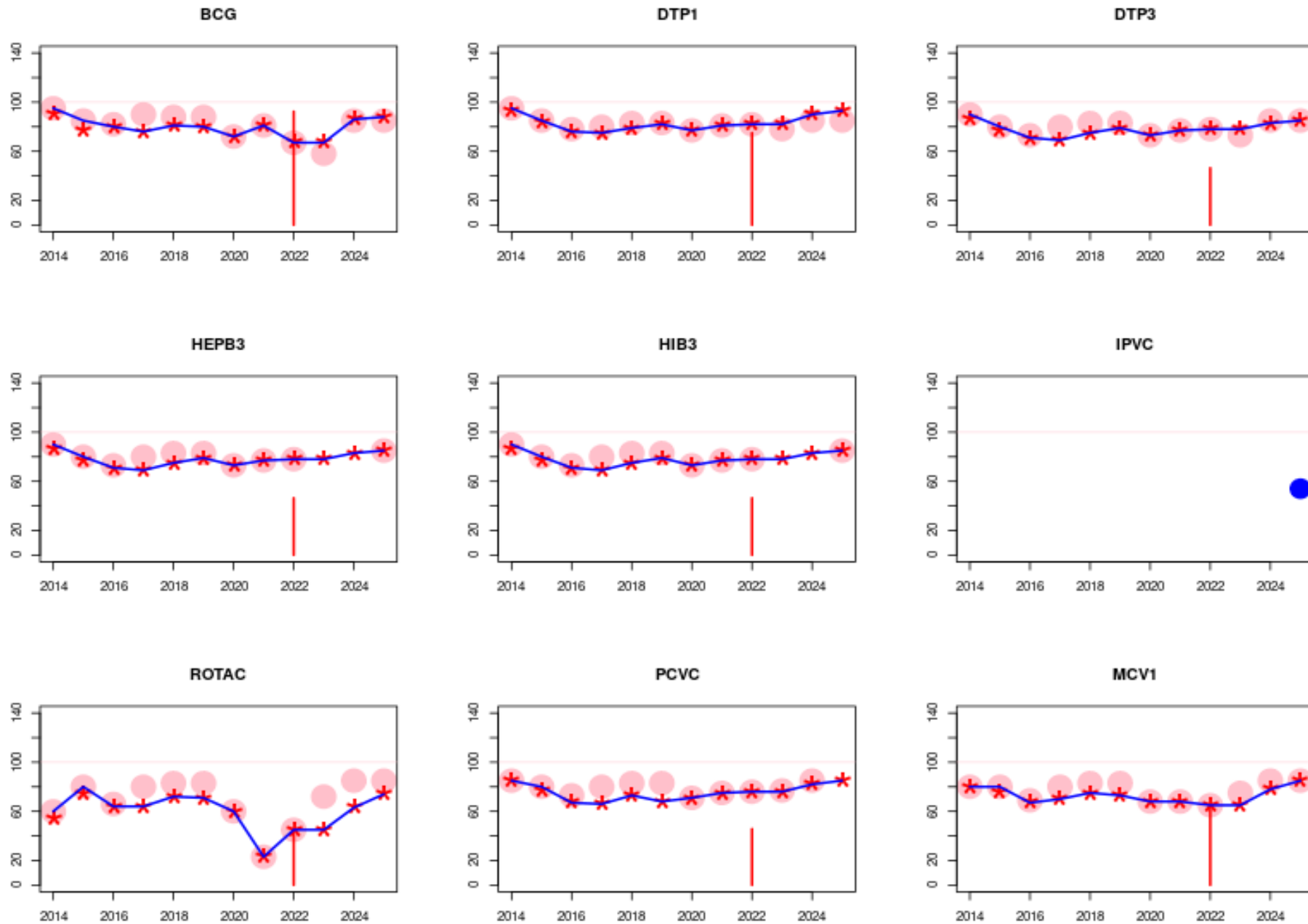




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

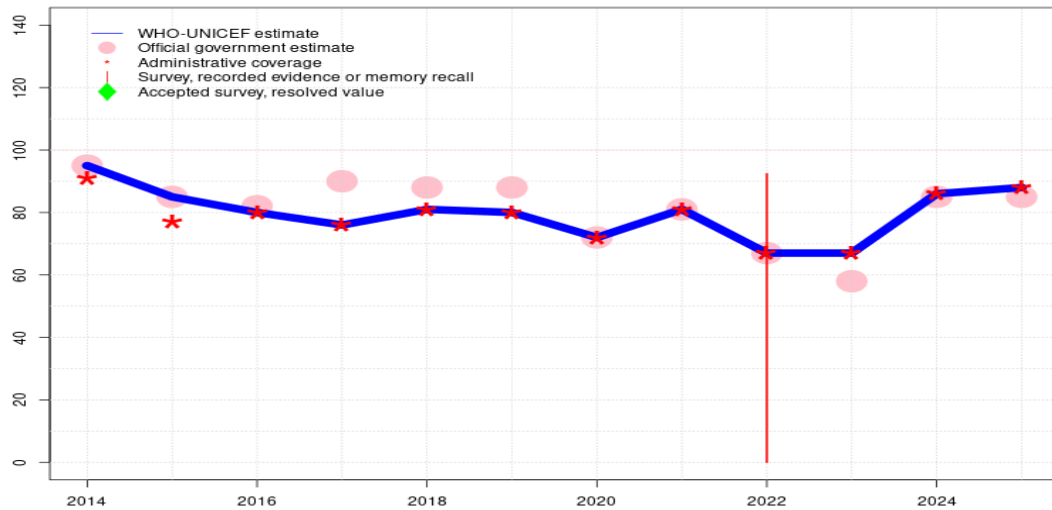
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la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

Congo - BCG

COG - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	85	80	76	81	80	72	81	67	67	86	88
Estimate GoC	●●●	●	●	●	●	●	●	●	●	●	●	●
Official	95	85	82	90	88	88	72	81	67	58	85	85
Administrative	91	77	80	76	81	80	72	81	67	67	86	88
Survey	-	-	-	-	-	-	-	-	92	-	-	-

