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la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

Burkina Faso - BCG

BFA - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	98	98	98	98	98	98	98	98	98	98	98	98
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	98	98	98	98	98	98	98	98	106	101	98	102
Administrative	106	104	103	103	99	88	96	116	106	101	98	102
Survey	-	-	-	-	99	*	97	-	-	-	-	-

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.

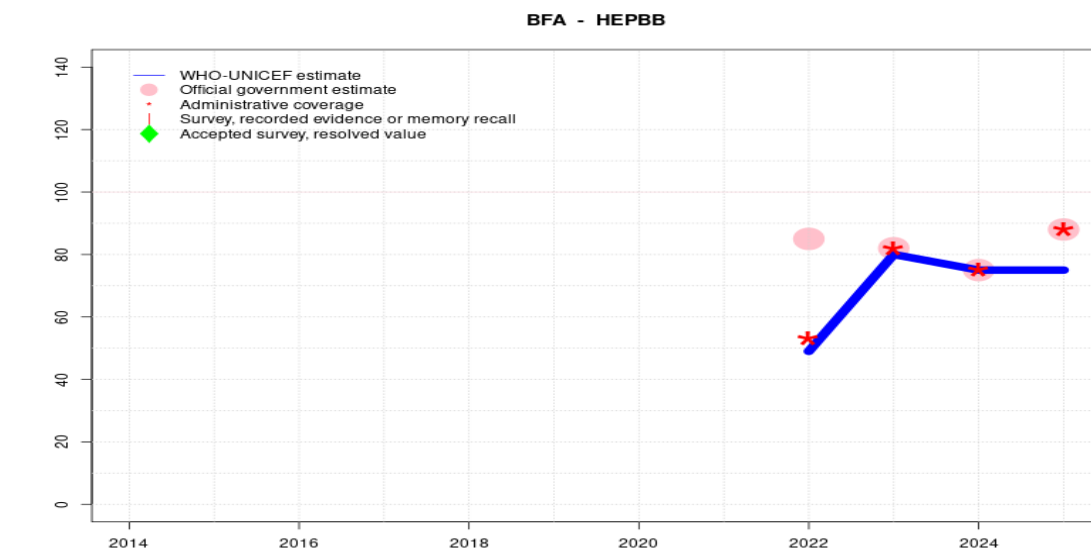
Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Reported data excluded because 102 percent greater than 100 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Reported data excluded because 101 percent greater than 100 percent. Programme reports a subnational level vaccine stockout of unknown duration. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Reported data excluded because 106 percent greater than 100 percent. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a national level vaccine stockout that appears to not impact reported coverage. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a 1-month vaccine stockout. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

Burkina Faso - BCG

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by:
D-

Burkina Faso - HEPBB



Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Reported data excluded due to sudden change in coverage from 75 to 88 percent. Programme reported vaccine stock-out at the subnational level. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported 1 month vaccine stockout at the national and subnational levels. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-
- 2023: Estimate based on the relationship between administered doses of BCG and HepB birth and the estimated BCG coverage. Estimate challenged by: D-R-
- 2022: Hepatitis B birth dose introduced in 2022. Estimate based on the relationship between administered doses of BCG and HepB birth and the estimated BCG coverage. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	49	80	75	75
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●
Official	-	-	-	-	-	-	-	-	85	82	75	88
Administrative	-	-	-	-	-	-	-	-	53	82	75	88
Survey	-	-	-	-	-	-	-	-	-	-	-	-

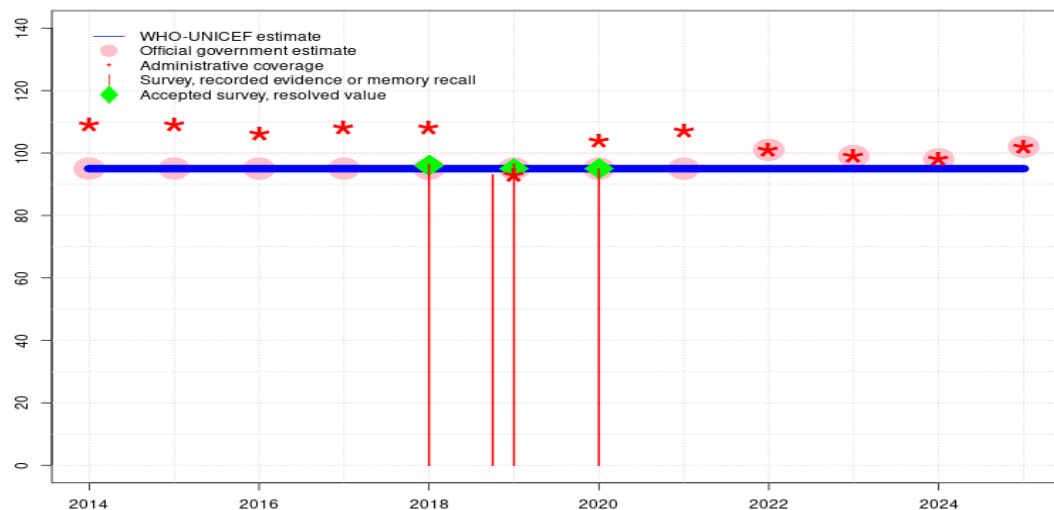
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Burkina Faso - DTP1

BFA - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	95	95	95	95	95	95	95	95	95	95	95
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	95	95	95	95	95	95	95	95	101	99	98	102
Administrative	109	109	106	108	108	93	104	107	101	99	98	102
Survey	-	-	-	-	96	*	95	-	-	-	-	-

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.

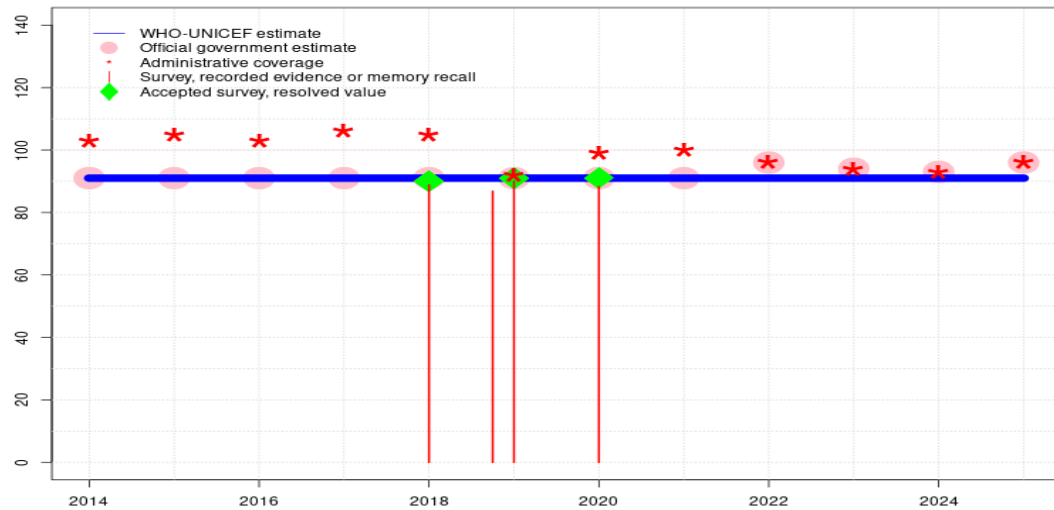
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Reported data excluded because 102 percent greater than 100 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Reported data excluded because 101 percent greater than 100 percent. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reported a one month vaccine stockout at the national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

Burkina Faso - DTP3

BFA - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	91	91	91	91	91	91	91	91	91	91	91
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	91	91	91	91	91	91	91	91	96	94	93	96
Administrative	103	105	103	106	105	92	99	100	96	94	93	96
Survey	-	-	-	-	89	*	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 extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 88 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 81 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 2 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso record or recall results of 90 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 86 percent. Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 87 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 75 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso record

