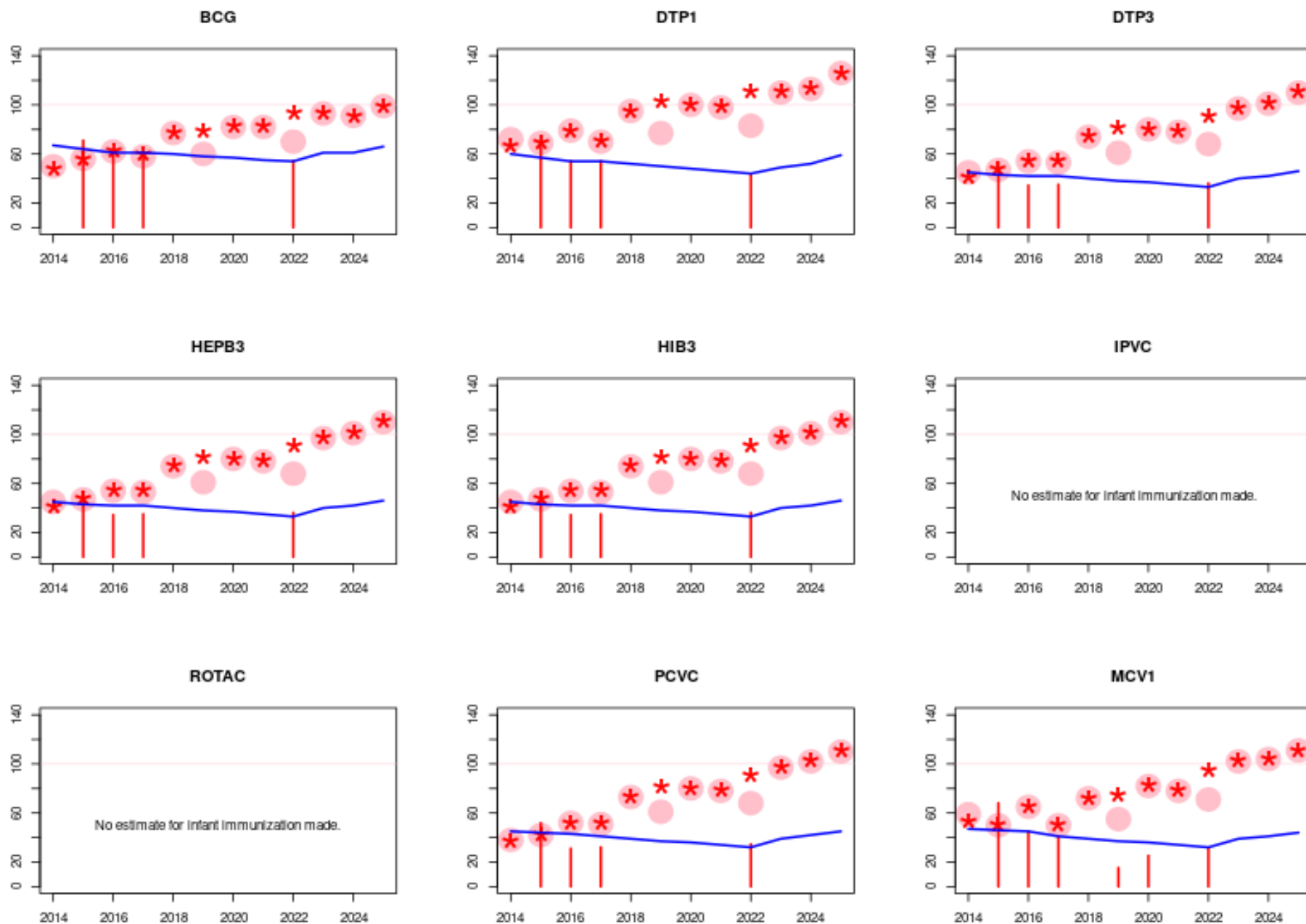




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

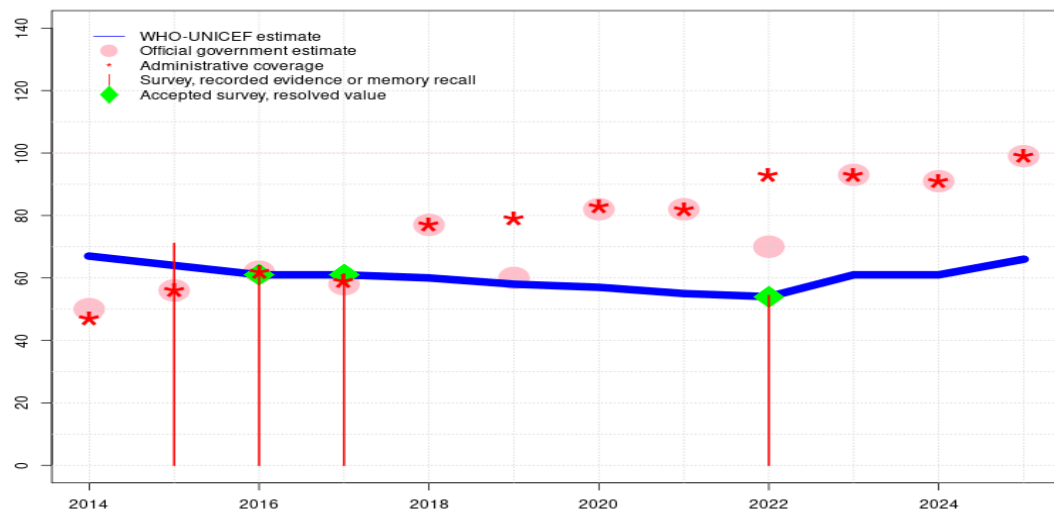
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la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

Central African Republic - BCG

CAF - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	67	64	61	61	60	58	57	55	54	61	61	66
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	50	56	62	58	77	60	82	82	70	93	91	99
Administrative	47	56	62	59	77	79	83	82	93	93	91	99
Survey	-	71	61	61	-	-	-	-	54	-	-	-

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 number of doses in 2024 and 2025, applied to the 2024 estimated coverage. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Programme reported 3 months vaccine stock-out at the national level. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 54 percent based on 1 survey(s). Reported data excluded due to decline in reported coverage from 82 percent to 70 percent with increase to 93 percent. Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Programme reports district level vaccine stockout. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports a two months vaccine stockout at the national and subnational levels. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 77 percent to 60 percent with increase to 82 percent. Programme reports less than one month vaccine stockout at the national level. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 58 percent to 77 percent with decrease to 60 percent. Estimate challenged by: R-
- 2017: Estimate of 61 percent assigned by working group. Estimate based on survey coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports 15 days of vaccine stockout at the national level and vaccine supply disruptions at district level. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 61 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme

