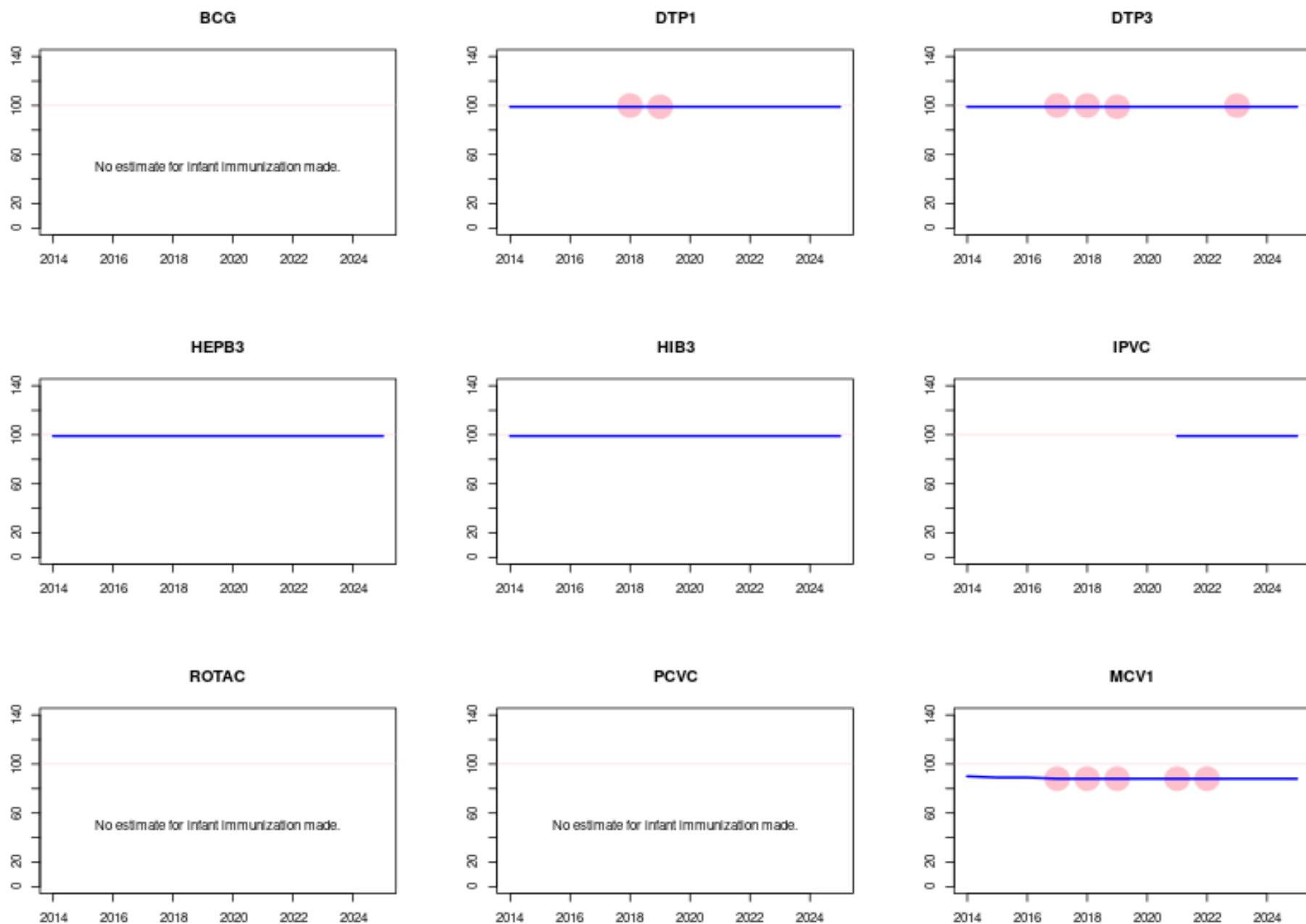




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

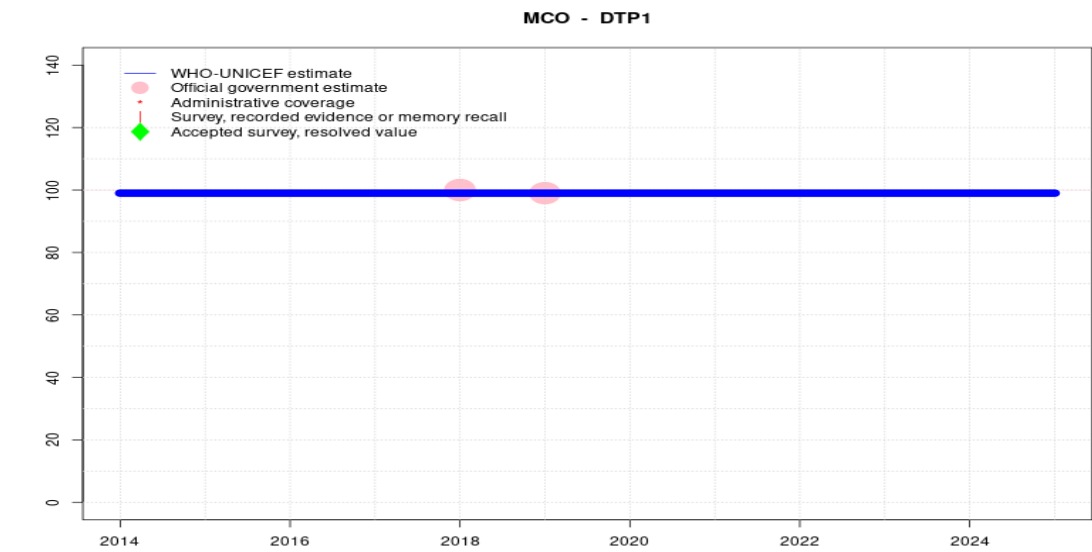
PCVC (VPCC): pourcentage de nourrissons survivants ayant reçu la dernière dose recommandée de vaccin antipneumococcique conjugué, conformément au calendrier national de vaccination (par ex. deuxième ou troisième dose).

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.

Monaco - DTP1



Description:

2025: Estimate based on DTP3 coverage of 100. WHO and UNICEF recommend an independent assessment to verify reported levels of coverage. GoC=No accepted empirical data

2024: Estimate based on DTP3 coverage of 100. GoC=No accepted empirical data

2023: Estimate based on DTP3 coverage of 100. GoC=No accepted empirical data