Burkina Faso - DTP3

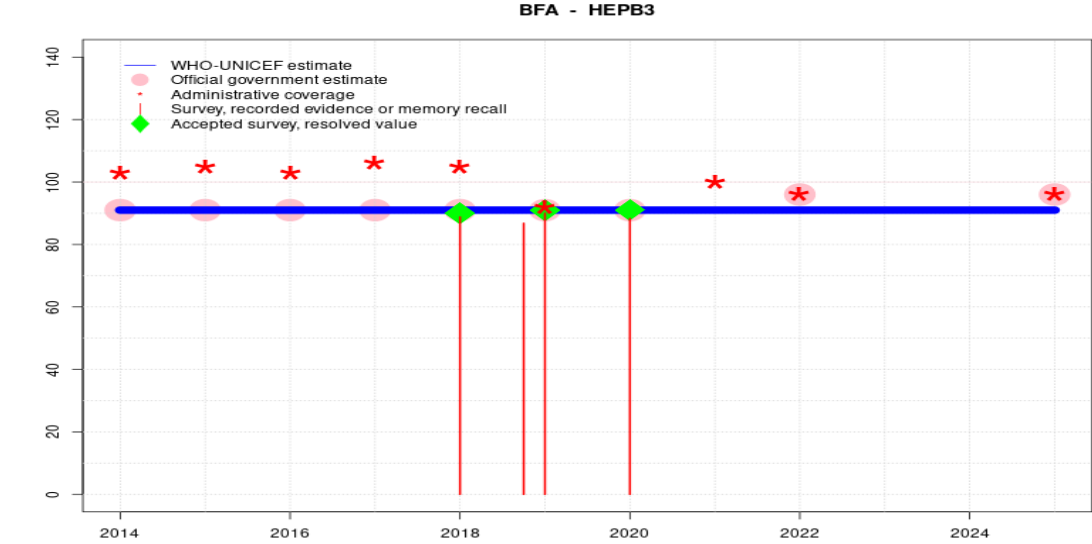
or recall results of 89 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a one month vaccine stockout at the national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	91	91	91	91	91	91	91	91	91	91	91
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	91	91	91	91	91	91	91	-	96	-	-	96
Administrative	103	105	103	106	105	92	-	100	96	-	-	96
Survey	-	-	-	-	89	*	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 estimated DTP3 coverage. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Estimate informed by estimated DTP3 coverage. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. GoC=No accepted empirical data
- 2023: Estimate informed by estimated DTP3 coverage. GoC=No accepted empirical data
- 2022: Estimate informed by estimated DTP3 coverage. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Estimated is based on estimated DTP3 coverage. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 88 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 81 percent. GoC=Assigned by working group. Consistency with other vaccine doses.
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 2 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso record or recall results of 90 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 86 percent.Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 87 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 75 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso record or recall results of 89 percent modified for recall bias to 90 percent based on 1st dose

record or recall coverage of 96 percent, 1st dose record only coverage of 90 percent and 3rd dose record only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reported a one month vaccine stockout at the national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

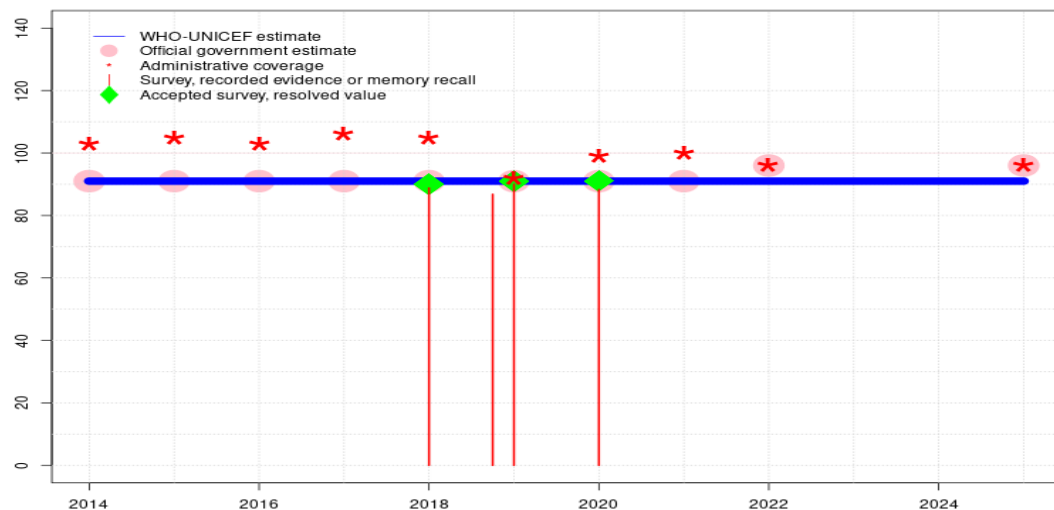
2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

Burkina Faso - Hib3

BFA - Hib3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	91	91	91	91	91	91	91	91	91	91	91
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	91	91	91	91	91	91	91	91	96	-	-	96
Administrative	103	105	103	106	105	92	99	100	96	-	-	96
Survey	-	-	-	-	89	*	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 extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by estimated DTP3 coverage. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. GoC=No accepted empirical data
- 2023: Estimate informed by estimated DTP3 coverage. GoC=No accepted empirical data
- 2022: Estimate informed by estimated DTP3 coverage. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 88 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 95 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 81 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 2 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso record or recall results of 90 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 97 percent, 1st dose record only coverage of 92 percent and 3rd dose record only coverage of 86 percent.Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 87 percent modified for recall bias to 91 percent based on 1st dose record or recall coverage of 93 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 75 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey.Survey evidence of 90 percent based on 1 survey(s). Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso record or recall results of 89 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 96 percent, 1st dose record only coverage of 90 percent and

Burkina Faso - Hib3

3rd dose record only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a one month vaccine stockout at the national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

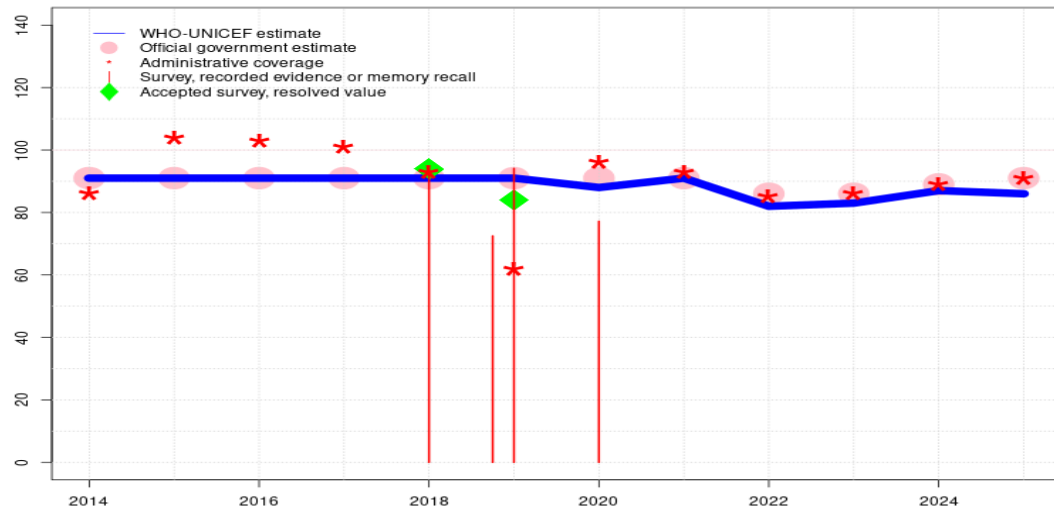
2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

Burkina Faso - ROTAC

BFA - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	91	91	91	91	91	88	91	82	83	87	86
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	91	91	91	91	91	91	91	91	86	86	89	91
Administrative	86	104	103	101	93	62	96	93	85	86	89	91
Survey	-	-	-	-	94	*	77	-	-	-	-	-

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.