Central African Republic - BCG

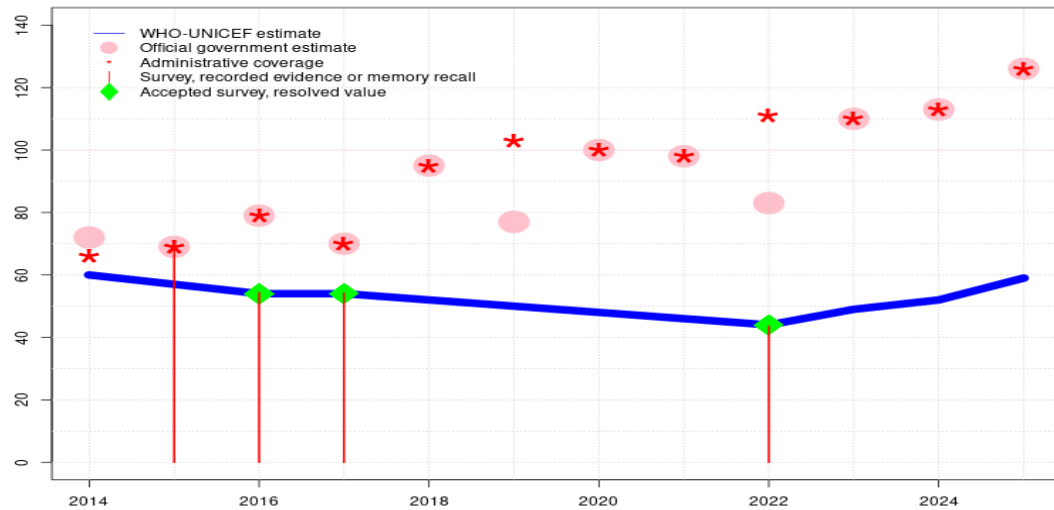
reports vaccine supply disruptions at district level that impacted service delivery. Estimate challenged by: R-

2015: Reported data calibrated to 2012 and 2016 levels. Central African Republic EPI Coverage Survey 2016 results ignored. Sample size 0 less than 300. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports two months national level vaccine stockout. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. The reported number of children vaccinated has not returned to level Survey reported values for vaccination coverage by documented evidence in home-based records are illogical for the first and third doses for several vaccines. Estimate challenged by: D-R-

2014: Reported data calibrated to 2012 and 2016 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Government reports the conduct of multiple routine intensification activities during 2014. Reported coverage increased from 2013 level, however the number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Estimate challenged by: D-R-

Central African Republic - DTP1

CAF - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	60	57	54	54	52	50	48	46	44	49	52	59
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	72	69	79	70	95	77	100	98	83	110	113	126
Administrative	66	69	79	70	95	103	100	98	111	110	113	126
Survey	-	70	54	54	-	-	-	-	44	-	-	-

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 number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded because 126 percent greater than 100 percent. Reported data excluded due to sudden change in coverage from 113 to 126 percent. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 113 percent greater than 100 percent. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Reported data excluded because 110 percent greater than 100 percent. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 44 percent based on 1 survey(s). Reported data excluded due to decline in reported coverage from 98 percent to 83 percent with increase to 110 percent. Programme reports district level vaccine stockout. Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 95 percent to 77 percent with increase to 100 percent. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 70 percent to 95 percent with decrease to 77 percent. Estimate challenged by: D-R-
- 2017: Estimate of 54 percent assigned by working group. Estimate based on survey coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 54 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme

Central African Republic - DTP1

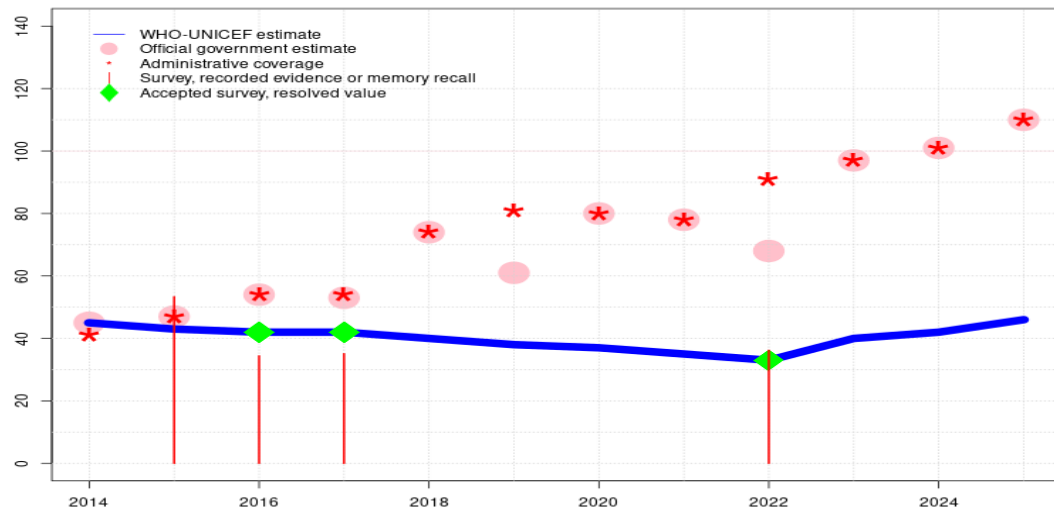
reports vaccine supply disruptions at district level that impacted service delivery. Estimate challenged by: R-

2015: Reported data calibrated to 2011 and 2016 levels. Central African Republic EPI Coverage Survey 2016 results ignored. Sample size 0 less than 300. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. The reported number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Survey reported values for vaccination coverage by documented evidence in home-based records are illogical for the first and third doses for several vaccines. Estimate challenged by: R-

2014: Reported data calibrated to 2011 and 2016 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Government reports the conduct of multiple routine intensification activities during 2014. Reported coverage increased from 2013 level, however the number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Estimate challenged by: R-

Central African Republic - DTP3

CAF - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	45	43	42	42	40	38	37	35	33	40	42	46
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	45	47	54	53	74	61	80	78	68	97	101	110
Administrative	41	47	54	54	74	81	80	78	91	97	101	110
Survey	-	53	34	35	-	-	-	-	36	-	-	-

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:

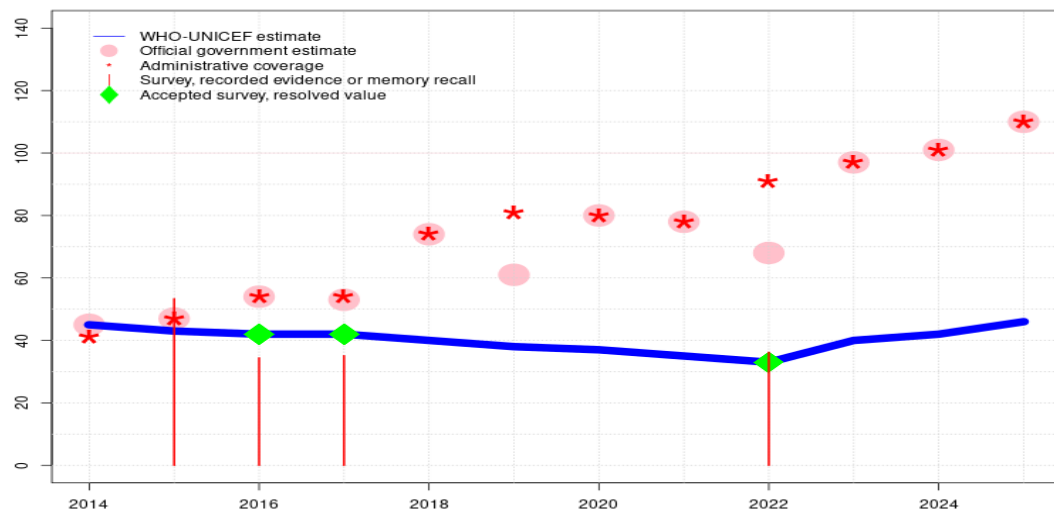
- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded because 110 percent greater than 100 percent. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 33 percent based on 1 survey(s). Central African Republic National Vaccination Coverage Survey Among Children 6-24 months 2023-2024 record or recall results of 36 percent modified for recall bias to 33 percent based on 1st dose record or recall coverage of 44 percent, 1st dose record only coverage of 48 percent and 3rd dose record only coverage of 36 percent. Programme reports district level vaccine stockout. Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 74 percent to 61 percent with increase to 80 percent. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 53 percent to 74 percent with decrease to 61 percent. Estimate challenged by: D-R-
- 2017: Estimate of 42 percent assigned by working group. Estimate based on survey coverage. Central African Republic Multiple Indicator Cluster Survey 2018-2019 record or recall results of 35 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 54 percent, 1st dose record only coverage of 23 percent and 3rd dose record only coverage of 18 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports

Central African Republic - DTP3

- vaccine supply disruptions at district level. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 42 percent based on 1 survey(s). Central African Republic Multiple Indicator Cluster Survey 2018-2019 record or recall results of 34 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 54 percent, 1st dose record only coverage of 14 percent and 3rd dose record only coverage of 11 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level that impacted service delivery. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2016 levels. Central African Republic EPI Coverage Survey 2016 results ignored. Sample size 0 less than 300. Central African Republic EPI Coverage Survey 2016 record or recall results of 53 percent modified for recall bias to 75 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 13 percent and 3rd dose record only coverage of 14 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. The reported number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Survey reported values for vaccination coverage by documented evidence in home-based records are illogical for the first and third doses for several vaccines. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2016 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Government reports the conduct of multiple routine intensification activities during 2014. Reported coverage increased from 2013 level, however the number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Estimate challenged by: D-R-

Central African Republic - HEPB3

CAF - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	45	43	42	42	40	38	37	35	33	40	42	46
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	45	47	54	53	74	61	80	78	68	97	101	110
Administrative	41	47	54	54	74	81	80	78	91	97	101	110
Survey	-	53	34	35	-	-	-	-	36	-	-	-

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.

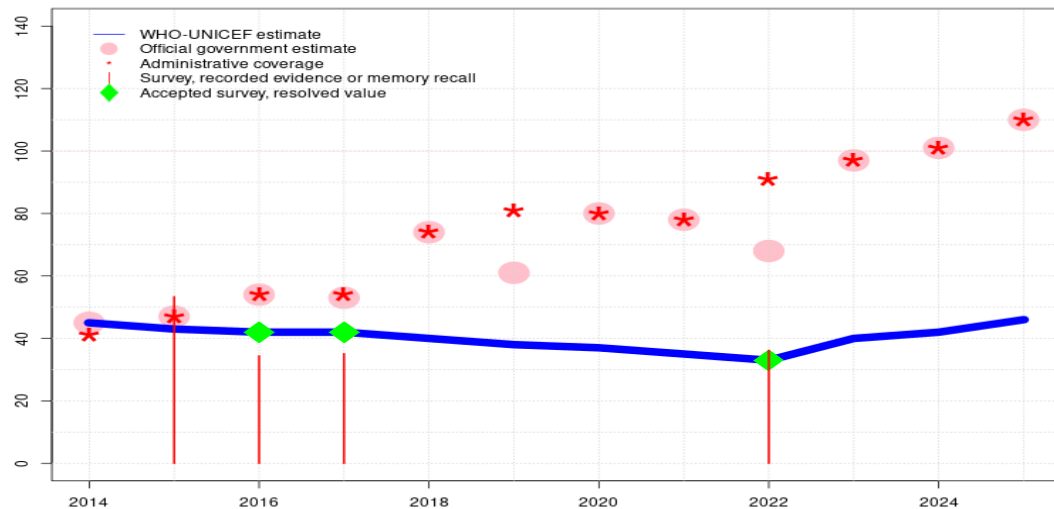
Description:

- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded because 110 percent greater than 100 percent. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 33 percent based on 1 survey(s). Central African Republic National Vaccination Coverage Survey Among Children 6-24 months 2023-2024 record or recall results of 36 percent modified for recall bias to 33 percent based on 1st dose record or recall coverage of 44 percent, 1st dose record only coverage of 48 percent and 3rd dose record only coverage of 36 percent. Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 74 percent to 61 percent with increase to 80 percent. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 53 percent to 74 percent with decrease to 61 percent. Estimate challenged by: D-R-
- 2017: Estimate of 42 percent assigned by working group. Estimate based on survey coverage. Central African Republic Multiple Indicator Cluster Survey 2018-2019 record or recall results of 35 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 54 percent, 1st dose record only coverage of 23 percent and 3rd dose record only coverage of 18 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level. Estimate challenged by: R-

- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 42 percent based on 1 survey(s). Central African Republic Multiple Indicator Cluster Survey 2018-2019 record or recall results of 34 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 54 percent, 1st dose record only coverage of 14 percent and 3rd dose record only coverage of 11 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level that impacted service delivery. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2016 levels. Central African Republic EPI Coverage Survey 2016 results ignored. Sample size 0 less than 300. Central African Republic EPI Coverage Survey 2016 record or recall results of 53 percent modified for recall bias to 75 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 13 percent and 3rd dose record only coverage of 14 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. The reported number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Survey reported values for vaccination coverage by documented evidence in home-based records are illogical for the first and third doses for several vaccines. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2016 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Government reports the conduct of multiple routine intensification activities during 2014. Reported coverage increased from 2013 level, however the number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Estimate challenged by: D-R-

Central African Republic - HIB3

CAF - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	45	43	42	42	40	38	37	35	33	40	42	46
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	45	47	54	53	74	61	80	78	68	97	101	110
Administrative	41	47	54	54	74	81	80	78	91	97	101	110
Survey	-	53	34	35	-	-	-	-	36	-	-	-

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:

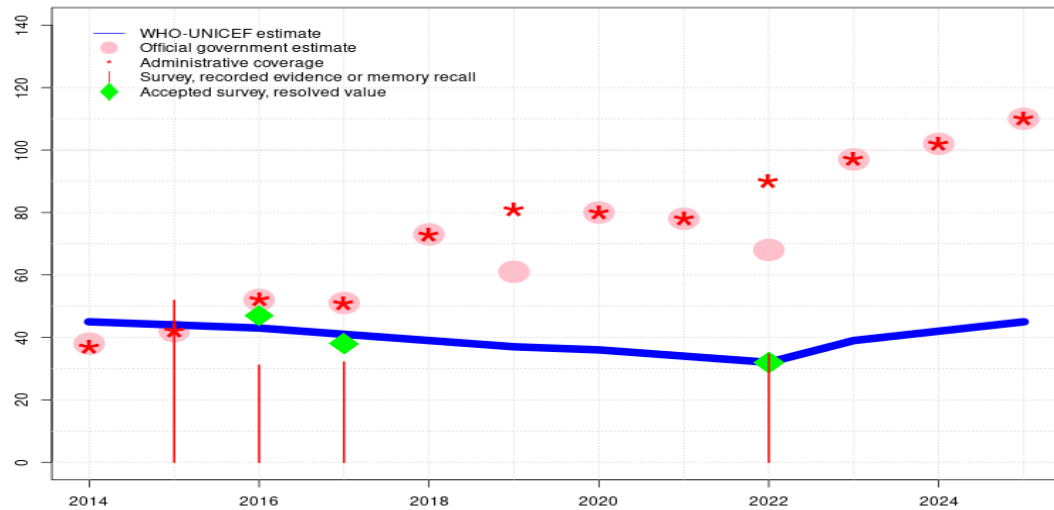
- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded because 110 percent greater than 100 percent. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 33 percent based on 1 survey(s). Central African Republic National Vaccination Coverage Survey Among Children 6-24 months 2023-2024 record or recall results of 36 percent modified for recall bias to 33 percent based on 1st dose record or recall coverage of 44 percent, 1st dose record only coverage of 48 percent and 3rd dose record only coverage of 36 percent. Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 74 percent to 61 percent with increase to 80 percent. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 53 percent to 74 percent with decrease to 61 percent. Estimate challenged by: D-R-
- 2017: Estimate of 42 percent assigned by working group. Estimate based on survey coverage. Central African Republic Multiple Indicator Cluster Survey 2018-2019 record or recall results of 35 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 54 percent, 1st dose record only coverage of 23 percent and 3rd dose record only coverage of 18 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level. Estimate challenged by: R-

Central African Republic - HIB3

- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 42 percent based on 1 survey(s). Central African Republic Multiple Indicator Cluster Survey 2018-2019 record or recall results of 34 percent modified for recall bias to 42 percent based on 1st dose record or recall coverage of 54 percent, 1st dose record only coverage of 14 percent and 3rd dose record only coverage of 11 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level that impacted service delivery. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2016 levels. Central African Republic EPI Coverage Survey 2016 results ignored. Sample size 0 less than 300. Central African Republic EPI Coverage Survey 2016 record or recall results of 53 percent modified for recall bias to 75 percent based on 1st dose record or recall coverage of 70 percent, 1st dose record only coverage of 13 percent and 3rd dose record only coverage of 14 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. The reported number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Survey reported values for vaccination coverage by documented evidence in home-based records are illogical for the first and third doses for several vaccines. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2016 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Government reports the conduct of multiple routine intensification activities during 2014. Reported coverage increased from 2013 level, however the number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Estimate challenged by: D-R-

Central African Republic - PCVC

CAF - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	45	44	43	41	39	37	36	34	32	39	42	45
Estimate GoC	•	•	•	•••	•	•	•	•	•	•	•	•
Official	38	42	52	51	73	61	80	78	68	97	102	110
Administrative	37	42	52	51	73	81	80	78	90	97	102	110
Survey	-	52	31	32	-	-	-	-	35	-	-	-

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 number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded because 110 percent greater than 100 percent. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Programme reported 1 month vaccine stock-out at the national level. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 32 percent based on 1 survey(s). Central African Republic National Vaccination Coverage Survey Among Children 6-24 months 2023-2024 record or recall results of 35 percent modified for recall bias to 32 percent based on 1st dose record or recall coverage of 46 percent, 1st dose record only coverage of 45 percent and 3rd dose record only coverage of 31 percent. Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 73 percent to 61 percent with increase to 80 percent. Programme notes that only two doses of PCV are administered (at 6 and 24 weeks). Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 51 percent to 73 percent with decrease to 61 percent. Estimate challenged by: D-R-
- 2017: Estimate based on survey coverage. Central African Republic Multiple Indicator Cluster Survey 2018-2019 record or recall results of 32 percent modified for recall bias to 38 percent based on 1st dose record or recall coverage of 50 percent, 1st dose record only coverage of 21 percent and 3rd dose record only coverage of 16 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level. GoC=R+

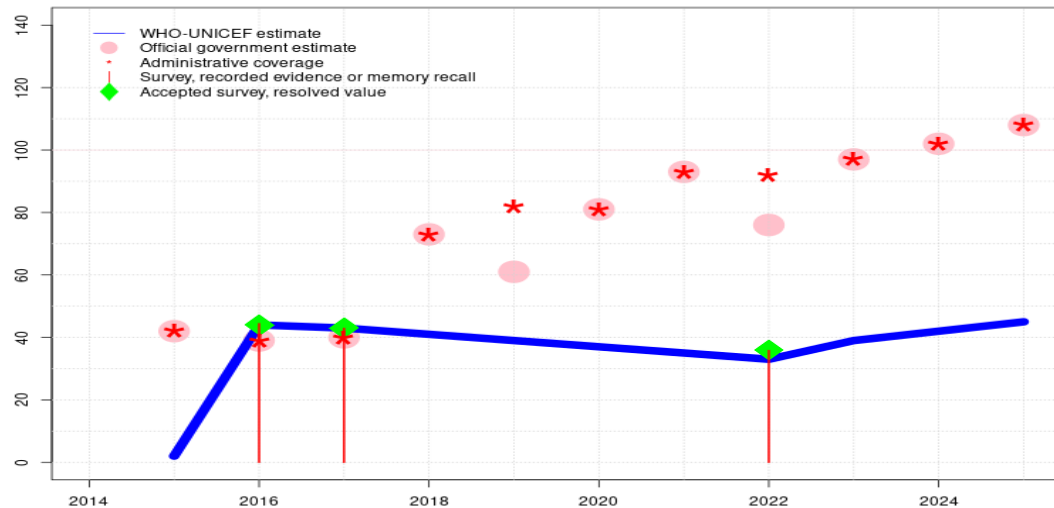
Central African Republic - PCVC

S+ D+

- 2016: Estimate of 43 percent assigned by working group. Estimate based on survey coverage. Central African Republic Multiple Indicator Cluster Survey 2018-2019 record or recall results of 31 percent modified for recall bias to 47 percent based on 1st dose record or recall coverage of 51 percent, 1st dose record only coverage of 12 percent and 3rd dose record only coverage of 11 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level that impacted service delivery. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 and 2016 levels. Central African Republic EPI Coverage Survey 2016 results ignored. Sample size 0 less than 300. Central African Republic EPI Coverage Survey 2016 record or recall results of 52 percent modified for recall bias to 69 percent based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 13 percent and 3rd dose record only coverage of 13 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Survey reported values for vaccination coverage by documented evidence in home-based records are illogical for the first and third doses for several vaccines. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 and 2016 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Government reports the conduct of multiple routine intensification activities during 2014. Reported coverage increased from 2013 level, however the number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Estimate challenged by: D-R-