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

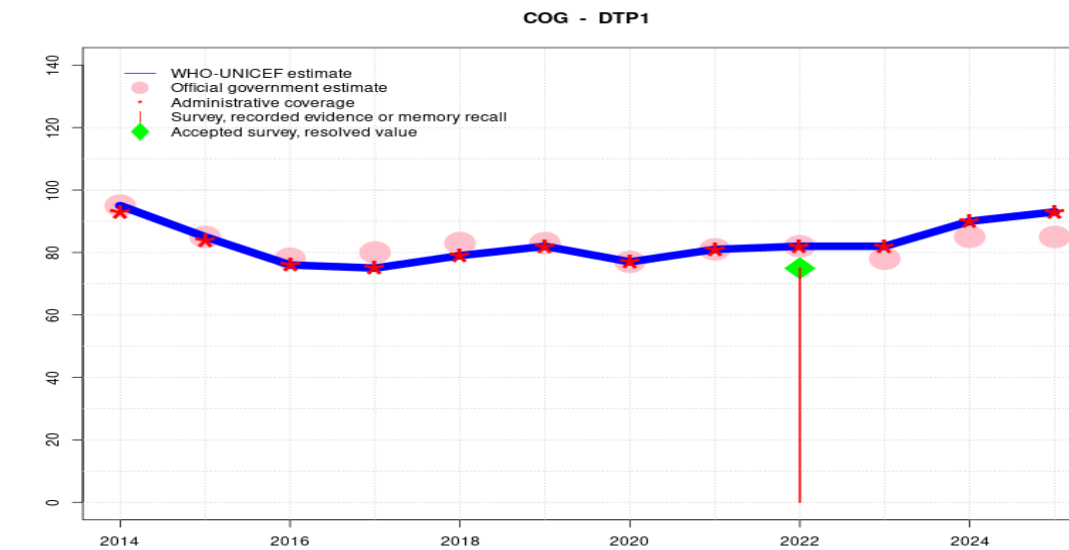
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 86 percent changed from previous revision value of 67 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Programme reports 5 months vaccine stockout at national and subnational levels. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Congo national vaccination coverage survey, 2023 results ignored by working group. Survey results may not reflect periods of vaccine stock-out. Estimate informed by reported administrative data consistent with other antigens. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports national level stockout of two months. Estimate challenged by: S-
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Congo - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	85	76	75	79	82	77	81	82	82	90	93
Estimate GoC	●●●	●●●	●	●	●	●	●	●	●	●	●	●
Official	95	85	78	80	83	83	77	81	82	78	85	85
Administrative	93	84	76	75	79	82	77	81	82	82	90	93
Survey	-	-	-	-	-	-	-	-	75	-	-	-

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

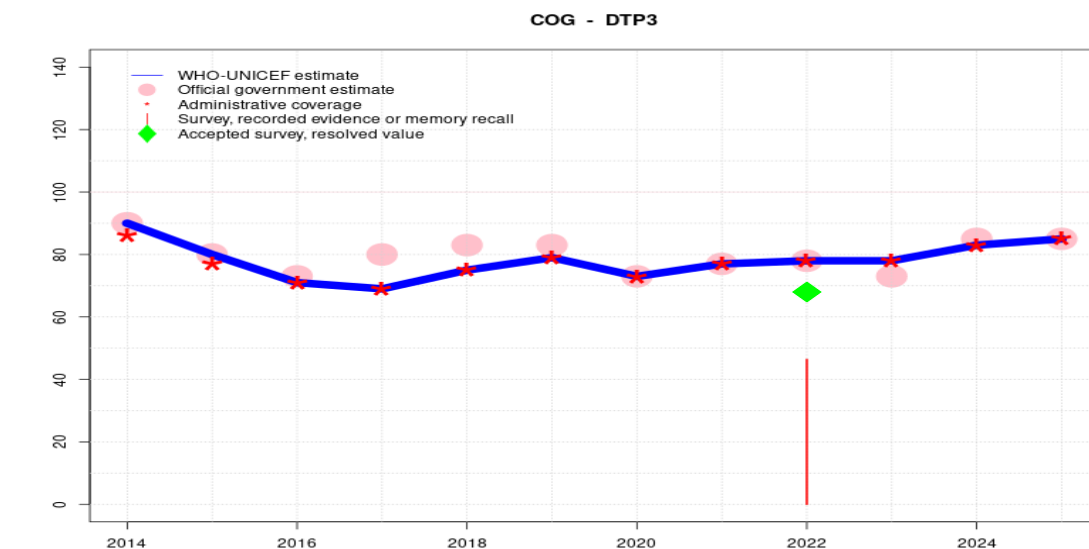
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 90 percent changed from previous revision value of 82 percent. Estimate challenged by: D-S-
- 2023: Estimate informed by reported administrative data. Programme reports 5 months vaccine stockout at national and subnational levels. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 75 percent based on 1 survey(s). Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports national level stockout of two months. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+

Congo - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	80	71	69	75	79	73	77	78	78	83	85
Estimate GoC	●	●●●	●	●	●	●	●	●	●	●	●	●
Official	90	80	73	80	83	83	73	77	78	73	85	85
Administrative	86	77	71	69	75	79	73	77	78	78	83	85
Survey	-	-	-	-	-	-	-	-	46	-	-	-

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

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

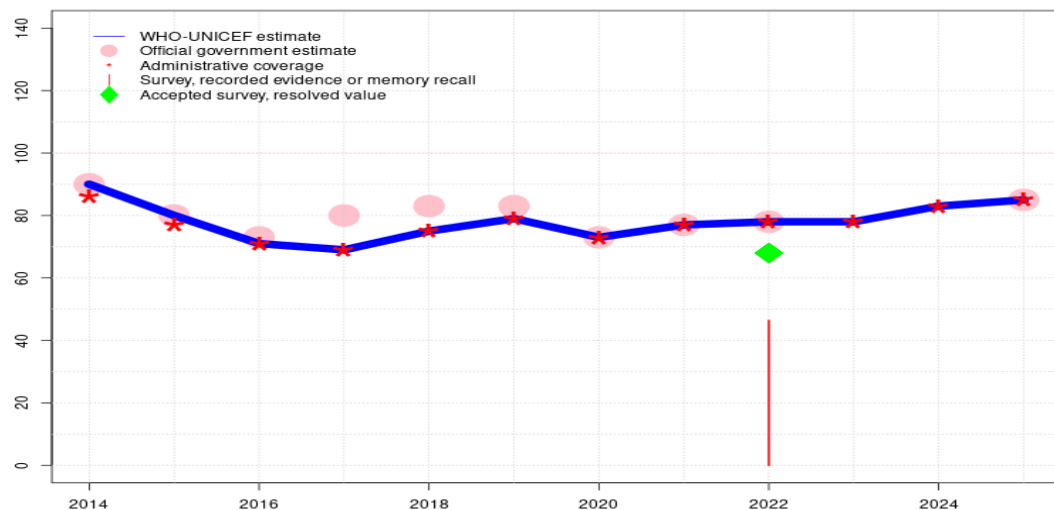
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 83 percent changed from previous revision value of 78 percent. Estimate challenged by: D-S-
- 2023: Estimate informed by reported administrative data. Programme reports 5 months vaccine stockout at national and subnational levels. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 68 percent based on 1 survey(s). Congo national vaccination coverage survey, 2023 record or recall results of 46 percent modified for recall bias to 68 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 39 percent. Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports national level stockout of two months. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: S-