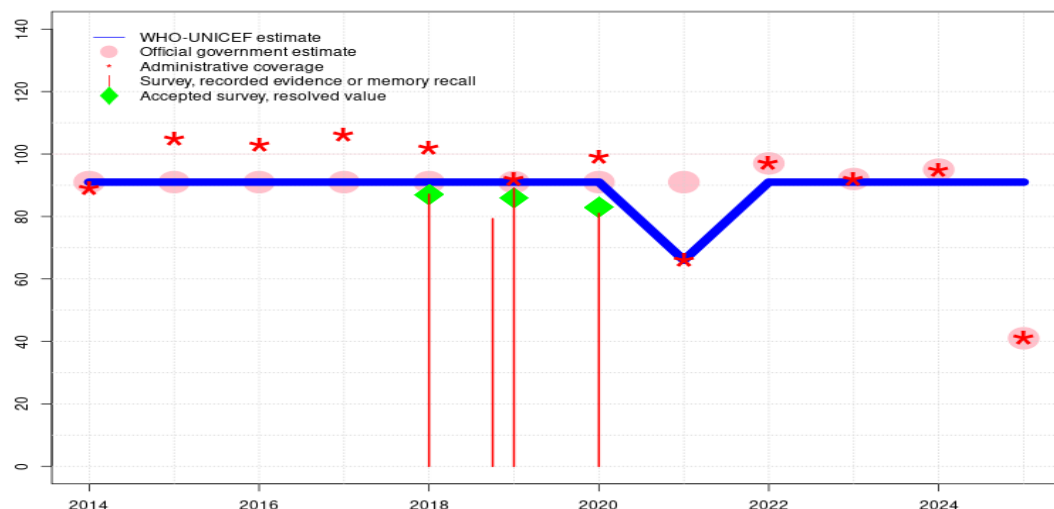
Description:

- 2025: Estimate is based on the relationship between reported official coverage for DTP3 and ROTAC applied to the DTP3 estimated coverage. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported official coverage for DTP3 and ROTAC applied to the DTP3 estimated coverage. Reported data excluded. Programme reported vaccine stockout at the subnational level. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported official coverage for DTP3 and ROTAC applied to the DTP3 estimated coverage. Reported data excluded. Programme reports a 13-day vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2022: Estimate is based on the relationship between reported official coverage for DTP3 and ROTAC applied to the DTP3 estimated coverage. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. Programme reports a six month national level vaccine stockout with no apparent impact on reported coverage. Estimate challenged by: D-
- 2020: Estimate informed by difference between DTP3 and RotaC administrative coverage applied to estimated DTP3 coverage. Burkina Faso Demographic and Health Survey 2019-2021 results ignored by working group. Survey ignored as results are inconsistent with previous year survey results. Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 77 percent modified for recall bias to 80 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 78 percent and 3rd dose record only coverage of 71 percent. Estimate challenged by: D-R-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 2 survey(s). Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 73 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 71 percent and 3rd dose record only coverage of 61 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Programme reports one month national

- level vaccine stockout. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a four months vaccine stockout at the national level. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports one month stock-out. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2014: Estimate based on reported official reflecting 2010 MICS results. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Burkina Faso - PCVC

BFA - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	91	91	91	91	91	91	91	66	91	91	91	91
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	91	91	91	91	91	91	91	91	97	92	95	41
Administrative	89	105	103	106	102	92	99	66	97	92	95	41
Survey	-	-	-	-	87	*	81	-	-	-	-	-

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

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

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

Description:

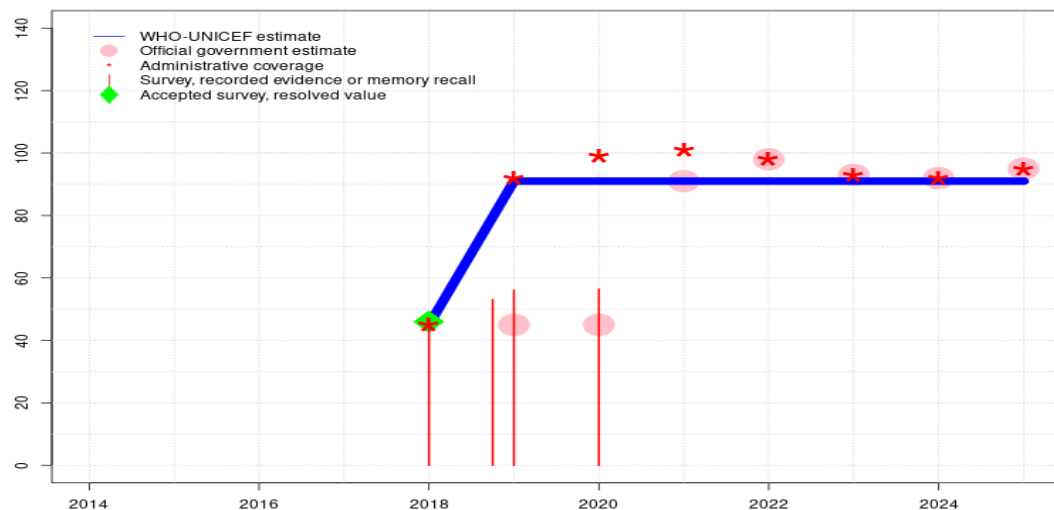
- 2025: Reported data calibrated to 2022 levels. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Reported data excluded due to sudden change in coverage from 95 to 41 percent. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Decline in reported coverage partially explained by the change in age of administration of the third dose of PCV vaccine from 9 months to 15 months in February 2025. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2022 levels. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Reported data excluded. Estimate challenged by: D-R-
- 2022: Estimate of 91 percent assigned by working group. Estimate informed by estimated DTP3 coverage following recovery from prior year stockout. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-R-
- 2021: Estimate informed by reported administrative coverage reflecting a reported seven months vaccine stockout. Estimate challenged by: D-R-S-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 81 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 78 percent and 3rd dose record only coverage of 74 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 2 survey(s). Burkina Faso Demographic and Health Survey 2019-2021 record or recall results of 79 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 71 percent and 3rd dose record only coverage of 68 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF

Burkina Faso - PCVC

estimate and do not reflect programmatic changes. Estimate challenged by: D-
2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF
estimate and do not reflect programmatic changes. Estimate challenged by: D-
2014: Estimate based on reported official reflecting 2010 MICS results. Pneumococcal conjugate
vaccine introduced in 2013 and reporting started in 2014. GoC=Assigned by working
group. GoC assigned to maintain consistency across vaccines.