Central African Republic - IPV1

CAF - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	2	44	43	41	39	37	35	33	39	42	45
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	42	39	40	73	61	81	93	76	97	102	108
Administrative	-	42	39	40	73	82	81	93	92	97	102	108
Survey	-	-	44	43	-	-	-	-	36	-	-	-

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:

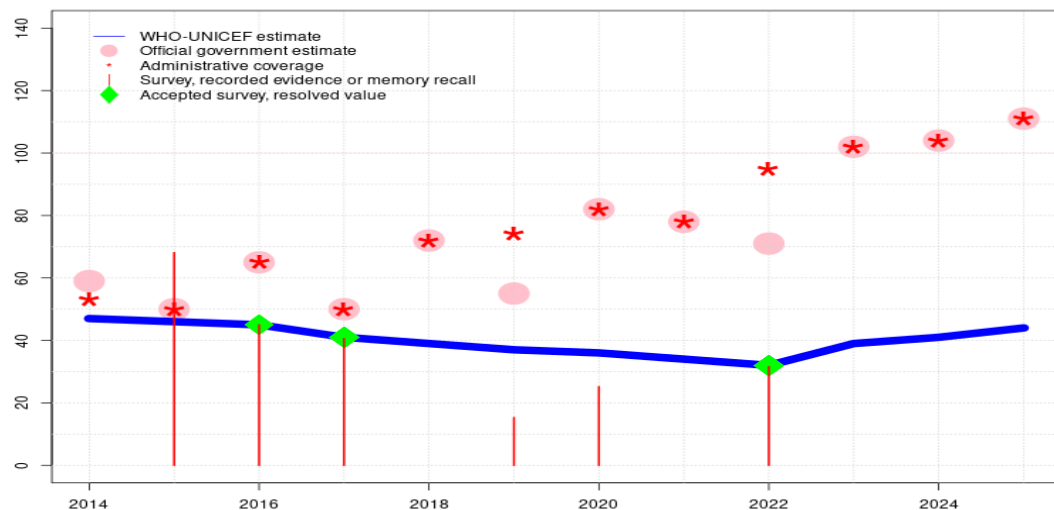
- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded because 108 percent greater than 100 percent. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-
- 2022: Estimate of 33 percent assigned by working group. Estimate based on survey coverage. Reported data excluded due to decline in reported coverage from 93 percent to 76 percent with increase to 97 percent. Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 81 percent to 93 percent with decrease to 76 percent. Programme reports one month vaccine stockout at the national level. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 73 percent to 61 percent with increase to 81 percent. Programme reports less than one month vaccine stockout at the national level. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 40 percent to 73 percent with decrease to 61 percent. Estimate challenged by: D-R-
- 2017: Estimate of 43 percent assigned by working group. Estimate based on survey coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2016: Estimate informed by survey results. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level that impacted service delivery. Estimate challenged by: D-R-

Central African Republic - IPV1

2015: Inactivated polio vaccine introduced in September 2015. Programme reports 42 percent coverage achieved in 6 percent of the national target population. Estimate informed by coverage achieved in the total annual national target population. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Survey reported values for vaccination coverage by documented evidence in home-based records are illogical for the first and third doses for several vaccines. Estimate challenged by: R-S-

Central African Republic - MCV1

CAF - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	47	46	45	41	39	37	36	34	32	39	41	44
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	59	50	65	50	72	55	82	78	71	102	104	111
Administrative	53	50	65	50	72	74	82	78	95	102	104	111
Survey	-	68	45	41	-	15	25	-	32	-	-	-

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 number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded because 111 percent greater than 100 percent. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-R-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Reported data excluded because 102 percent greater than 100 percent. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 32 percent based on 1 survey(s). Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2022 levels. Measles Post Campaign Coverage Survey CAR 2021 results ignored by working group. Survey reported less than 1 percent of vaccination cards seen. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2022 levels. Measles Post Campaign Coverage Survey CAR 2021 results ignored by working group. Survey reported less than 1 percent of vaccination cards seen. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 72 percent to 55 percent with increase to 82 percent. WHO and UNICEF are aware of a SMART nutrition survey where the measles coverage estimate for children aged 9 to 59 months suggests higher coverage levels than estimated here. Programme reports less than two months vaccine stockout at the national level. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 50 percent to 72 percent with decrease to 55 percent. Estimate challenged by: D-R-
- 2017: Estimate of 41 percent assigned by working group. Estimate based on survey coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage

from 65 percent to 50 percent with increase to 72 percent. Programme reports vaccine supply disruptions at district level. Estimate challenged by: R-

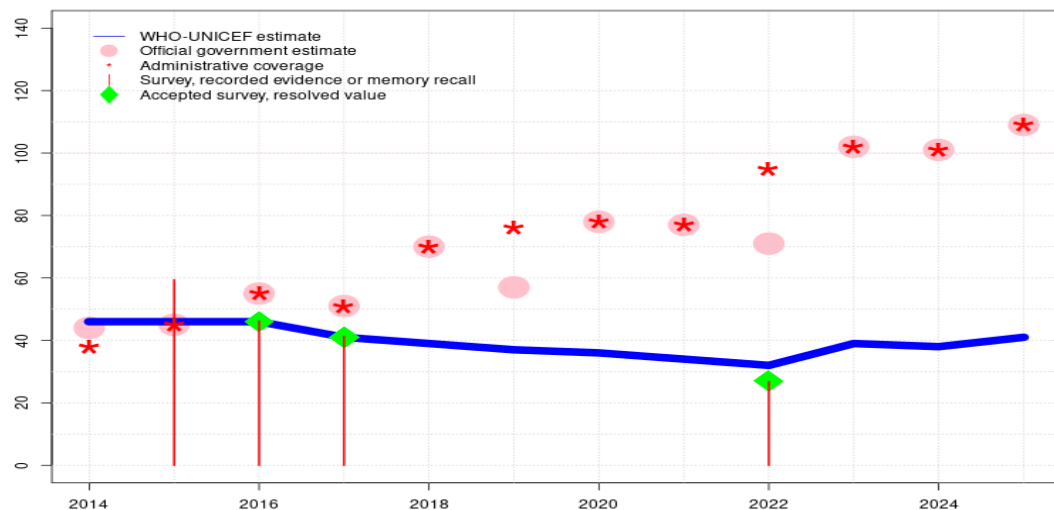
2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 45 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 50 percent to 65 percent with decrease to 50 percent. Programme reports vaccine supply disruptions at district level that impacted service delivery. Estimate challenged by: R-

2015: Reported data calibrated to 2011 and 2016 levels. Central African Republic EPI Coverage Survey 2016 results ignored. Sample size 0 less than 300. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. The reported number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Survey reported values for vaccination coverage by documented evidence in home-based records are illogical for the first and third doses for several vaccines. Estimate challenged by: R-

2014: Reported data calibrated to 2011 and 2016 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Government reports the conduct of multiple routine intensification activities during 2014. Reported coverage increased from 2013 level, however the number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Estimate challenged by: R-