Congo - HEPB3

COG - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	80	71	69	75	79	73	77	78	78	83	85
Estimate GoC	•	•••	•	•	•	•	•	•	•	•	•	•
Official	90	80	73	80	83	83	73	77	78	-	-	85
Administrative	86	77	71	69	75	79	73	77	78	78	83	85
Survey	-	-	-	-	-	-	-	-	46	-	-	-

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

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

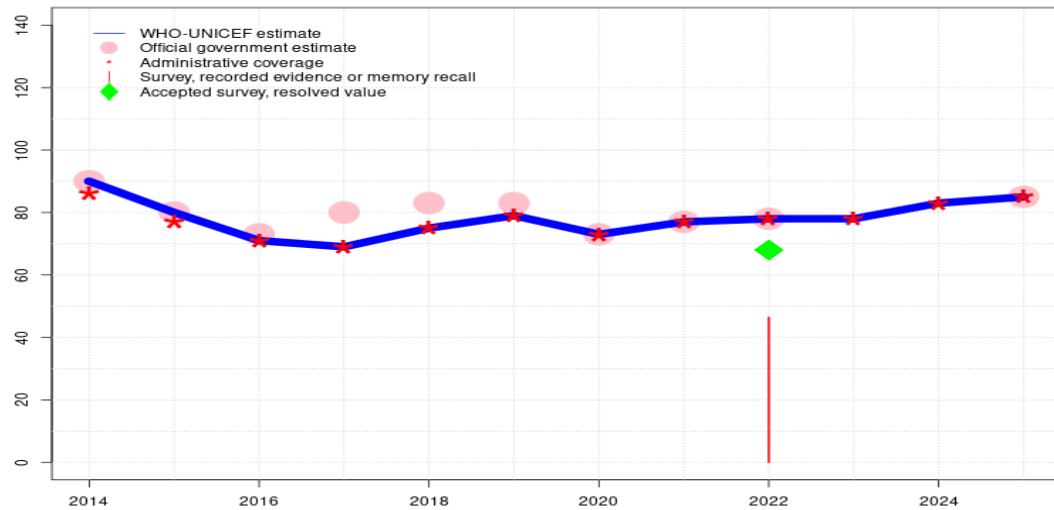
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 83 percent changed from previous revision value of 78 percent. Estimate challenged by: D-S-
- 2023: Estimate informed by reported administrative data. Programme reports five months vaccine stockout at national and subnational levels. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 68 percent based on 1 survey(s). Congo national vaccination coverage survey, 2023 record or recall results of 46 percent modified for recall bias to 68 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 39 percent. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 77 percent changed from previous revision value of 74 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate of 73 percent changed from previous revision value of 69 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate of 75 percent changed from previous revision value of 66 percent. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate of 69 percent changed from previous revision value of 57 percent. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate of 71 percent changed from previous revision value of 57 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports national level stockout of two months. Estimate of 80 percent changed from previous revision value of 64 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Estimate of 90 percent changed from previous revision value of 71 percent. Estimate challenged by: S-

Congo - HIB3

COG - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	80	71	69	75	79	73	77	78	78	83	85
Estimate GoC	●	●●●	●	●	●	●	●	●	●	●	●	●
Official	90	80	73	80	83	83	73	77	78	-	-	85
Administrative	86	77	71	69	75	79	73	77	78	78	83	85
Survey	-	-	-	-	-	-	-	-	46	-	-	-

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

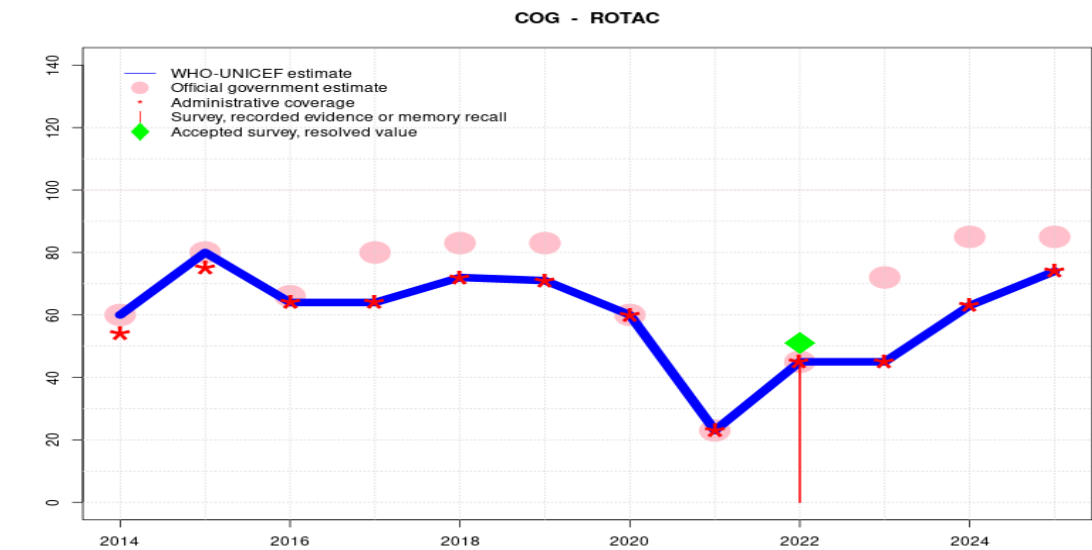
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 83 percent changed from previous revision value of 78 percent. Estimate challenged by: D-S-
- 2023: Estimate informed by reported administrative data. Programme reports five months vaccine stockout at national and subnational levels. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 68 percent based on 1 survey(s). Congo national vaccination coverage survey, 2023 record or recall results of 46 percent modified for recall bias to 68 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 39 percent. Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate of 77 percent changed from previous revision value of 75 percent. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate of 73 percent changed from previous revision value of 69 percent. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate of 75 percent changed from previous revision value of 66 percent. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate of 69 percent changed from previous revision value of 58 percent. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate of 71 percent changed from previous revision value of 59 percent. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports two months vaccine stockout at national level. Estimate of 80 percent changed from previous revision value of 65 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Estimate of 90 percent changed from previous revision value of 73 percent. Estimate challenged by: S-

Congo - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	60	80	64	64	72	71	60	23	45	45	63	74
Estimate GoC	••	••	•	•	•	•	•	•	•	•	•	•
Official	60	80	66	80	83	83	60	23	45	72	85	85
Administrative	54	75	64	64	72	71	60	23	45	45	63	74
Survey	-	-	-	-	-	-	-	-	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.