Burkina Faso - IPV1

BFA - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	45	91	91	91	91	91	91	91
Estimate GoC	-	-	-	-	•••	•	•	•	•	•	•	•
Official	-	-	-	-	-	45	45	91	98	93	92	95
Administrative	-	-	-	-	45	92	99	101	98	93	92	95
Survey	-	-	-	-	46	*	56	-	-	-	-	-

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

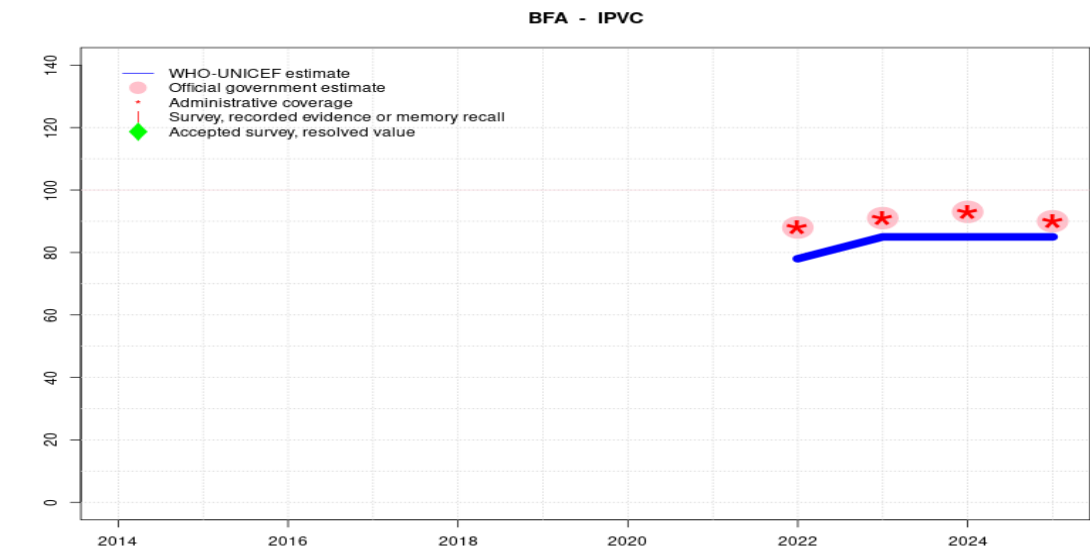
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate informed by estimated DTP3 level. Reported administrative data for IPV1 reflects service delivery patterns similar to DTP3. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-R-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by estimated DTP3 level. Reported administrative data for IPV1 reflects service delivery patterns similar to DTP3. Programme reports a one month vaccine stockout at the national level. Burkina Faso Demographic and Health Survey 2019-2021 results ignored by working group. Survey results not consistent with DTP3 levels. Estimate challenged by: D-R-S-
- 2019: Estimate informed by estimated DTP3 level. Reported administrative data for IPV1 reflects service delivery patterns similar to DTP3. Routine Vaccine Coverage Survey Coupled with the November 2019 Measles and Rubella (RR) Post-Campaign Coverage Survey in Burkina Faso results ignored by working group. Survey results not consistent with DTP3 levels. Burkina Faso Demographic and Health Survey 2019-2021 results ignored by working group. Survey results not consistent with DTP3 levels. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Programme reports national level vaccine stockout of less than one month. Estimate challenged by: D-R-S-
- 2018: Estimate informed by reported administrative data supported by survey. Survey evidence of 46 percent based on 1 survey(s). Inactivated polio vaccine introduced in July 2018. GoC=R+ S+ D+

Burkina Faso - IPVC



Description:

- 2025: Estimate based on previous year estimate. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Estimate exceptionally based on estimated IPVC for 2023. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported admin coverage for MCV1 and IPVC applied to the MCV1 estimated coverage. Estimate challenged by: D-R-
- 2022: Estimate is based on the relationship between reported admin coverage for MCV1 and IPVC applied to the MCV1 estimated coverage. Unexplained change in approach to estimate official coverage. Second dose of inactivated polio vaccine introduced in 2021. Reporting started in 2022. GoC=Assigned by working group. Consistency across antigens.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	78	85	85	85
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●
Official	-	-	-	-	-	-	-	-	88	91	93	90
Administrative	-	-	-	-	-	-	-	-	88	91	93	90
Survey	-	-	-	-	-	-	-	-	-	-	-	-

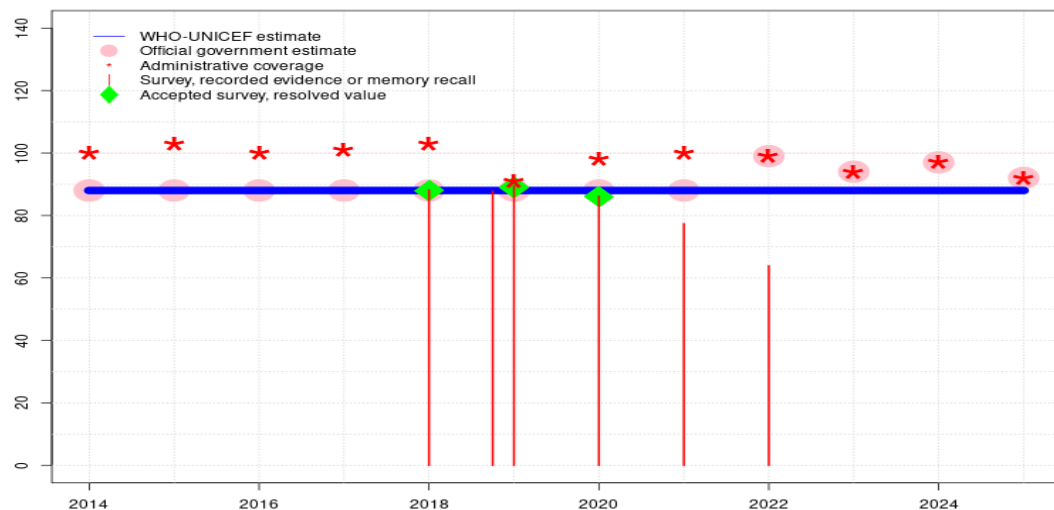
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Burkina Faso - MCV1

BFA - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	88	88	88	88	88	88	88	88	88	88	88
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	88	88	88	88	88	88	88	88	99	94	97	92
Administrative	100	103	100	101	103	91	98	100	99	94	97	92
Survey	-	-	-	-	88	*	86	77	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:

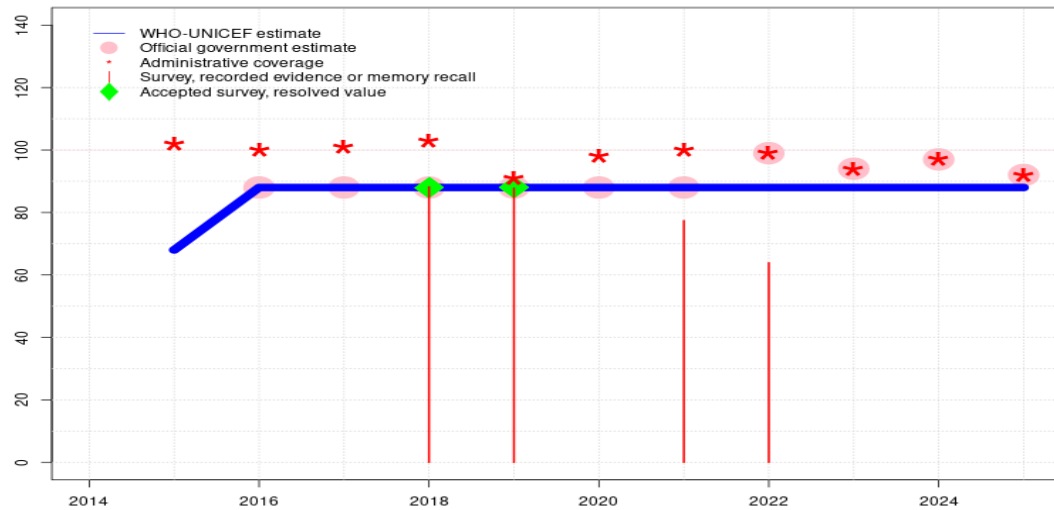
- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Programme reported vaccine stock-out at the subnational level. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Programme reported vaccine stockout at the subnational level. Results from the Post Campaign Coverage Survey conducted in 2024 suggests lower MCV1 coverage than estimated with 64 percent of children under two years having received at least one dose prior to the campaign and 77 percent for the children between 24-35 months. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Burkina Faso Measles and Rubella Post-Campaign Coverage Survey, 2024 results ignored by working group. The most recent post-campaign coverage survey only include measles vaccination prior to the campaign, and results are inconsistent with other data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Burkina Faso Measles and Rubella Post-Campaign Coverage Survey, 2024 results ignored by working group. The most recent post-campaign coverage survey only include measles vaccination prior to the campaign, and results are inconsistent with other data. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF

Burkina Faso - MCV1

estimate and do not reflect programmatic changes. Estimate challenged by: D-
2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF
estimate and do not reflect programmatic changes. Estimate challenged by: D-
2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by:
D-

Burkina Faso - RCV1

BFA - RCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	68	88	88	88	88	88	88	88	88	88	88
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	-	88	88	88	88	88	88	99	94	97	92
Administrative	-	102	100	101	103	91	98	100	99	94	97	92
Survey	-	-	-	-	88	88	-	77	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.