2022: Estimate based on DTP3 coverage of 100. GoC=No accepted empirical data

2021: Estimate based on DTP3 coverage of 100. GoC=No accepted empirical data

2020: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2019: GoC=R+

2018: Reported data calibrated to 1997 and 2019 levels. Estimate challenged by: R-

2017: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data

2016: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data

2015: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data

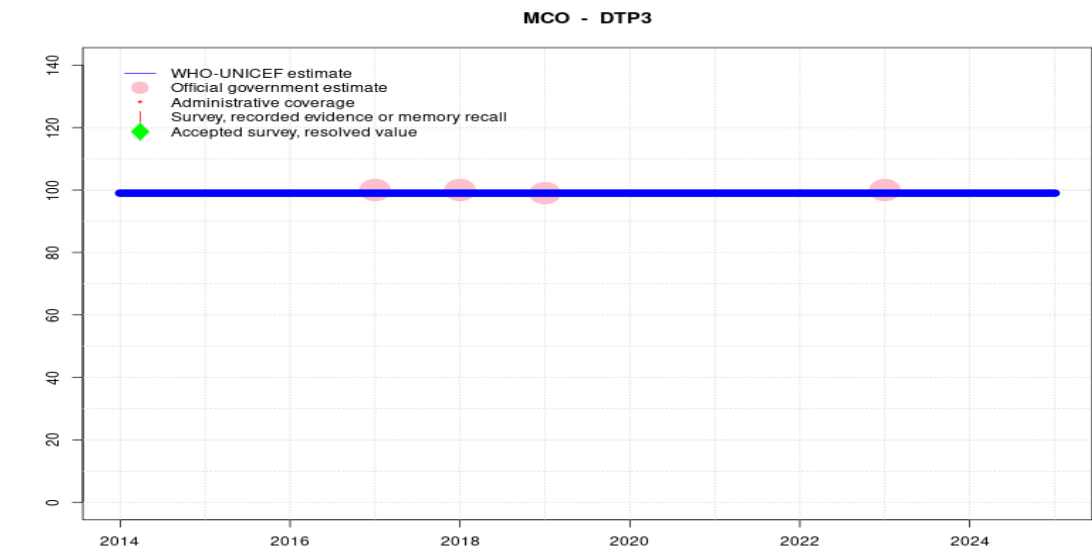
2014: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●	●	●	●	●	●●	●	●	●	●	●	●
Official	-	-	-	-	100	99	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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



Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF recommend an independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2024: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2023: Estimate informed by reported data. GoC=R+
- 2022: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2021: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: GoC=R+
- 2018: Reported data calibrated to 1997 and 2019 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 1997 and 2019 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data
- 2015: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data
- 2014: Reported data calibrated to 1997 and 2019 levels. GoC=No accepted empirical data

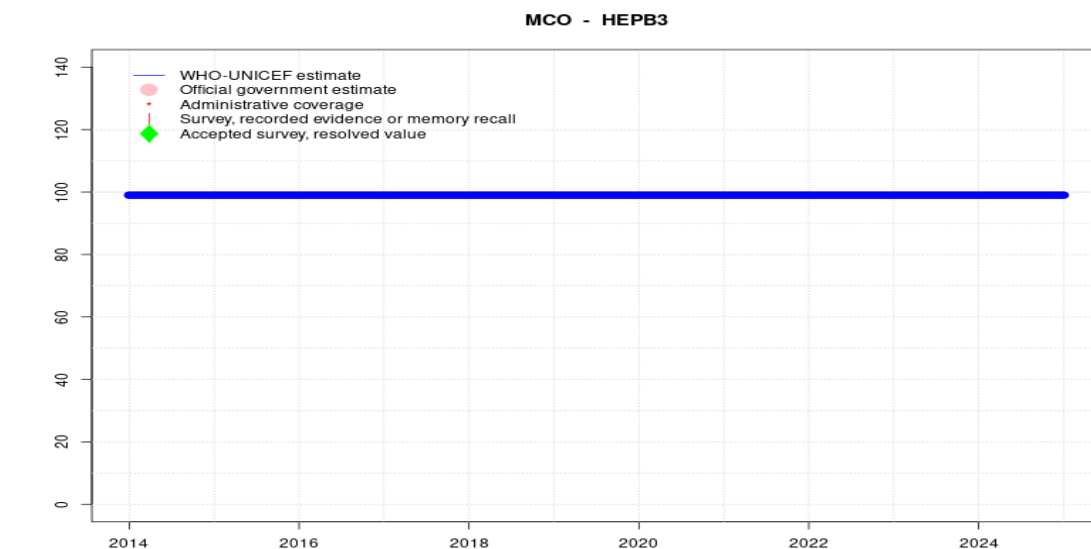
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●	●	●	●	●	●●	●	●	●	●●	●	●
Official	-	-	-	100	100	99	-	-	-	100	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Monaco - HEPB3



Description:

2025: Estimate informed by extrapolation from reported data. WHO and UNICEF recommend an independent assessment to verify reported levels of coverage. Estimates are informed by estimated coverage for DTP3 and may overestimate coverage levels for HepB vaccine, which is not mandatory and is often administered as part of a combination vaccine at 4 months and at 16 to 18 months; otherwise, the vaccine is administered as a monovalent vaccine. GoC=No accepted empirical data

2024: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2023: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2022: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2021: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2020: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2019: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2018: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2017: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2016: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2015: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