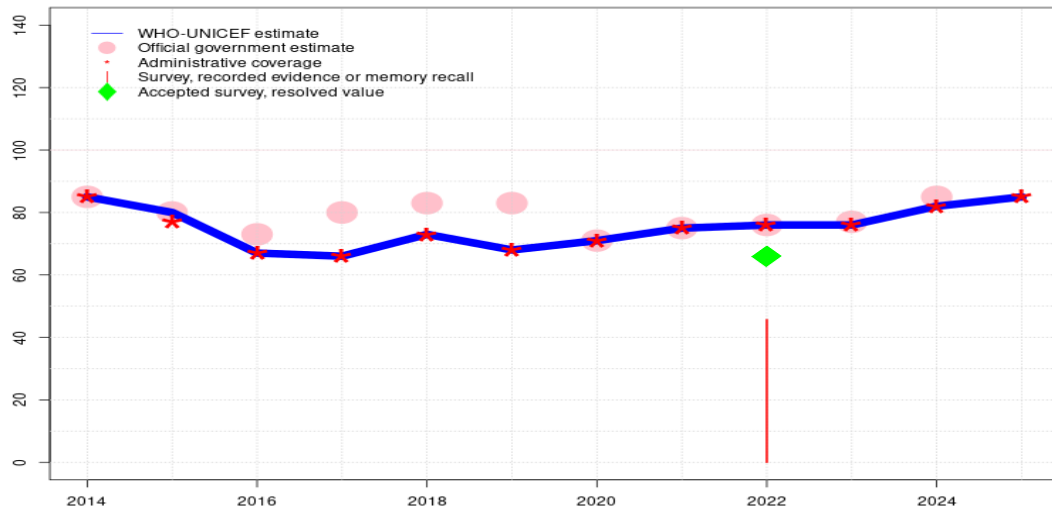
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 63 percent changed from previous revision value of 58 percent. Estimate challenged by: D-S-
- 2023: Estimate informed by reported administrative data. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 51 percent based on 1 survey(s). Congo national vaccination coverage survey, 2023 record or recall results of 44 percent modified for recall bias to 51 percent based on 1st dose record or recall coverage of 56 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 38 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate informed by reported data. Decline in reported coverage is unexplained and is inconsistent with other antigens recommended for administration at the same time. Estimate challenged by: S-
- 2020: Estimate informed by reported data. Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Programme reports two months vaccine stockout. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Increase may be explained due to roll out of vaccine introduction GoC=R+ D+
- 2014: Estimate informed by reported data. Rotavirus vaccine introduced in 2014. GoC=R+ D+

Congo - PCVC

COG - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	85	80	67	66	73	68	71	75	76	76	82	85
Estimate GoC	●●	●●	●	●	●	●	●	●	●	●	●	●
Official	85	80	73	80	83	83	71	75	76	77	85	-
Administrative	85	77	67	66	73	68	71	75	76	76	82	85
Survey	-	-	-	-	-	-	-	-	46	-	-	-

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

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

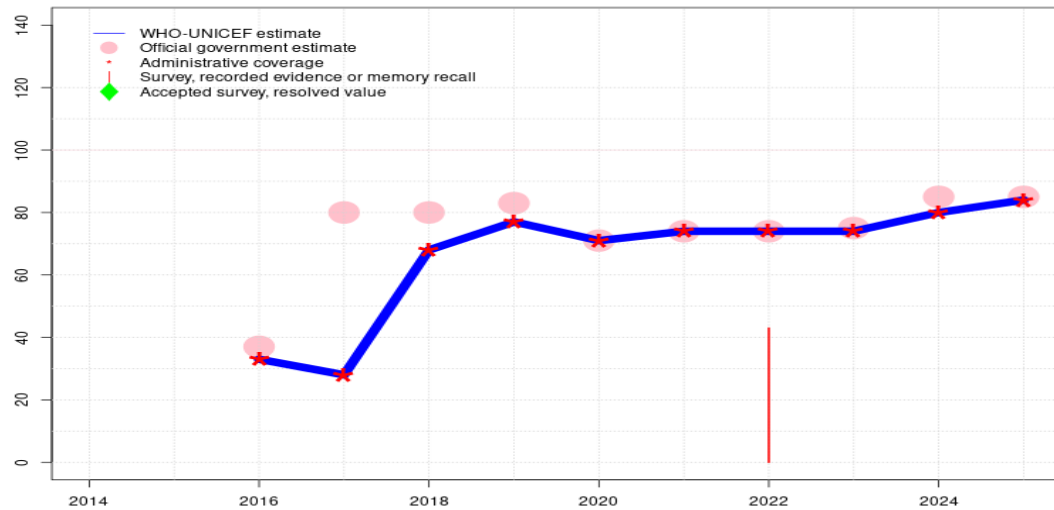
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 82 percent changed from previous revision value of 76 percent. Estimate challenged by: D-S-
- 2023: Estimate informed by reported administrative data. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 66 percent based on 1 survey(s). Congo national vaccination coverage survey, 2023 record or recall results of 46 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 75 percent, 1st dose record only coverage of 43 percent and 3rd dose record only coverage of 38 percent. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Programme reports one month vaccine stockout at national level. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Estimate informed by reported data. GoC=R+ D+

Congo - IPV1

COG - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	33	28	68	77	71	74	74	74	80	84
Estimate GoC	-	-	•	•	•	•	•	•	•	•	•	•
Official	-	-	37	80	80	83	71	74	74	75	85	85
Administrative	-	-	33	28	68	77	71	74	74	74	80	84
Survey	-	-	-	-	-	-	-	-	43	-	-	-