Central African Republic - YFV

CAF - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	46	46	46	41	39	37	36	34	32	39	38	41
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	44	45	55	51	70	57	78	77	71	102	101	109
Administrative	38	45	55	51	70	76	78	77	95	102	101	109
Survey	-	59	46	41	-	-	-	-	27	-	-	-

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:

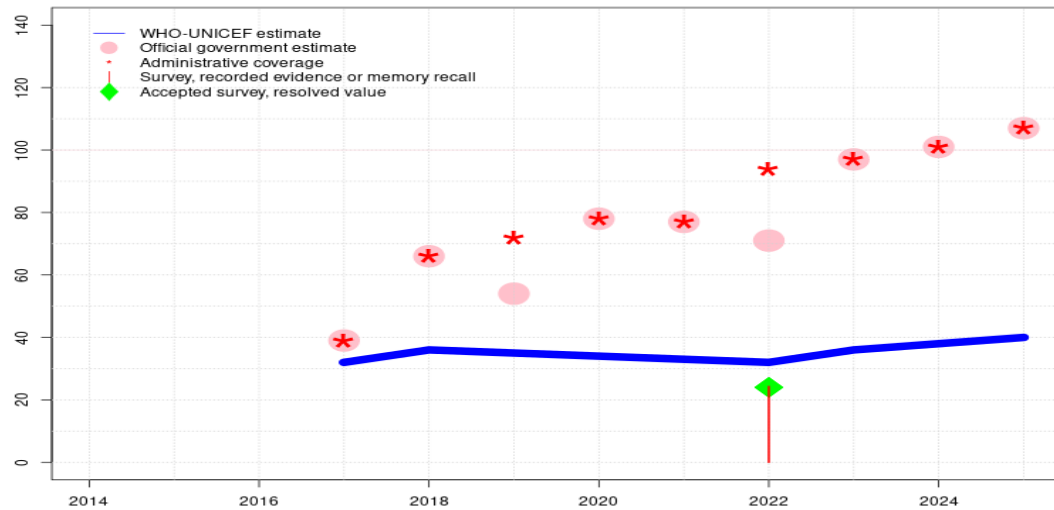
- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded because 109 percent greater than 100 percent. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Programme reported 2 months vaccine stock-out at national and subnational levels. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 101 percent greater than 100 percent. Programme reported a one month vaccine stock-out at the national level. Estimate challenged by: D-R-S-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Reported data excluded because 102 percent greater than 100 percent. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-S-
- 2022: Estimate of 32 percent assigned by working group. Estimate based on the relationship between admin coverage for MCV1 and YFV applied to estimated MCV1, though survey results suggested lower YFV coverage than MCV1. Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 70 percent to 57 percent with increase to 78 percent. Programme reports less than one month vaccine stockout at the national level. Estimate challenged by: D-R-
- 2018: Estimate informed by interpolation between 2017 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 51 percent to 70 percent with decrease to 57 percent. Programme reports one month vaccine stockout at the national level. Estimate challenged by: D-R-
- 2017: Estimate of 41 percent assigned by working group. Estimate based on survey coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level. Estimate challenged by: R-

Central African Republic - YFV

- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 46 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports vaccine supply disruptions at district level that impacted service delivery. Estimate challenged by: R-
- 2015: Reported data calibrated to 2011 and 2016 levels. Central African Republic EPI Coverage Survey 2016 results ignored. Sample size 0 less than 300. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. The reported number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Survey reported values for vaccination coverage by documented evidence in home-based records are illogical for the first and third doses for several vaccines. Estimate challenged by: R-
- 2014: Reported data calibrated to 2011 and 2016 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme reports two months yellow fever stockout at national level. Government reports the conduct of multiple routine intensification activities during 2014. Reported coverage increased from 2013 level, however the number of children vaccinated has not returned to levels observed during 2011, prior to the decrease in coverage. Given concerns with the quality of reported data, the estimate is based on pre-conflict levels determined by the 2012 survey. WHO and UNICEF encourage continued efforts to improve delivery of immunization services. Estimate challenged by: D-R-

Central African Republic - MENGA

CAF - MENGA



Description:

- 2025: Estimate is based on the relationship between reported number of doses in 2024 and 2025, applied to the 2024 estimated coverage. Reported data excluded because 107 percent greater than 100 percent. WHO and UNICEF encourage continued improvement in data quality and a revision of the coverage time series based on survey results. Programme reported 2 months vaccine stock-out at the national and subnational levels. Estimate challenged by: D-R-
- 2024: Estimate is based on the relationship between reported number of doses in 2023 and 2024, applied to the 2023 estimated coverage. Reported data excluded because 101 percent greater than 100 percent. Programme reported 4 months vaccine stock-out at the national level. Estimate challenged by: D-R-S-
- 2023: Estimate is based on the relationship between reported number of doses in 2022 and 2023, applied to the 2022 estimated coverage. Estimates are considering the increase in the number of children vaccinated since 2022. Estimate challenged by: D-R-S-
- 2022: Estimate of 32 percent assigned by working group. Estimate is based on the relationship between reported admin coverage for MCV1 and MENGA applied to the MCV1 estimated coverage, though survey results suggested lower MENGA coverage than MCV1. Estimated coverage does not reflect increases in reported administrative coverage from 2021 to 2022 for most antigens. Programme notes data quality improvement activities. Estimate challenged by: D-R-
- 2021: Estimate informed by interpolation between 2018 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Programme notes issues with data quality and use including that the denominators come from projections from a 2003 census. Estimate challenged by: D-R-
- 2020: Estimate informed by interpolation between 2018 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2019: Estimate informed by interpolation between 2018 and 2022 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 66 percent to 54 percent with increase to 78 percent. Estimate challenged by: D-R-
- 2018: Estimate of 36 percent assigned by working group. Estimate is based on the relationship between reported admin coverage for MCV1 and MENGA applied to the MCV1 estimated coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an increase from 39 percent to 66 percent with decrease to 54 percent. Estimate challenged by: D-R-
- 2017: Estimate is based on the relationship between reported admin coverage for MCV1 and MENGA applied to the MCV1 estimated coverage. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	32	36	35	34	33	32	36	38	40
Estimate GoC	-	-	-	●	●	●	●	●	●	●	●	●
Official	-	-	-	39	66	54	78	77	71	97	101	107
Administrative	-	-	-	39	66	72	78	77	94	97	101	107
Survey	-	-	-	-	-	-	-	-	24	-	-	-

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.