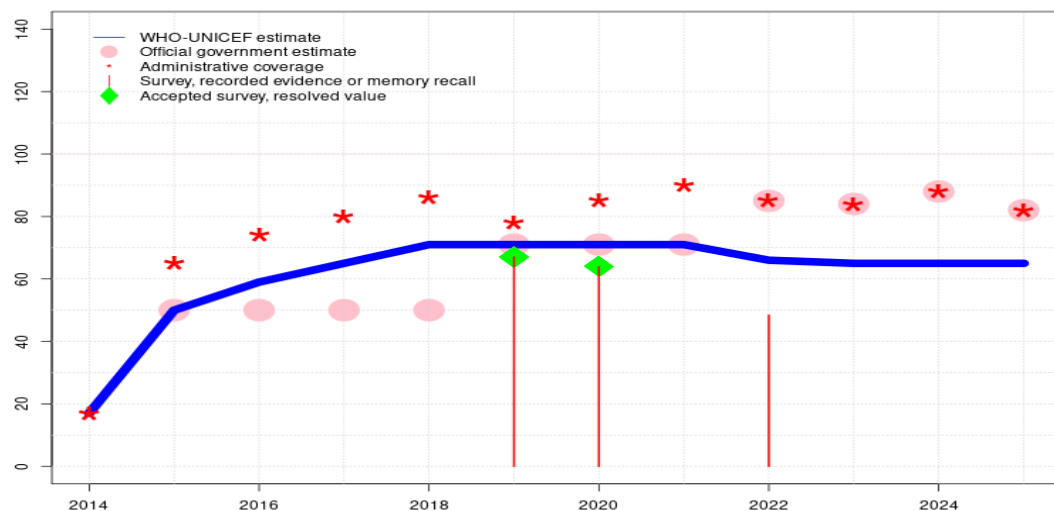
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on estimated MCV1. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Programme reported vaccine stock-out at the subnational level. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Reported data excluded. Programme reported vaccine stockout at the subnational level. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-
- 2023: Estimate based on estimated MCV1. Reported data excluded. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Burkina Faso Measles and Rubella Post-Campaign Coverage Survey, 2024 results ignored by working group. The most recent post-campaign coverage survey only include measles vaccination prior to the campaign, and results are inconsistent with other data. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Burkina Faso Measles and Rubella Post-Campaign Coverage Survey, 2024 results ignored by working group. The most recent post-campaign coverage survey only include measles vaccination prior to the campaign, and results are inconsistent with other data. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2019: Estimate based on estimated MCV1. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2016: Estimate based on estimated MCV1. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-
- 2015: Programme reports 102 percent coverage in 67 percent of the national target population. Estimated coverage is based on total annual birth cohort. Reported data excluded because 102 percent greater than 100 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Measles-rubella vaccine introduced in April 2015. Estimate challenged by: D-

Burkina Faso - MCV2

BFA - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	17	50	59	65	71	71	71	71	66	65	65	65
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	-	50	50	50	50	71	71	71	85	84	88	82
Administrative	17	65	74	80	86	78	85	90	85	84	88	82
Survey	-	-	-	-	-	67	64	-	48	-	-	-

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:

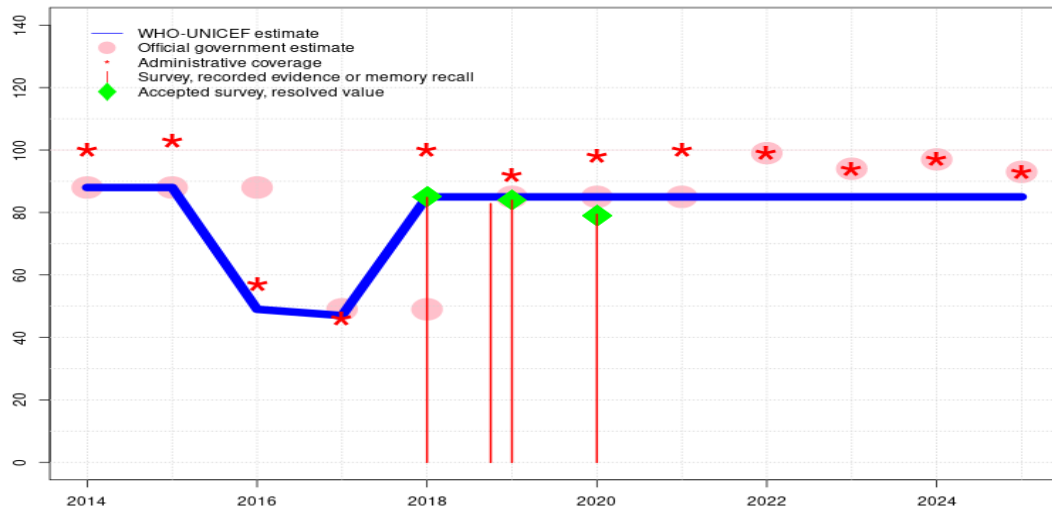
- 2025: Reported data calibrated to 2021 levels. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Programme reported vaccine stock-out at the subnational level. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Programme reported vaccine stockout at the subnational level. Results from the Post Campaign Coverage Survey conducted in 2024 suggests lower MCV2 coverage than estimated with 48 percent of children between 24-35 months having received at least two doses prior to the campaign and 43 percent for older children. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Burkina Faso Measles and Rubella Post-Campaign Coverage Survey, 2024 results ignored by working group. The most recent post-campaign coverage survey only include measles vaccination prior to the campaign, and results are inconsistent with other data. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-R-
- 2021: Estimate of 71 percent assigned by working group. Estimate is based on reported coverage. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 64 percent based on 1 survey(s). Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 67 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate of 71 percent assigned by working group. Estimate informed by reported numerator data in 2018 which is similar to reported levels for 2020 and consistent with survey results. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2015 and 2018 levels. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2015 and 2018 levels. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-

Burkina Faso - MCV2

- 2015: Estimate of 50 percent assigned by working group. Estimate reflects increase in coverage following introduction. Estimate informed by estimated MCV1 coverage adjusted for the difference between reported administrative and official coverage for MCV1. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-
- 2014: Estimate based on reported coverage during introduction year. Second dose of MCV introduced in 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Burkina Faso - YFV

BFA - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	88	88	49	47	85	85	85	85	85	85	85	85
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	88	88	88	49	49	85	85	85	99	94	97	93
Administrative	100	103	57	46	100	92	98	100	99	94	97	93
Survey	-	-	-	-	85	*	79	-	-	-	-	-

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 extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-
- 2024: Estimate informed by extrapolation from reported data. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate challenged by: D-
- 2023: Estimate informed by extrapolation from reported data. Reported data excluded. Programme reports a 7 day vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2022: Estimate informed by extrapolation from reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data supported by survey.Survey evidence of 79 percent based on 1 survey(s). Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey.Survey evidence of 84 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate of 85 percent assigned by working group. Estimate based on the difference between reported administrative coverage for MCV1 and YFV. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a two months vaccine stockout at the national level. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 and 2018 levels. Programme reports five month vaccine stockout. Estimate challenged by: R-S-
- 2016: Estimate of 49 percent assigned by working group. Estimate based on the relative relationship between estimated coverage and reported number of doses of Yellow Fever Vaccine from previous years. Programme reports a 7-month vaccine stockout at the national level. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-R-S-
- 2015: Estimate based on reported official reflecting 2010 MICS results. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Esti-