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

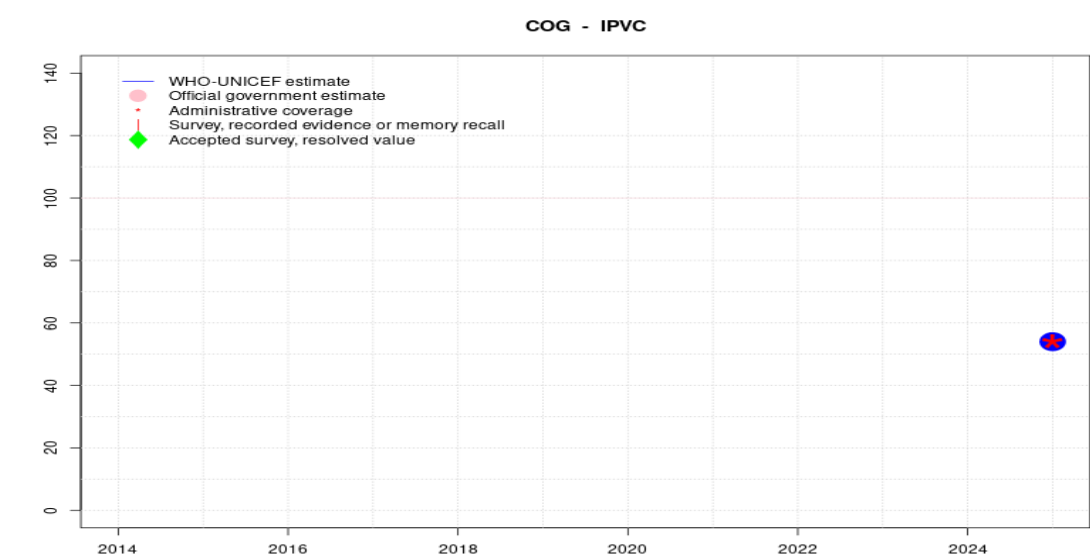
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 80 percent changed from previous revision value of 74 percent. Estimate challenged by: D-
- 2023: Estimate informed by reported administrative data. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Congo national vaccination coverage survey, 2023 results ignored by working group. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Increase following introduction year. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2016: Inactivated polio vaccine introduced in 2016. Estimate informed by reported data. Programme reports national level stockout of 4 months duration. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: R-

Congo - IPV



Description:

2025: A second dose of IPV introduced in April 2025. Estimates based on reported data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	54
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	54
Survey	-	-	-	-	-	-	-	-	-	-	-	-

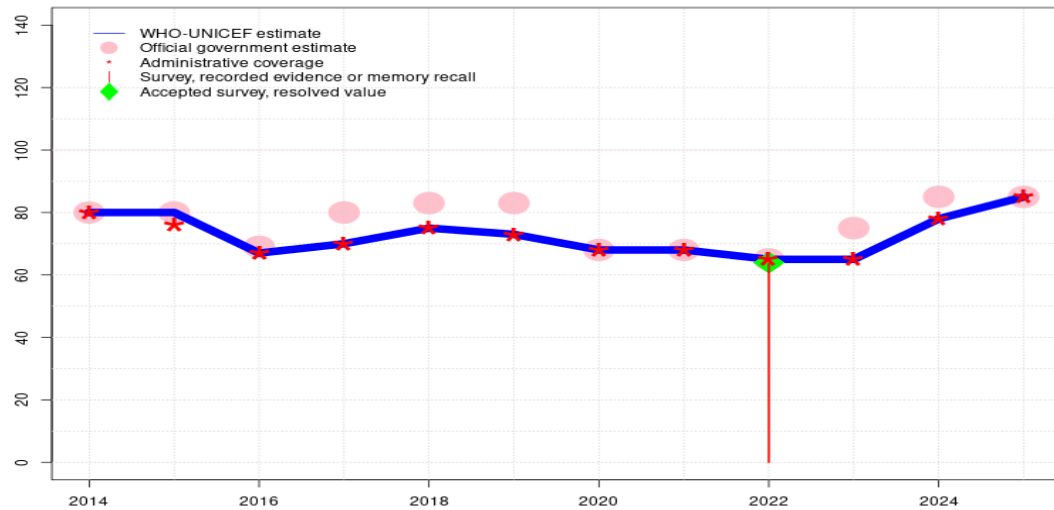
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Congo - MCV1

COG - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	80	67	70	75	73	68	68	65	65	78	85
Estimate GoC	●●●	●●●	●	●	●	●	●	●	●	●	●	●
Official	80	80	69	80	83	83	68	68	65	75	85	85
Administrative	80	76	67	70	75	73	68	68	65	65	78	85
Survey	-	-	-	-	-	-	-	-	64	-	-	-

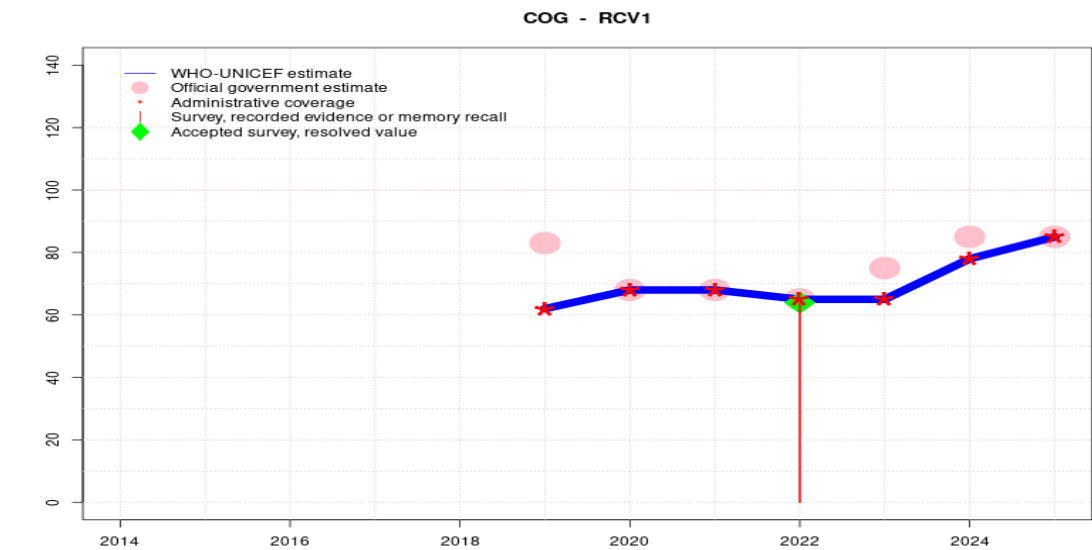
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 78 percent changed from previous revision value of 72 percent. Estimate challenged by: D-S-
- 2023: Estimate informed by reported administrative data. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 64 percent based on 1 survey(s). Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+