Central African Republic - 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 Republique Centrafricaine Enquete de Couverture Vaccinale de Routine ches les Enfants de 6-24 Mois

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	9.2	12-23 m	4121	-
BCG	Record	45.2	12-23 m	4121	-
BCG	Record or Recall	54.4	12-23 m	4121	-
DTP1	Recall	6.3	12-23 m	4121	-
DTP1	Record	48.4	12-23 m	4121	-
DTP1	Record or Recall	43.6	12-23 m	4121	-
DTP3	Recall	4.7	12-23 m	4121	-
DTP3	Record	36	12-23 m	4121	-
DTP3	Record or Recall	36.2	12-23 m	4121	-
HEPB1	Recall	6.3	12-23 m	4121	-
HEPB1	Record	48.4	12-23 m	4121	-
HEPB1	Record or Recall	43.6	12-23 m	4121	-
HEPB3	Recall	4.7	12-23 m	4121	-
HEPB3	Record	36	12-23 m	4121	-
HEPB3	Record or Recall	36.2	12-23 m	4121	-
HIB1	Recall	6.3	12-23 m	4121	-
HIB1	Record	48.4	12-23 m	4121	-
HIB1	Record or Recall	43.6	12-23 m	4121	-

HIB3	Recall	4.7	12-23 m	4121	-
HIB3	Record	36	12-23 m	4121	-
HIB3	Record or Recall	36.2	12-23 m	4121	-
IPV1	Recall	3.9	12-23 m	4121	-
IPV1	Record	28.9	12-23 m	4121	-
IPV1	Record or Recall	35.8	12-23 m	4121	-
MCV1	Recall	4.6	12-23 m	4121	-
MCV1	Record	27.6	12-23 m	4121	-
MCV1	Record or Recall	31.6	12-23 m	4121	-
MENGA	Recall	4.2	12-23 m	4121	-
MENGA	Record	20.1	12-23 m	4121	-
MENGA	Record or Recall	24.3	12-23 m	4121	-
PCV1	Recall	6.3	12-23 m	4121	-
PCV1	Record	44.5	12-23 m	4121	-
PCV1	Record or Recall	45.5	12-23 m	4121	-
PCVC	Recall	3.9	12-23 m	4121	-
PCVC	Record	30.8	12-23 m	4121	-
PCVC	Record or Recall	34.6	12-23 m	4121	-
YFV	Recall	3.3	12-23 m	4121	-
YFV	Record	22.8	12-23 m	4121	-
YFV	Record or Recall	26.8	12-23 m	4121	-

2020 2021 Enquete de Couverture Post-Campagne de Vaccination contre la Rougeole en RCA

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall	25.2	12-23 m	386	1

2019 2021 Enquete de Couverture Post-Campagne de Vaccination contre la Rougeole en RCA

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Record or Recall	15.3	24-35 m	637	-

2017 République Centrafricaine Enquête par grappes a` indicateurs multiples 2018-2019

Central African Republic - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	37	12-23 m	1679	27
BCG	Record	24.3	12-23 m	1679	27
BCG	Record or Recall	61.3	12-23 m	1679	27
BCG	Record or Recall<12m	59.2	12-23 m	1679	27
DTP1	Recall	31.6	12-23 m	1679	27
DTP1	Record	22.6	12-23 m	1679	27
DTP1	Record or Recall	54.2	12-23 m	1679	27
DTP1	Record or Recall<12m	48.9	12-23 m	1679	27
DTP3	Recall	17.1	12-23 m	1679	27
DTP3	Record	18	12-23 m	1679	27
DTP3	Record or Recall	35.1	12-23 m	1679	27
DTP3	Record or Recall<12m	30.5	12-23 m	1679	27
HEPB1	Recall	31.6	12-23 m	1679	27
HEPB1	Record	22.6	12-23 m	1679	27
HEPB1	Record or Recall	54.2	12-23 m	1679	27
HEPB1	Record or Recall<12m	48.9	12-23 m	1679	27
HEPB3	Recall	17.1	12-23 m	1679	27
HEPB3	Record	18	12-23 m	1679	27
HEPB3	Record or Recall	35.1	12-23 m	1679	27
HEPB3	Record or Recall<12m	30.5	12-23 m	1679	27
HIB1	Recall	31.6	12-23 m	1679	27
HIB1	Record	22.6	12-23 m	1679	27
HIB1	Record or Recall	54.2	12-23 m	1679	27
HIB1	Record or Recall<12m	48.9	12-23 m	1679	27
HIB3	Recall	17.1	12-23 m	1679	27
HIB3	Record	18	12-23 m	1679	27
HIB3	Record or Recall	35.1	12-23 m	1679	27
HIB3	Record or Recall<12m	30.5	12-23 m	1679	27
IPV1	Recall	27.4	12-23 m	1679	27
IPV1	Record	15.5	12-23 m	1679	27
IPV1	Record or Recall	42.9	12-23 m	1679	27
MCV1	Recall	26.5	12-23 m	1679	27
MCV1	Record	14.1	12-23 m	1679	27
MCV1	Record or Recall	40.6	12-23 m	1679	27
MCV1	Record or Recall<12m	29.9	12-23 m	1679	27
PCV1	Recall	29.6	12-23 m	1679	27
PCV1	Record	20.5	12-23 m	1679	27
PCV1	Record or Recall	50.1	12-23 m	1679	27

PCV1	Record or Recall<12m	44.2	12-23 m	1679	27
PCVC	Recall	15.7	12-23 m	1679	27
PCVC	Record	16.4	12-23 m	1679	27
PCVC	Record or Recall	32.1	12-23 m	1679	27
PCVC	Record or Recall<12m	26.7	12-23 m	1679	27
YFV	Recall	25.4	12-23 m	1679	27
YFV	Record	15.9	12-23 m	1679	27
YFV	Record or Recall	41.3	12-23 m	1679	27
YFV	Record or Recall<12m	34	12-23 m	1679	27

2016 République Centrafricaine Enquête par grappes a` indicateurs multiples 2018-2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	46.9	24-35 m	1734	-
BCG	Record	14.4	24-35 m	1734	-
BCG	Record or Recall	61.3	24-35 m	1734	-
BCG	Record or Recall<12m	56.7	24-35 m	1734	-
DTP1	Recall	40.7	24-35 m	1734	-
DTP1	Record	13.7	24-35 m	1734	-
DTP1	Record or Recall	54.3	24-35 m	1734	-
DTP1	Record or Recall<12m	44.3	24-35 m	1734	-
DTP3	Recall	23.2	24-35 m	1734	-
DTP3	Record	11.3	24-35 m	1734	-
DTP3	Record or Recall	34.4	24-35 m	1734	-
DTP3	Record or Recall<12m	26.7	24-35 m	1734	-
HEPB1	Recall	40.7	24-35 m	1734	-
HEPB1	Record	13.7	24-35 m	1734	-
HEPB1	Record or Recall	54.3	24-35 m	1734	-
HEPB1	Record or Recall<12m	44.3	24-35 m	1734	-
HEPB3	Recall	23.2	24-35 m	1734	-
HEPB3	Record	11.3	24-35 m	1734	-
HEPB3	Record or Recall	34.4	24-35 m	1734	-
HEPB3	Record or Recall<12m	26.7	24-35 m	1734	-
HIB1	Recall	40.7	24-35 m	1734	-
HIB1	Record	13.7	24-35 m	1734	-
HIB1	Record or Recall	54.3	24-35 m	1734	-
HIB1	Record or Recall<12m	44.3	24-35 m	1734	-
HIB3	Recall	23.2	24-35 m	1734	-