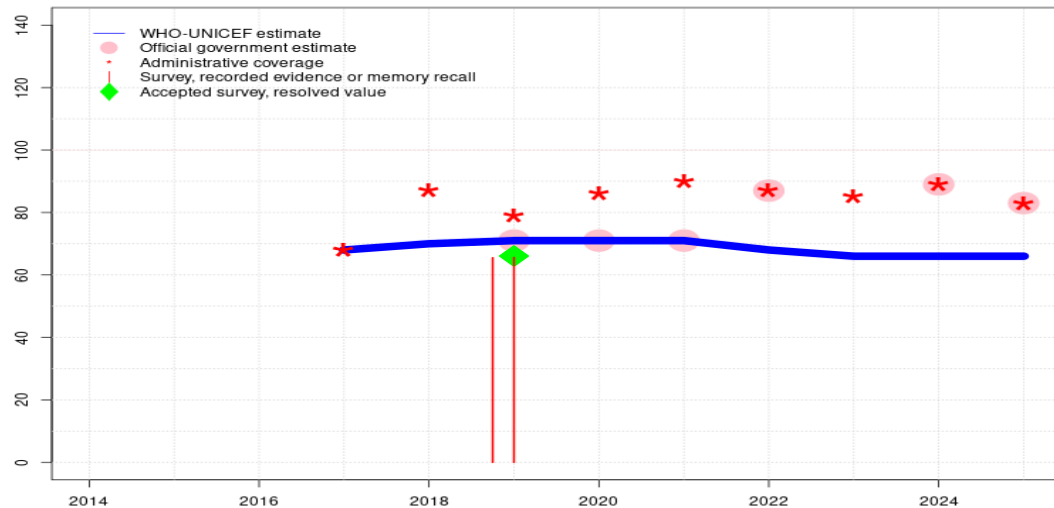
Burkina Faso - YFV

mate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by:
D-

Burkina Faso - MENGA

BFA - MENGA



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	68	70	71	71	71	68	66	66	66
Estimate GoC	-	-	-	•••	•	•	•	•	•	•	•	•
Official	-	-	-	-	-	71	71	71	87	-	89	83
Administrative	-	-	-	68	87	79	86	90	87	85	89	83
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.

Description:

- 2025: Reported data calibrated to 2021 levels. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2021 levels. Reported data excluded. Since 2022, official and admin coverage are the same while previously official coverage was corrected for survey results. WHO and UNICEF recommend a review of the time series considering the Post Campaign Coverage Survey and other field assessments. Estimate of 66 percent changed from previous revision value of 76 percent. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2021 levels. Estimate of 66 percent changed from previous revision value of 76 percent. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2021 levels. Unexplained change in approach to estimate official coverage. Estimate of 68 percent changed from previous revision value of 76 percent. Estimate challenged by: D-R-
- 2021: Estimate of 71 percent assigned by working group. Estimate is based on reported coverage. Estimate of 71 percent changed from previous revision value of 74 percent. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Estimate of 71 percent changed from previous revision value of 73 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported data supported by survey. Survey evidence of 66 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-
- 2018: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 68 percent to 87 percent with decrease to 71 percent. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Meningitis A vaccine introduced in 2017. GoC=R+ S+ D+

Burkina Faso - 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 post-campagne sur la couverture vaccinale contre la rougeole et la rubéole au Burkina Faso, 2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall	63.9	12-23 m	333	-
MCV2	Record or Recall	48.4	24-35 m	324	-
RCV1	Record or Recall	63.9	12-23 m	333	-

2021 Enquete post-campagne sur la couverture vaccinale contre la rougeole et la rubéole au Burkina Faso, 2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall	77.4	24-35 m	324	-
RCV1	Record or Recall	77.4	24-35 m	324	-

2020 Enquête Démographique et de Santé, Burkina Faso, 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
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BCG	Recall	10.6	12-23 m	273	88
BCG	Record	86.1	12-23 m	2027	88
BCG	Record or Recall	96.7	12-23 m	2299	88
BCG	Record or Recall<12m	96.5	12-23 m	2299	88
DTP1	Recall	9.8	12-23 m	273	88
DTP1	Record	85.1	12-23 m	2027	88
DTP1	Record or Recall	94.9	12-23 m	2299	88
DTP1	Record or Recall<12m	94.8	12-23 m	2299	88
DTP3	Recall	6.9	12-23 m	273	88
DTP3	Record	81.4	12-23 m	2027	88
DTP3	Record or Recall	88.3	12-23 m	2299	88
DTP3	Record or Recall<12m	87.4	12-23 m	2299	88
HEPB1	Recall	9.8	12-23 m	273	88
HEPB1	Record	85.1	12-23 m	2027	88
HEPB1	Record or Recall	94.9	12-23 m	2299	88
HEPB1	Record or Recall<12m	94.8	12-23 m	2299	88
HEPB3	Recall	6.9	12-23 m	273	88
HEPB3	Record	81.4	12-23 m	2027	88
HEPB3	Record or Recall	88.3	12-23 m	2299	88
HEPB3	Record or Recall<12m	87.4	12-23 m	2299	88
HIB1	Recall	9.8	12-23 m	273	88
HIB1	Record	85.1	12-23 m	2027	88
HIB1	Record or Recall	94.9	12-23 m	2299	88
HIB1	Record or Recall<12m	94.8	12-23 m	2299	88
HIB3	Recall	6.9	12-23 m	273	88
HIB3	Record	81.4	12-23 m	2027	88
HIB3	Record or Recall	88.3	12-23 m	2299	88
HIB3	Record or Recall<12m	87.4	12-23 m	2299	88
IPV1	Recall	8.2	12-23 m	273	88
IPV1	Record	48.2	12-23 m	2027	88
IPV1	Record or Recall	56.4	12-23 m	2299	88
IPV1	Record or Recall<12m	55.1	12-23 m	2299	88
MCV1	Recall	7.5	12-23 m	273	88
MCV1	Record	78.7	12-23 m	2027	88
MCV1	Record or Recall	86.2	12-23 m	2299	88
MCV1	Record or Recall<12m	81.5	12-23 m	2299	88
MCV2	Recall	7.7	24-35 m	372	81
MCV2	Record	56.2	24-35 m	1616	81
MCV2	Record or Recall	63.9	24-35 m	1988	81
PCV1	Recall	10	12-23 m	273	88

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PCV1	Record	78.2	12-23 m	2027	88
PCV1	Record or Recall	88.2	12-23 m	2299	88
PCV1	Record or Recall<12m	88	12-23 m	2299	88
PCVC	Recall	6.8	12-23 m	273	88
PCVC	Record	74.2	12-23 m	2027	88
PCVC	Record or Recall	81	12-23 m	2299	88
PCVC	Record or Recall<12m	80.3	12-23 m	2299	88
ROTAC	Recall	6.4	12-23 m	273	88
ROTAC	Record	70.8	12-23 m	2027	88
ROTAC	Record or Recall	77.2	12-23 m	2299	88
ROTAC	Record or Recall<12m	76.2	12-23 m	2299	88
YFV	Recall	6.9	12-23 m	273	88
YFV	Record	72.4	12-23 m	2027	88
YFV	Record or Recall	79.4	12-23 m	2299	88
YFV	Record or Recall<12m	74.8	12-23 m	2299	88