Description:

- 2025: Estimate based on estimated MCV1. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 78 percent changed from previous revision value of 72 percent. Estimate challenged by: D-S-
- 2023: Estimate based on estimated MCV1. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2020: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2019: Rubella containing vaccine introduced in March 2019. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	62	68	68	65	65	78	85
Estimate GoC	-	-	-	-	-	•	•	•	•	•	•	•
Official	-	-	-	-	-	83	68	68	65	75	85	85
Administrative	-	-	-	-	-	62	68	68	65	65	78	85
Survey	-	-	-	-	-	-	-	-	64	-	-	-

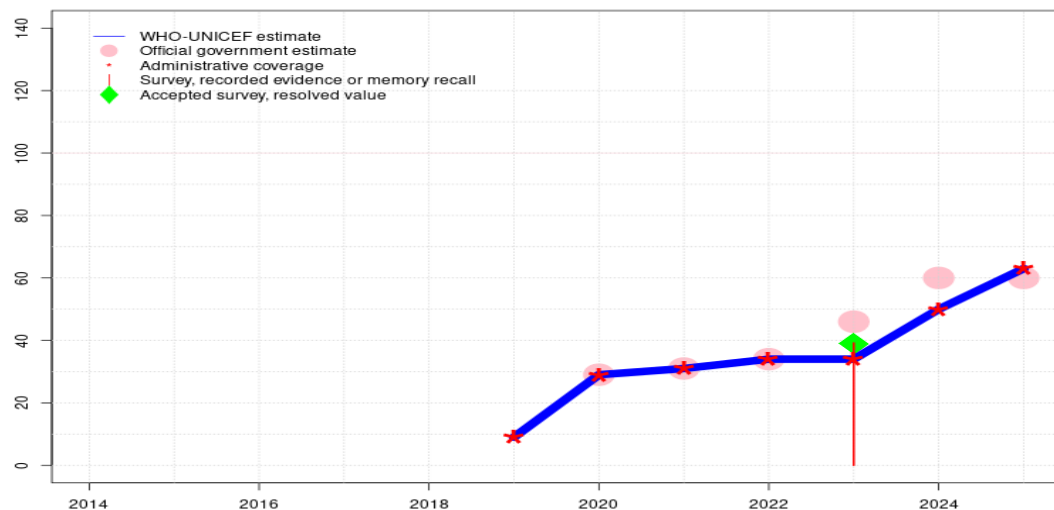
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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

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

Congo - MCV2

COG - MCV2



Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-S-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 50 percent changed from previous revision value of 47 percent. Estimate challenged by: S-
- 2023: Estimate informed by reported administrative data supported by survey. Survey evidence of 39 percent based on 1 survey(s). Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Programme reports two months vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports two months vaccine stockout. GoC=R+ S+ D+
- 2020: Estimate informed by reported data. Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported administrative data. Second dose of measles containing vaccine, recommended for administration at 15 months, introduced in 2019. Adjustments from reported administrative coverage to derive official estimates are unclear. GoC=Assigned by working group. Consistency with other antigens.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	9	29	31	34	34	50	63
Estimate GoC	-	-	-	-	-	•	••	•••	•	•	•	•
Official	-	-	-	-	-	-	29	31	34	46	60	60
Administrative	-	-	-	-	-	9	29	31	34	34	50	63
Survey	-	-	-	-	-	-	-	-	-	39	-	-

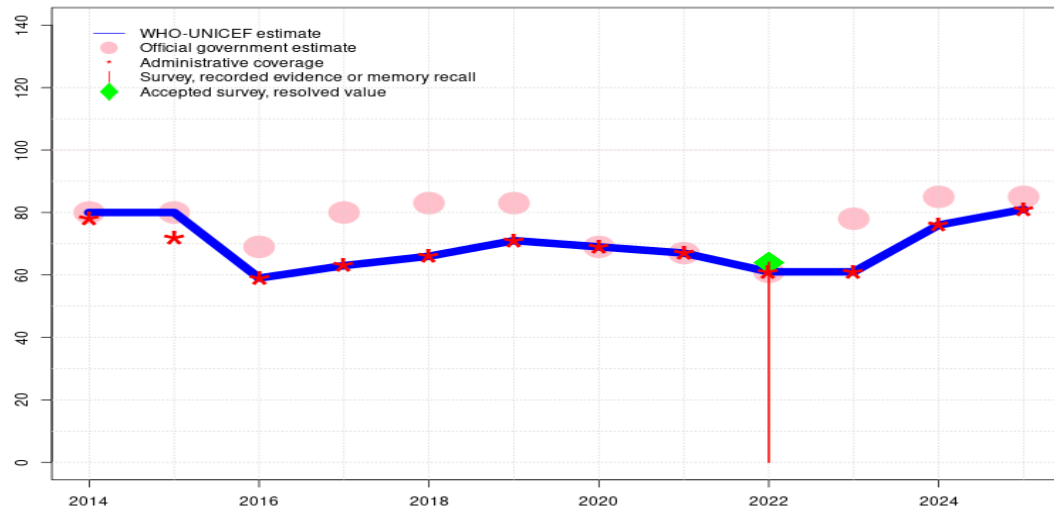
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Congo - YFV

COG - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	80	59	63	66	71	69	67	61	61	76	81
Estimate GoC	●	●●	●	●	●	●	●	●	●	●	●	●
Official	80	80	69	80	83	83	69	67	61	78	85	85
Administrative	78	72	59	63	66	71	69	67	61	61	76	81
Survey	-	-	-	-	-	-	-	-	64	-	-	-

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

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

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

Description:

- 2025: Estimate informed by reported administrative data. WHO and UNICEF are aware of the ongoing 2025 Demographic and Health Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported administrative data. Increase in the coverage between 2023 and 2024 partially explained by a decrease of 5 to 8 percent in target population, following 2023 census (RGPH). Estimate of 76 percent changed from previous revision value of 70 percent. Estimate challenged by: D-S-
- 2023: Estimate informed by reported administrative data. Reported numerator and denominator for 2023 are identical to that reported for 2022. Adjustments from administrative coverage in the reported official coverage, where reported, are inconsistent across antigens. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 64 percent based on 1 survey(s). Programme reports vaccine stockout at subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a three months vaccine stockout. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2018: Estimate informed by reported administrative data. Programme reports one month vaccine stockout at national level. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2016: Estimate informed by reported administrative data. Programme reports national level stockout of one month duration. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Programme reports national level stockout of one month duration. GoC=R+ D+
- 2014: Estimate informed by reported data. Programme reports one month stockout at national level. Estimate challenged by: S-

Congo - 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.