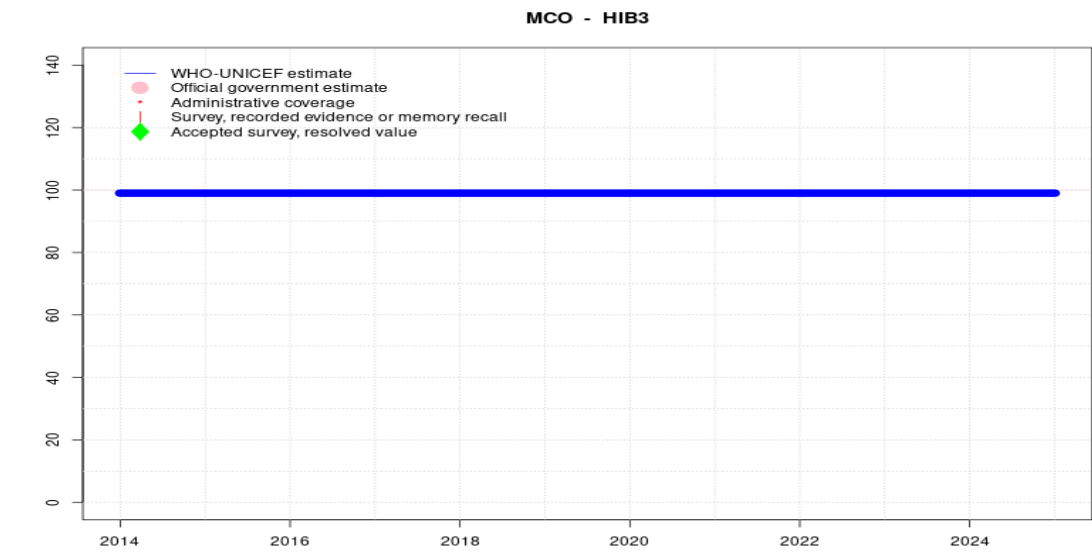
2014: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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



Description:

2025: Estimate informed by extrapolation from reported data. WHO and UNICEF recommend an independent assessment to verify reported levels of coverage. Estimates are informed by estimated coverage for DTP3 and may overestimate coverage levels for Hib vaccine, which is not mandatory and is often administered as part of a combination vaccine at 2, 3, and 4 months. GoC=No accepted empirical data

2024: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2023: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2022: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2021: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2020: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2019: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2018: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2017: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2016: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2015: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

2014: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

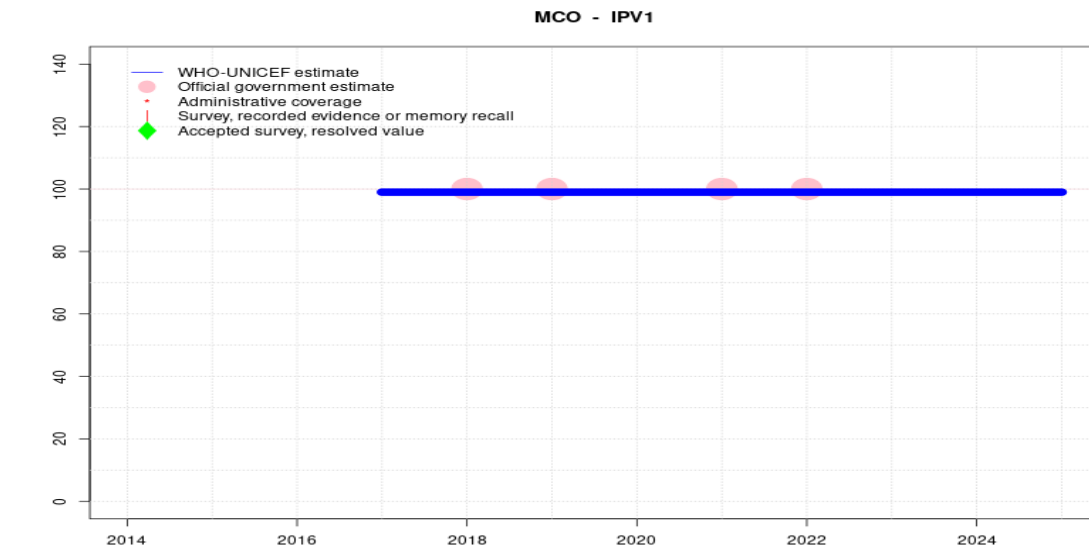
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	99	99	99	99	99	99	99	99	99	99	99	99
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Monaco - IPV1



Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF recommend an independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2024: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2023: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. GoC=R+
- 2021: Estimate informed by reported data. GoC=R+
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by estimated DTP1 coverage. Estimate challenged by: R-
- 2018: Estimate informed by estimated DTP1 coverage. Vaccine presentation is the DTP-IPV combination vaccine. Estimate challenged by: R-
- 2017: Estimate informed by estimated DTP1 coverage. Vaccine presentation is the DTP-IPV combination vaccine. GoC=No accepted empirical data

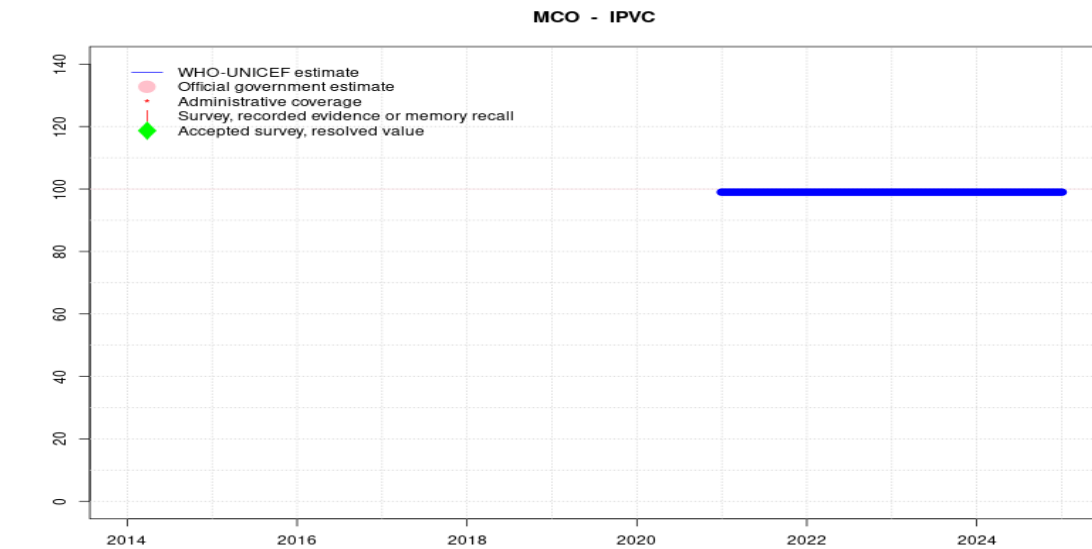
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	99	99	99	99	99	99	99	99	99
Estimate GoC	-	-	-	●	●	●	●	●●	●●	●	●	●
Official	-	-	-	-	100	100	-	100	100	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Monaco - IPV



Description:

2025: Estimate based on estimated DTP3 coverage. WHO and UNICEF recommend an independent assessment to verify reported levels of coverage. GoC=No accepted empirical data