2019 Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquete de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	0.6	12-23 m	2814	93
BCG	Record	98.7	12-23 m	2814	93
BCG	Record or Recall	99.3	12-23 m	2814	93
DTP1	Recall	4.1	12-23 m	2814	93
DTP1	Record	92.4	12-23 m	2814	93
DTP1	Record or Recall	96.5	12-23 m	2814	93
DTP3	Recall	3.7	12-23 m	2814	93
DTP3	Record	86.2	12-23 m	2814	93
DTP3	Record or Recall	90	12-23 m	2814	93
HEPB1	Recall	4.1	12-23 m	2814	93
HEPB1	Record	92.4	12-23 m	2814	93
HEPB1	Record or Recall	96.5	12-23 m	2814	93
HEPB3	Recall	3.7	12-23 m	2814	93
HEPB3	Record	86.2	12-23 m	2814	93
HEPB3	Record or Recall	90	12-23 m	2814	93
HIB1	Recall	4.1	12-23 m	2814	93
HIB1	Record	92.4	12-23 m	2814	93

HIB1	Record or Recall	96.5	12-23 m	2814	93
HIB3	Recall	3.7	12-23 m	2814	93
HIB3	Record	86.2	12-23 m	2814	93
HIB3	Record or Recall	90	12-23 m	2814	93
IPV1	Recall	2.9	12-23 m	2814	93
IPV1	Record	50.2	12-23 m	2814	93
IPV1	Record or Recall	53.1	12-23 m	2814	93
MCV1	Recall	4	12-23 m	2814	93
MCV1	Record	83.8	12-23 m	2814	93
MCV1	Record or Recall	87.8	12-23 m	2814	93
MCV2	Recall	4	24-35 m	2080	-
MCV2	Record	63	24-35 m	2080	-
MCV2	Record or Recall	67	24-35 m	2080	-
MENGA	Recall	3.8	24-35 m	2080	-
MENGA	Record	61.8	24-35 m	2080	-
MENGA	Record or Recall	65.6	24-35 m	2080	-
PCVC	Recall	4.3	12-23 m	2814	93
PCVC	Record	84.8	12-23 m	2814	93
PCVC	Record or Recall	89.1	12-23 m	2814	93
RCV1	Recall	4	12-23 m	2814	93
RCV1	Record	83.8	12-23 m	2814	93
RCV1	Record or Recall	87.8	12-23 m	2814	93
ROTAC	Recall	4.2	12-23 m	2814	93
ROTAC	Record	82.4	12-23 m	2814	93
ROTAC	Record or Recall	94.1	12-23 m	2814	93
YFV	Recall	5.4	12-23 m	2814	93
YFV	Record	78.5	12-23 m	2814	93
YFV	Record or Recall	83.9	12-23 m	2814	93

2019 Enquête Démographique et de Santé, Burkina Faso, 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	16.6	24-35 m	372	81
BCG	Record	79.4	24-35 m	1616	81
BCG	Record or Recall	96	24-35 m	1988	81
BCG	Record or Recall<12m	95.5	24-35 m	1988	81
DTP1	Recall	15.7	24-35 m	372	81
DTP1	Record	77.3	24-35 m	1616	81
DTP1	Record or Recall	93	24-35 m	1988	81

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DTP1	Record or Recall<12m	92.4	24-35 m	1988	81
DTP3	Recall	12.2	24-35 m	372	81
DTP3	Record	74.6	24-35 m	1616	81
DTP3	Record or Recall	86.8	24-35 m	1988	81
DTP3	Record or Recall<12m	84.4	24-35 m	1988	81
HEPB1	Recall	15.7	24-35 m	372	81
HEPB1	Record	77.3	24-35 m	1616	81
HEPB1	Record or Recall	93	24-35 m	1988	81
HEPB1	Record or Recall<12m	92.4	24-35 m	1988	81
HEPB3	Recall	12.2	24-35 m	372	81
HEPB3	Record	74.6	24-35 m	1616	81
HEPB3	Record or Recall	86.8	24-35 m	1988	81
HEPB3	Record or Recall<12m	84.4	24-35 m	1988	81
HIB1	Recall	15.7	24-35 m	372	81
HIB1	Record	77.3	24-35 m	1616	81
HIB1	Record or Recall	93	24-35 m	1988	81
HIB1	Record or Recall<12m	92.4	24-35 m	1988	81
HIB3	Recall	12.2	24-35 m	372	81
HIB3	Record	74.6	24-35 m	1616	81
HIB3	Record or Recall	86.8	24-35 m	1988	81
HIB3	Record or Recall<12m	84.4	24-35 m	1988	81
IPV1	Recall	13.7	24-35 m	372	81
IPV1	Record	42.4	24-35 m	1616	81
IPV1	Record or Recall	56.1	24-35 m	1988	81
IPV1	Record or Recall<12m	53	24-35 m	1988	81
MCV1	Recall	14	24-35 m	372	81
MCV1	Record	75.4	24-35 m	1616	81
MCV1	Record or Recall	89.5	24-35 m	1988	81
MCV1	Record or Recall<12m	81.8	24-35 m	1988	81
MCV2	Record or Recall<12m	62.8	24-35 m	1988	81
MENGA	Recall	11.7	24-35 m	372	81
MENGA	Record	53.9	24-35 m	1616	81
MENGA	Record or Recall	65.5	24-35 m	1988	81
MENGA	Record or Recall<12m	64.6	24-35 m	1988	81
PCV1	Recall	15.6	24-35 m	372	81
PCV1	Record	71.3	24-35 m	1616	81
PCV1	Record or Recall	86.9	24-35 m	1988	81
PCV1	Record or Recall<12m	86.3	24-35 m	1988	81
PCVC	Recall	11.6	24-35 m	372	81
PCVC	Record	67.7	24-35 m	1616	81

PCVC	Record or Recall	79.3	24-35 m	1988	81
PCVC	Record or Recall<12m	77	24-35 m	1988	81
ROTAC	Recall	11.4	24-35 m	372	81
ROTAC	Record	61	24-35 m	1616	81
ROTAC	Record or Recall	72.5	24-35 m	1988	81
ROTAC	Record or Recall<12m	70.5	24-35 m	1988	81
YFV	Recall	12.8	24-35 m	372	81
YFV	Record	70	24-35 m	1616	81
YFV	Record or Recall	82.8	24-35 m	1988	81
YFV	Record or Recall<12m	75.2	24-35 m	1988	81

2018 Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquete de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	1.7	24-35 m	2080	-
BCG	Record	96.9	24-35 m	2080	-
BCG	Record or Recall	98.7	24-35 m	2080	-
DTP1	Recall	6	24-35 m	2080	-
DTP1	Record	90.4	24-35 m	2080	-
DTP1	Record or Recall	96.3	24-35 m	2080	-
DTP3	Recall	5.2	24-35 m	2080	-
DTP3	Record	83.6	24-35 m	2080	-
DTP3	Record or Recall	88.8	24-35 m	2080	-
HEPB1	Recall	6	24-35 m	2080	-
HEPB1	Record	90.4	24-35 m	2080	-
HEPB1	Record or Recall	96.3	24-35 m	2080	-
HEPB3	Recall	5.2	24-35 m	2080	-
HEPB3	Record	83.6	24-35 m	2080	-
HEPB3	Record or Recall	88.8	24-35 m	2080	-
HIB1	Recall	6	24-35 m	2080	-
HIB1	Record	90.4	24-35 m	2080	-
HIB1	Record or Recall	96.3	24-35 m	2080	-
HIB3	Recall	5.2	24-35 m	2080	-
HIB3	Record	83.6	24-35 m	2080	-
HIB3	Record or Recall	88.8	24-35 m	2080	-
IPV1	Recall	3.7	24-35 m	2080	-