HIB3	Record	38.9	12-23 m	1970	45
HIB3	Record or Recall	46.4	12-23 m	1970	45
IPV1	Record	34.9	12-23 m	1970	45
IPV1	Record or Recall	43	12-23 m	1970	45
MCV1	Record	30.2	12-23 m	1970	45
MCV1	Record or Recall	63.6	12-23 m	1970	45
PCV1	Record	42.6	12-23 m	1970	45
PCV1	Record or Recall	74.9	12-23 m	1970	45
PCVC	Record	38.2	12-23 m	1970	45
PCVC	Record or Recall	45.7	12-23 m	1970	45
RCV1	Record	30.2	12-23 m	1970	45
RCV1	Record or Recall	63.6	12-23 m	1970	45
ROTAC	Record	38.2	12-23 m	1970	45
ROTAC	Record or Recall	43.7	12-23 m	1970	45
YFV	Record	30.7	12-23 m	1970	45
YFV	Record or Recall	64.1	12-23 m	1970	45

2023 Enquête Nationale de Couverture Vaccinale au Congo en 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV2	Record	24	12-23 m	1970	45
MCV2	Record or Recall	39.2	12-23 m	1970	45

2022 Enquête Nationale de Couverture Vaccinale au Congo en 2023

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	42.6	12-23 m	1970	45
BCG	Record or Recall	92.4	12-23 m	1970	45
DTP1	Record	42.8	12-23 m	1970	45
DTP1	Record or Recall	75	12-23 m	1970	45
DTP3	Record	38.9	12-23 m	1970	45
DTP3	Record or Recall	46.4	12-23 m	1970	45
HEPB1	Record	42.8	12-23 m	1970	45
HEPB1	Record or Recall	75	12-23 m	1970	45
HEPB3	Record	38.9	12-23 m	1970	45
HEPB3	Record or Recall	46.4	12-23 m	1970	45
HIB1	Record	42.8	12-23 m	1970	45
HIB1	Record or Recall	75	12-23 m	1970	45

2013 Congo Multiple Indicator Cluster Survey 2014-2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	42.7	12-23 m	1708	50
BCG	Record	49.7	12-23 m	1708	50
BCG	Record or Recall	92.4	12-23 m	1708	50
BCG	Record or Recall<12m	90.8	12-23 m	1708	50
DTP1	Recall	39.8	12-23 m	1708	50
DTP1	Record	47.1	12-23 m	1708	50
DTP1	Record or Recall	86.9	12-23 m	1708	50
DTP1	Record or Recall<12m	85.9	12-23 m	1708	50
DTP3	Recall	24.7	12-23 m	1708	50
DTP3	Record	42.6	12-23 m	1708	50
DTP3	Record or Recall	67.3	12-23 m	1708	50
DTP3	Record or Recall<12m	66.3	12-23 m	1708	50
HEPB1	Recall	34.7	12-23 m	1708	50
HEPB1	Record	40	12-23 m	1708	50
HEPB1	Record or Recall	74.7	12-23 m	1708	50
HEPB1	Record or Recall<12m	73.7	12-23 m	1708	50
HEPB3	Recall	20.4	12-23 m	1708	50
HEPB3	Record	36.4	12-23 m	1708	50
HEPB3	Record or Recall	56.8	12-23 m	1708	50

Congo - Survey Details

						2012 Congo Multiple Indicator Cluster Survey 2014-2015					
HEPB3	Record or Recall<12m	55.6	12-23 m	1708	50	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
HIB1	Recall	34.4	12-23 m	1708	50	BCG	Recall	57.6	24-35 m	1857	-
HIB1	Record	39.3	12-23 m	1708	50	BCG	Record	33.3	24-35 m	1857	-
HIB1	Record or Recall	73.6	12-23 m	1708	50	BCG	Record or Recall	90.9	24-35 m	1857	-
HIB1	Record or Recall<12m	72.7	12-23 m	1708	50	BCG	Record or Recall<12m	88.1	24-35 m	1857	-
HIB3	Recall	21.3	12-23 m	1708	50	DTP1	Recall	52.7	24-35 m	1857	-
HIB3	Record	36.3	12-23 m	1708	50	DTP1	Record	32.2	24-35 m	1857	-
HIB3	Record or Recall	57.6	12-23 m	1708	50	DTP1	Record or Recall	85	24-35 m	1857	-
HIB3	Record or Recall<12m	56.8	12-23 m	1708	50	DTP1	Record or Recall<12m	82.9	24-35 m	1857	-
MCV1	Recall	34.6	12-23 m	1708	50	DTP3	Recall	36.4	24-35 m	1857	-
MCV1	Record	32	12-23 m	1708	50	DTP3	Record	29.1	24-35 m	1857	-
MCV1	Record or Recall	66.7	12-23 m	1708	50	DTP3	Record or Recall	65.5	24-35 m	1857	-
MCV1	Record or Recall<12m	62.5	12-23 m	1708	50	DTP3	Record or Recall<12m	63.5	24-35 m	1857	-
YFV	Recall	33.3	12-23 m	1708	50	HEPB1	Recall	47.2	24-35 m	1857	-
YFV	Record	20.1	12-23 m	1708	50	HEPB1	Record	24.1	24-35 m	1857	-
YFV	Record or Recall	53.5	12-23 m	1708	50	HEPB1	Record or Recall	71.4	24-35 m	1857	-
YFV	Record or Recall<12m	49.6	12-23 m	1708	50	HEPB1	Record or Recall<12m	68.9	24-35 m	1857	-
2013 Evaluation Nationale de la Couverture Vaccinale de Routine au Congo Effectuee en Octobre et Novembre 2014						HEPB3	Recall	31.6	24-35 m	1857	-
						HEPB3	Record	21.1	24-35 m	1857	-
Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen	HEPB3	Record or Recall	52.7	24-35 m	1857	-
BCG	Record	94.7	12-23 m	-	70	HEPB3	Record or Recall<12m	50.8	24-35 m	1857	-
BCG	Record or Recall	98.1	12-23 m	513	70	HIB1	Recall	46.4	24-35 m	1857	-
DTP1	Record	63.4	12-23 m	-	70	HIB1	Record	23.7	24-35 m	1857	-
DTP1	Record or Recall	91	12-23 m	513	70	HIB1	Record or Recall	70.1	24-35 m	1857	-
DTP3	Record	59.5	12-23 m	-	70	HIB1	Record or Recall<12m	67.8	24-35 m	1857	-
DTP3	Record or Recall	86.4	12-23 m	513	70	HIB3	Recall	32	24-35 m	1857	-
HEPB1	Record	63.4	12-23 m	-	70	HIB3	Record	21.5	24-35 m	1857	-
HEPB1	Record or Recall	91	12-23 m	513	70	HIB3	Record or Recall	53.6	24-35 m	1857	-
HEPB3	Record	59.5	12-23 m	-	70	HIB3	Record or Recall<12m	51.6	24-35 m	1857	-
HEPB3	Record or Recall	86.4	12-23 m	513	70	MCV1	Recall	49.9	24-35 m	1857	-
HIB1	Record	63.4	12-23 m	-	70	MCV1	Record	25.2	24-35 m	1857	-
HIB1	Record or Recall	91	12-23 m	513	70	MCV1	Record or Recall	75	24-35 m	1857	-
HIB3	Record	59.5	12-23 m	-	70	MCV1	Record or Recall<12m	64.6	24-35 m	1857	-
HIB3	Record or Recall	86.4	12-23 m	513	70	YFV	Recall	44.6	24-35 m	1857	-
MCV1	Record	52.8	12-23 m	-	70	YFV	Record	17.4	24-35 m	1857	-
MCV1	Record or Recall	77.6	12-23 m	513	70	YFV	Record or Recall	62.1	24-35 m	1857	-
						YFV	Record or Recall<12m	48.2	24-35 m	1857	-