2024: Estimate based on estimated DTP3 coverage. GoC=No accepted empirical data

2023: Estimate based on estimated DTP3 coverage. GoC=No accepted empirical data

2022: Estimate based on estimated DTP3 coverage. GoC=No accepted empirical data

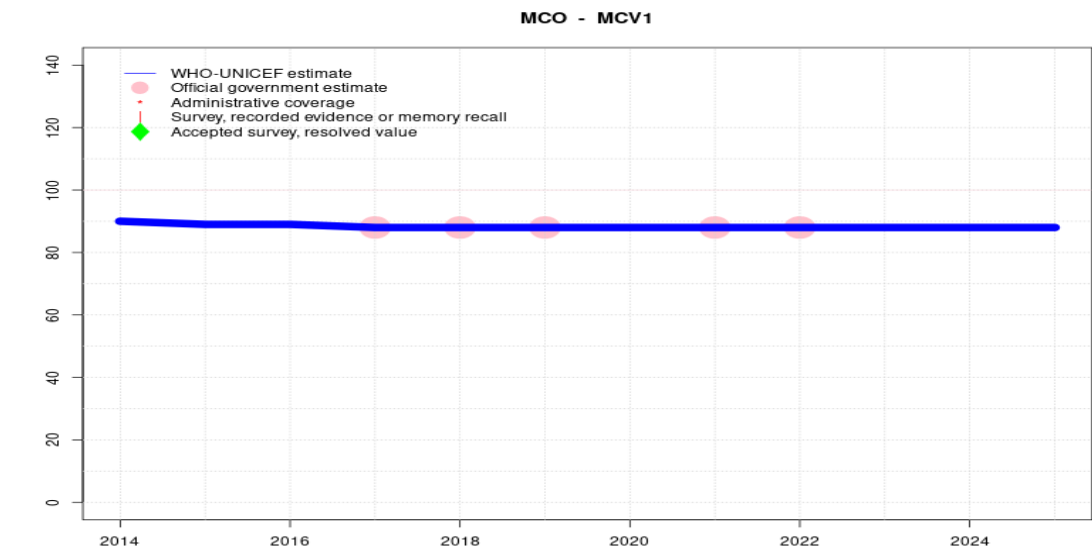
2021: Estimate based on estimated DTP3 coverage. GoC=No accepted empirical data

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	99	99	99	99	99
Estimate GoC	-	-	-	-	-	-	-	●	●	●	●	●
Official	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

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



Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF recommend an independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2024: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2023: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2022: Estimate informed by reported data. GoC=R+
- 2021: Estimate informed by reported data. GoC=R+
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. GoC=R+
- 2017: Estimate informed by reported data. GoC=R+
- 2016: Reported data calibrated to 1997 and 2017 levels. GoC=No accepted empirical data
- 2015: Reported data calibrated to 1997 and 2017 levels. GoC=No accepted empirical data
- 2014: Reported data calibrated to 1997 and 2017 levels. GoC=No accepted empirical data

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	89	89	88	88	88	88	88	88	88	88	88
Estimate GoC	●	●	●	●●	●●	●●	●	●●	●●	●	●	●
Official	-	-	-	88	88	88	-	88	88	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

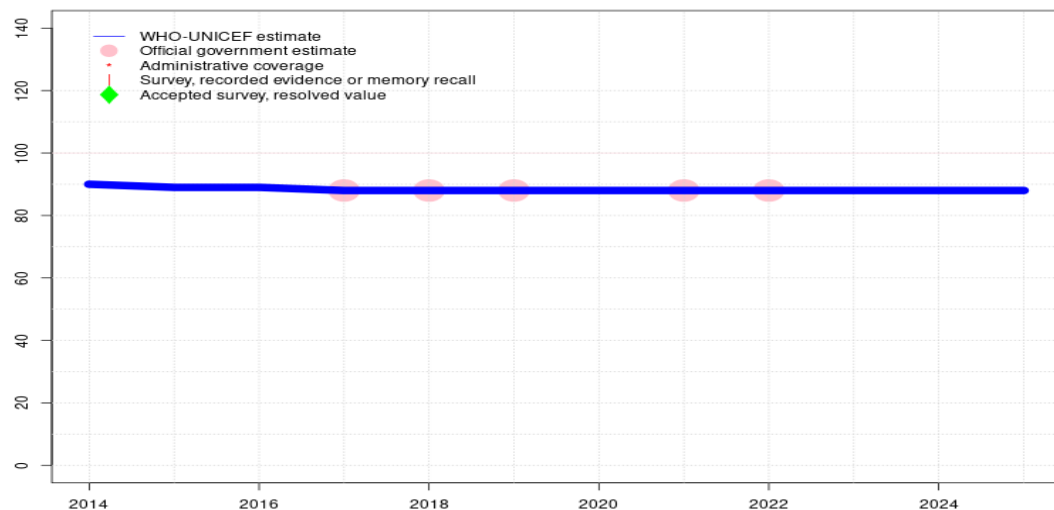
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Monaco - RCV1

MCO - RCV1



Description:

2025: Estimate based on estimated MCV1. WHO and UNICEF recommend an independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
 2024: Estimate based on estimated MCV1. GoC=No accepted empirical data
 2023: Estimate based on estimated MCV1. GoC=No accepted empirical data
 2022: Estimate based on estimated MCV1. GoC=R+
 2021: Estimate based on estimated MCV1. GoC=R+
 2020: Estimate based on estimated MCV1. GoC=No accepted empirical data
 2019: Estimate based on estimated MCV1. GoC=R+
 2018: Estimate based on estimated MCV1. GoC=R+
 2017: Estimate based on estimated MCV1. GoC=R+
 2016: Estimate based on estimated MCV1. GoC=No accepted empirical data
 2015: Estimate based on estimated MCV1. GoC=No accepted empirical data
 2014: Estimate based on estimated MCV1. GoC=No accepted empirical data

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	90	89	89	88	88	88	88	88	88	88	88	88
Estimate GoC	●	●	●	●●	●●	●●	●	●●	●●	●	●	●
Official	-	-	-	88	88	88	-	88	88	-	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
Survey	-	-	-	-	-	-	-	-	-	-	-	-

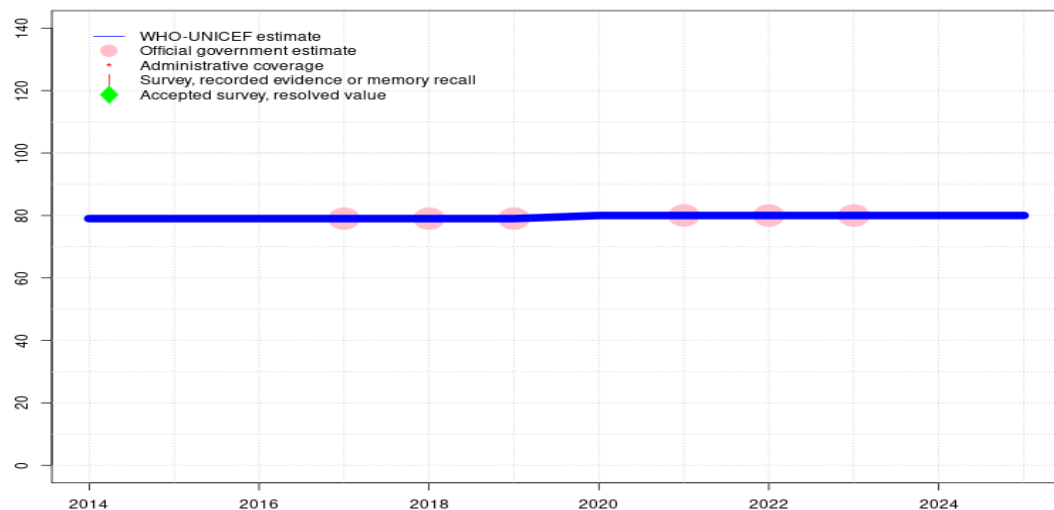
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Monaco - MCV2

MCO - MCV2



Description:

- 2025: Estimate informed by extrapolation from reported data. WHO and UNICEF recommend an independent assessment to verify reported levels of coverage. GoC=No accepted empirical data
- 2024: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2023: Estimate informed by reported data. GoC=R+
- 2022: Estimate informed by reported data. GoC=R+
- 2021: Estimate informed by reported data. GoC=R+
- 2020: Estimate informed by interpolation between reported data. GoC=No accepted empirical data
- 2019: Estimate informed by reported data. GoC=R+
- 2018: Estimate informed by reported data. GoC=R+
- 2017: Estimate informed by reported data. Second dose of MCV introduced in 1996. Reporting started in 2017. GoC=R+
- 2016: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2015: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data
- 2014: Estimate informed by extrapolation from reported data. GoC=No accepted empirical data

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	79	79	79	79	79	80	80	80	80	80	80
Estimate GoC	●	●	●	●●	●●	●●	●	●●	●●	●●	●	●
Official	-	-	-	79	79	79	-	80	80	80	-	-
Administrative	-	-	-	-	-	-	-	-	-	-	-	-
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.

Further information and estimates for previous years are available at:

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

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