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IPV1	Record	42.7	24-35 m	2080	-	HEPB3	Record	78.5	12-23 m	2344	83
IPV1	Record or Recall	46.4	24-35 m	2080	-	HEPB3	Record or Recall	89.5	12-23 m	2822	83
MCV1	Recall	6.1	24-35 m	2080	-	HEPB3	Record or Recall<12m	88.2	12-23 m	2822	83
MCV1	Record	82.2	24-35 m	2080	-	HIB1	Recall	13.5	12-23 m	478	83
MCV1	Record or Recall	88.2	24-35 m	2080	-	HIB1	Record	80.9	12-23 m	2344	83
PCVC	Recall	5.6	24-35 m	2080	-	HIB1	Record or Recall	94.4	12-23 m	2822	83
PCVC	Record	81.4	24-35 m	2080	-	HIB1	Record or Recall<12m	94	12-23 m	2822	83
PCVC	Record or Recall	87.1	24-35 m	2080	-	HIB3	Recall	11	12-23 m	478	83
RCV1	Recall	6.1	24-35 m	2080	-	HIB3	Record	78.5	12-23 m	2344	83
RCV1	Record	82.2	24-35 m	2080	-	HIB3	Record or Recall	89.5	12-23 m	2822	83
RCV1	Record or Recall	88.2	24-35 m	2080	-	HIB3	Record or Recall<12m	88.2	12-23 m	2822	83
ROTAC	Recall	5.6	24-35 m	2080	-	MCV1	Recall	11.5	12-23 m	478	83
ROTAC	Record	79.8	24-35 m	2080	-	MCV1	Record	75.8	12-23 m	2344	83
ROTAC	Record or Recall	93.5	24-35 m	2080	-	MCV1	Record or Recall	87.3	12-23 m	2822	83
YFV	Recall	6.8	24-35 m	2080	-	MCV1	Record or Recall<12m	81.8	12-23 m	2822	83
YFV	Record	78	24-35 m	2080	-						
YFV	Record or Recall	84.8	24-35 m	2080	-						

2008 Revue approfondie du PEV 2009 Burkina Faso

2009 Enquête Démographique et de Santé (EDS-IV) et à Indicateurs Multiples (MICS) EDSBF-MICS IV, 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13.8	12-23 m	478	83
BCG	Record	82.6	12-23 m	2344	83
BCG	Record or Recall	96.5	12-23 m	2822	83
BCG	Record or Recall<12m	96.2	12-23 m	2822	83
DTP1	Recall	13.5	12-23 m	478	83
DTP1	Record	80.9	12-23 m	2344	83
DTP1	Record or Recall	94.4	12-23 m	2822	83
DTP1	Record or Recall<12m	94	12-23 m	2822	83
DTP3	Recall	11	12-23 m	478	83
DTP3	Record	78.5	12-23 m	2344	83
DTP3	Record or Recall	89.5	12-23 m	2822	83
DTP3	Record or Recall<12m	88.2	12-23 m	2822	83
HEPB1	Recall	13.5	12-23 m	478	83
HEPB1	Record	80.9	12-23 m	2344	83
HEPB1	Record or Recall	94.4	12-23 m	2822	83
HEPB1	Record or Recall<12m	94	12-23 m	2822	83
HEPB3	Recall	11	12-23 m	478	83

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	98.7	12-23 m	-	96
BCG	Record or Recall	99.1	12-23 m	13320	96
DTP1	Record	93.3	12-23 m	-	96
DTP1	Record or Recall	98.9	12-23 m	13320	96
DTP3	Record	91	12-23 m	-	96
DTP3	Record or Recall	96.6	12-23 m	13320	96
HEPB1	Record	93.3	12-23 m	-	96
HEPB3	Record	91	12-23 m	13320	96
HIB1	Record	93.3	12-23 m	-	96
HIB3	Record	91	12-23 m	-	96
MCV1	Record	87.6	12-23 m	-	96
MCV1	Record or Recall	93.9	12-23 m	13320	96
YFV	Record	87.5	12-23 m	-	96
YFV	Record or Recall	93.8	12-23 m	13320	96

2005 Burkina Faso, Enquête par grappes à indicateurs multiples 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14.6	12-23 m	1112	79

BCG	Record	77.3	12-23 m	1112	79
BCG	Record or Recall	91.9	12-23 m	1112	79
BCG	Record or Recall<12m	91.4	12-23 m	1112	79
DTP1	Recall	13.3	12-23 m	1112	79
DTP1	Record	76.9	12-23 m	1112	79
DTP1	Record or Recall	90.2	12-23 m	1112	79
DTP1	Record or Recall<12m	89.3	12-23 m	1112	79
DTP3	Recall	8.6	12-23 m	1112	79
DTP3	Record	69.9	12-23 m	1112	79
DTP3	Record or Recall	78.5	12-23 m	1112	79
DTP3	Record or Recall<12m	76.5	12-23 m	1112	79
MCV1	Recall	12.1	12-23 m	1112	79
MCV1	Record	63.2	12-23 m	1112	79
MCV1	Record or Recall	75.3	12-23 m	1112	79
MCV1	Record or Recall<12m	70.3	12-23 m	1112	79
YFV	Recall	11.9	12-23 m	1112	79
YFV	Record	64.1	12-23 m	1112	79
YFV	Record or Recall	76.1	12-23 m	1112	79
YFV	Record or Recall<12m	70.8	12-23 m	1112	79

2002 Burkina Faso, Revue Approfondie du PEV, 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	90.3	12-23 m	11080	88
DTP1	Record or Recall	91.4	12-23 m	11080	88
DTP3	Record or Recall	77	12-23 m	11080	88
MCV1	Record or Recall	71.6	12-23 m	11080	88

2002 Enquête Démographique et de Santé 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	17.7	12-23 m	1840	67
BCG	Record	63.2	12-23 m	1840	67
BCG	Record or Recall	80.9	12-23 m	1840	67
BCG	Record or Recall<12m	80	12-23 m	1840	67
DTP1	Recall	14.3	12-23 m	1840	67
DTP1	Record	61.8	12-23 m	1840	67

DTP1	Record or Recall	76.1	12-23 m	1840	67
DTP1	Record or Recall<12m	73.4	12-23 m	1840	67
DTP3	Recall	6.7	12-23 m	1840	67
DTP3	Record	50.3	12-23 m	1840	67
DTP3	Record or Recall	57	12-23 m	1840	67
DTP3	Record or Recall<12m	52	12-23 m	1840	67
MCV1	Recall	9	12-23 m	1840	67
MCV1	Record	46.8	12-23 m	1840	67
MCV1	Record or Recall	55.8	12-23 m	1840	67
MCV1	Record or Recall<12m	43.2	12-23 m	1840	67
YFV	Recall	0	12-23 m	1840	67
YFV	Record	44.9	12-23 m	1840	67
YFV	Record or Recall	44.9	12-23 m	1840	67
YFV	Record or Recall<12m	34.6	12-23 m	1840	67

1997 Enquête Démographique et de Santé Burkina Faso 1998-1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.5	12-23 m	1041	56
BCG	Record	52.8	12-23 m	1041	56
BCG	Record or Recall	72.3	12-23 m	1041	56
BCG	Record or Recall<12m	69.9	12-23 m	1041	56
DTP1	Recall	30.8	12-23 m	1041	56
DTP1	Record	47.6	12-23 m	1041	56
DTP1	Record or Recall	78.3	12-23 m	1041	56
DTP1	Record or Recall<12m	72.5	12-23 m	1041	56
DTP3	Recall	8.7	12-23 m	1041	56
DTP3	Record	32.3	12-23 m	1041	56
DTP3	Record or Recall	41	12-23 m	1041	56
DTP3	Record or Recall<12m	34.8	12-23 m	1041	56
MCV1	Recall	8.9	12-23 m	1041	56
MCV1	Record	36.8	12-23 m	1041	56
MCV1	Record or Recall	45.8	12-23 m	1041	56
MCV1	Record or Recall<12m	32.1	12-23 m	1041	56
YFV	Record	35.5	12-23 m	1041	56
YFV	Record or Recall	35.5	12-23 m	1041	56
YFV	Record or Recall<12m	24.1	12-23 m	1041	56

Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>