Congo - Survey Details

2010 Enquête Démographique et de Santé du Congo (EDSC-ii) 2011-2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	37.6	12-23 m	719	57
BCG	Record	56.3	12-23 m	959	57
BCG	Record or Recall	93.9	12-23 m	1678	57
BCG	Record or Recall<12m	93.3	12-23 m	1678	57
DTP1	Recall	34.5	12-23 m	719	57
DTP1	Record	54.8	12-23 m	959	57
DTP1	Record or Recall	89.3	12-23 m	1678	57
DTP1	Record or Recall<12m	88	12-23 m	1678	57
DTP3	Recall	25.4	12-23 m	719	57
DTP3	Record	46.5	12-23 m	959	57
DTP3	Record or Recall	71.9	12-23 m	1678	57
DTP3	Record or Recall<12m	70.7	12-23 m	1678	57
HEPB1	Recall	15.6	12-23 m	719	57
HEPB1	Record	20.4	12-23 m	959	57
HEPB1	Record or Recall	36	12-23 m	1678	57
HEPB1	Record or Recall<12m	34.2	12-23 m	1678	57
HEPB3	Recall	6.3	12-23 m	719	57
HEPB3	Record	13.5	12-23 m	959	57
HEPB3	Record or Recall	19.8	12-23 m	1678	57
HEPB3	Record or Recall<12m	19.4	12-23 m	1678	57
HIB1	Recall	15.6	12-23 m	719	57
HIB1	Record	20.4	12-23 m	959	57
HIB1	Record or Recall	36	12-23 m	1678	57
HIB1	Record or Recall<12m	34.2	12-23 m	1678	57
HIB3	Recall	6.3	12-23 m	719	57
HIB3	Record	13.5	12-23 m	959	57
HIB3	Record or Recall	19.8	12-23 m	1678	57
HIB3	Record or Recall<12m	19.4	12-23 m	1678	57
MCV1	Recall	27.9	12-23 m	719	57
MCV1	Record	47	12-23 m	959	57
MCV1	Record or Recall	74.9	12-23 m	1678	57
MCV1	Record or Recall<12m	68.1	12-23 m	1678	57
YFV	Recall	24.1	12-23 m	719	57
YFV	Record	30.4	12-23 m	959	57
YFV	Record or Recall	54.5	12-23 m	1678	57
YFV	Record or Recall<12m	49.4	12-23 m	1678	57

2009 Revue Externe du Programme Elargi de Vaccination au Congo, 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	95	12-23 m	-	88
BCG	Record or Recall	96	12-23 m	-	88
DTP1	Record	72	12-23 m	-	88
DTP1	Record or Recall	78	12-23 m	-	88
DTP3	Record	61	12-23 m	-	88
DTP3	Record or Recall	67	12-23 m	-	88
HEPB1	Record	72	12-23 m	-	88
HEPB1	Record or Recall	78	12-23 m	-	88
HEPB3	Record	61	12-23 m	-	88
HEPB3	Record or Recall	67	12-23 m	-	88
HIB1	Record	72	12-23 m	-	88
HIB1	Record or Recall	78	12-23 m	-	88
HIB3	Record	61	12-23 m	-	88
HIB3	Record or Recall	67	12-23 m	-	88
MCV1	Record	59	12-23 m	-	88
MCV1	Record or Recall	65	12-23 m	-	88
YFV	Record	58	12-23 m	-	88
YFV	Record or Recall	63	12-23 m	-	88

2004 Enquête démographique and de santé du Congo, 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.7	12-23 m	899	60
BCG	Record	59.3	12-23 m	899	60
BCG	Record or Recall	90	12-23 m	899	60
BCG	Record or Recall<12m	89.6	12-23 m	899	60
DTP1	Recall	26.5	12-23 m	899	60
DTP1	Record	58.8	12-23 m	899	60
DTP1	Record or Recall	85.3	12-23 m	899	60
DTP1	Record or Recall<12m	83.6	12-23 m	899	60
DTP3	Recall	16.5	12-23 m	899	60
DTP3	Record	51.9	12-23 m	899	60
DTP3	Record or Recall	68.4	12-23 m	899	60
DTP3	Record or Recall<12m	65.8	12-23 m	899	60
MCV1	Recall	19.6	12-23 m	899	60

MCV1	Record	46.6	12-23 m	899	60	YFV	Record	20.6	12-23 m	899	60
MCV1	Record or Recall	66.2	12-23 m	899	60	YFV	Record or Recall	31.8	12-23 m	899	60
MCV1	Record or Recall<12m	57.9	12-23 m	899	60	YFV	Record or Recall<12m	26.2	12-23 m	899	60
YFV	Recall	11.2	12-23 m	899	60						

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