Central African Republic - Survey Details

HIB3	Record	11.3	24-35 m	1734	-
HIB3	Record or Recall	34.4	24-35 m	1734	-
HIB3	Record or Recall<12m	26.7	24-35 m	1734	-
IPV1	Recall	34.7	24-35 m	1734	-
IPV1	Record	9.7	24-35 m	1734	-
IPV1	Record or Recall	44.4	24-35 m	1734	-
MCV1	Recall	36.6	24-35 m	1734	-
MCV1	Record	8.4	24-35 m	1734	-
MCV1	Record or Recall	45	24-35 m	1734	-
MCV1	Record or Recall<12m	32.2	24-35 m	1734	-
PCV1	Recall	38.5	24-35 m	1734	-
PCV1	Record	12.4	24-35 m	1734	-
PCV1	Record or Recall	50.9	24-35 m	1734	-
PCV1	Record or Recall<12m	41.7	24-35 m	1734	-
PCVC	Recall	20.6	24-35 m	1734	-
PCVC	Record	10.5	24-35 m	1734	-
PCVC	Record or Recall	31.1	24-35 m	1734	-
PCVC	Record or Recall<12m	24.7	24-35 m	1734	-
YFV	Recall	36.4	24-35 m	1734	-
YFV	Record	9.7	24-35 m	1734	-
YFV	Record or Recall	46.2	24-35 m	1734	-
YFV	Record or Recall<12m	33.1	24-35 m	1734	-

2015 République Centrafricaine Enquête de Couverture Vaccinale 2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	13.5	12-23 m	-	-
BCG	Record or Recall	71.1	12-23 m	-	-
DTP1	Record	12.9	12-23 m	-	-
DTP1	Record or Recall	69.9	12-23 m	-	-
DTP3	Record	13.6	12-23 m	-	-
DTP3	Record or Recall	53.3	12-23 m	-	-
HEPB1	Record	12.9	12-23 m	-	-
HEPB1	Record or Recall	69.9	12-23 m	-	-
HEPB3	Record	13.6	12-23 m	-	-
HEPB3	Record or Recall	53.3	12-23 m	-	-
HIB1	Record	12.9	12-23 m	-	-
HIB1	Record or Recall	69.9	12-23 m	-	-
HIB3	Record	13.6	12-23 m	-	-

HIB3	Record or Recall	53.3	12-23 m	-	-
MCV1	Record	28.3	12-23 m	-	-
MCV1	Record or Recall	68.1	12-23 m	-	-
PCV1	Record	13.3	12-23 m	-	-
PCV1	Record or Recall	68.6	12-23 m	-	-
PCVC	Record	13.3	12-23 m	-	-
PCVC	Record or Recall	51.9	12-23 m	-	-
YFV	Record	13.1	12-23 m	-	-
YFV	Record or Recall	59.4	12-23 m	-	-

2011 République Centrafricaine Enquête de Couverture Vaccinale 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	39	12-23 m	1774	50
BCG	Record or Recall	74	12-23 m	1774	50
DTP3	Record	41	12-23 m	1774	50
DTP3	Record or Recall	47	12-23 m	1774	50
HEPB3	Record	41	12-23 m	1774	50
HEPB3	Record or Recall	47	12-23 m	1774	50
HIB3	Record	41	12-23 m	1774	50
HIB3	Record or Recall	47	12-23 m	1774	50
MCV1	Record	34	12-23 m	1774	50
MCV1	Record or Recall	49	12-23 m	1774	50
YFV	Record	34	12-23 m	1774	50
YFV	Record or Recall	48	12-23 m	1774	50

2009 République Centrafricaine, Enquête par grappes à indicateurs multiples, 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	50	12-23 m	-	32
BCG	Record	23.8	12-23 m	-	32
BCG	Record or Recall	73.9	12-23 m	2105	32
BCG	Record or Recall<12m	72.4	12-23 m	-	32
DTP1	Recall	39.5	12-23 m	-	32
DTP1	Record	25.1	12-23 m	-	32
DTP1	Record or Recall	64.6	12-23 m	2105	32
DTP1	Record or Recall<12m	62.8	12-23 m	-	32

DTP3	Recall	15.7	12-23 m	-	32
DTP3	Record	16.5	12-23 m	-	32
DTP3	Record or Recall	32.1	12-23 m	2105	32
DTP3	Record or Recall<12m	30.9	12-23 m	-	32
HEPB1	Recall	28.8	12-23 m	-	32
HEPB1	Record	25.1	12-23 m	-	32
HEPB1	Record or Recall	53.9	12-23 m	2105	32
HEPB1	Record or Recall<12m	52.4	12-23 m	-	32
HEPB3	Recall	8.4	12-23 m	-	32
HEPB3	Record	16.5	12-23 m	-	32
HEPB3	Record or Recall	24.9	12-23 m	2105	32
HEPB3	Record or Recall<12m	24	12-23 m	-	32
MCV1	Recall	42.4	12-23 m	-	32
MCV1	Record	13.4	12-23 m	-	32
MCV1	Record or Recall	55.8	12-23 m	2105	32
MCV1	Record or Recall<12m	49.8	12-23 m	-	32
YFV	Recall	45.5	12-23 m	-	32
YFV	Record	16.1	12-23 m	-	32
YFV	Record or Recall	61.6	12-23 m	2105	32
YFV	Record or Recall<12m	46	12-23 m	-	32

2005 République Centrafricaine, Enquête par Grappe à Indicateurs Multiples, couplée avec la Sérologie VIH et Anémie, 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	40.3	12-23 m	1844	37
BCG	Record	33.6	12-23 m	1844	37
BCG	Record or Recall	73.8	12-23 m	1844	37
BCG	Record or Recall<12m	71.1	12-23 m	1844	37
DTP1	Recall	31.9	12-23 m	1844	37
DTP1	Record	32.2	12-23 m	1844	37

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

DTP1	Record or Recall	64.1	12-23 m	1844	37
DTP1	Record or Recall<12m	59.7	12-23 m	1844	37
DTP3	Recall	12.4	12-23 m	1844	37
DTP3	Record	26.6	12-23 m	1844	37
DTP3	Record or Recall	39	12-23 m	1844	37
DTP3	Record or Recall<12m	33.5	12-23 m	1844	37
MCV1	Recall	34	12-23 m	1844	37
MCV1	Record	28.1	12-23 m	1844	37
MCV1	Record or Recall	62	12-23 m	1844	37
MCV1	Record or Recall<12m	49.9	12-23 m	1844	37

2001 Rapport Final de la Revue externe du PEV en Republique Centrafricaine 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	70	12-23 m	-	58
DTP1	Record or Recall<12m	65	12-23 m	-	58
DTP3	Record or Recall<12m	40	12-23 m	-	58
MCV1	Record or Recall<12m	35	12-23 m	-	58

1999 Enquête à Indicateurs Multiples en Republique Centrafricaine, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	61.8	12-23 m	2932	39
DTP1	Record or Recall<12m	55.1	12-23 m	2932	39
DTP3	Record or Recall<12m	33	12-23 m	2932	39
MCV1	Record or Recall<12m	37	12-23 m	2932	39