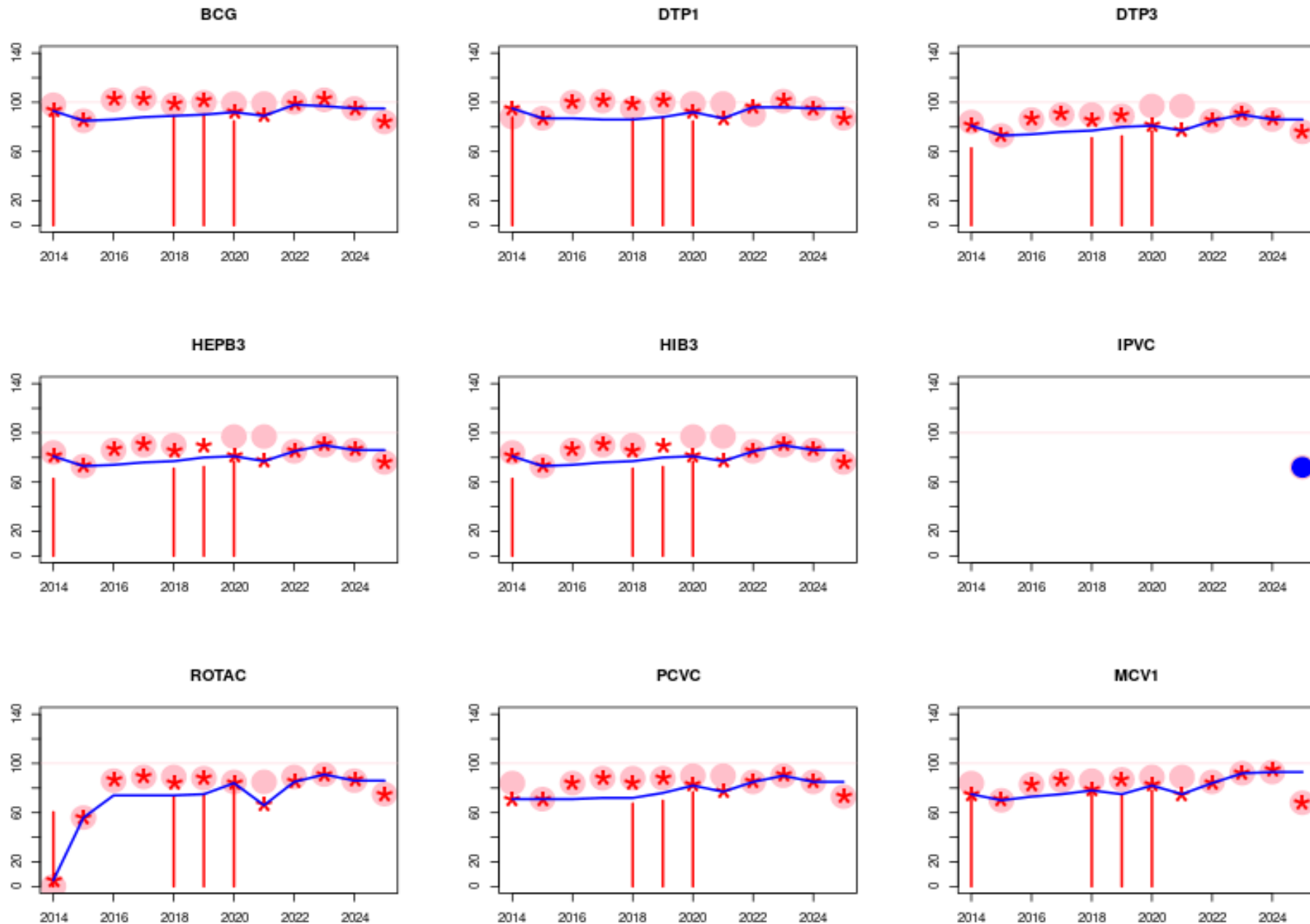


Mauritania: WHO and UNICEF estimates of immunization coverage: 2025 revision



Mauritania: WHO and UNICEF estimates of immunization coverage: 2025 revision

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

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

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

DATA SOURCES

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

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

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

ABBREVIATIONS AND DEFINITIONS

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

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

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

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

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

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

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

HEPBB: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HEPB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HEPB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

HIB3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

ROTAC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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

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

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

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

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

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

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

SOURCES DE DONNÉES

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

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

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

ABRÉVIATIONS ET DÉFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

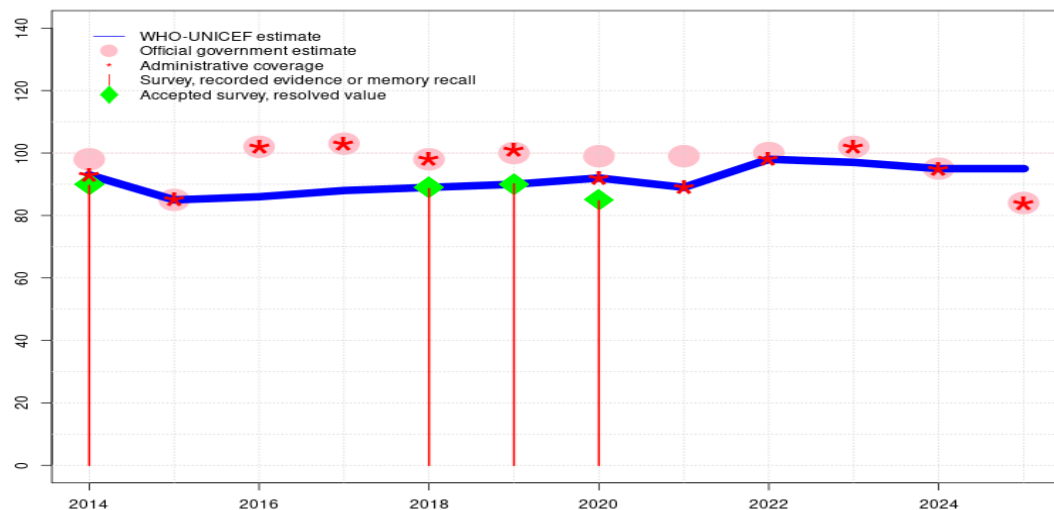
YFV (VFA): pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la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

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

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

Mauritania - BCG

MRT - BCG



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	93	85	86	88	89	90	92	89	98	97	95	95
Estimate GoC	●●●	●●●	●	●	●	●	●●●	●●●	●	●●	●●	●●
Official	98	85	102	103	98	100	99	99	100	102	95	84
Administrative	93	85	102	103	98	101	92	89	98	102	95	84
Survey	90	-	-	-	89	90	85	-	-	-	-	-

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

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

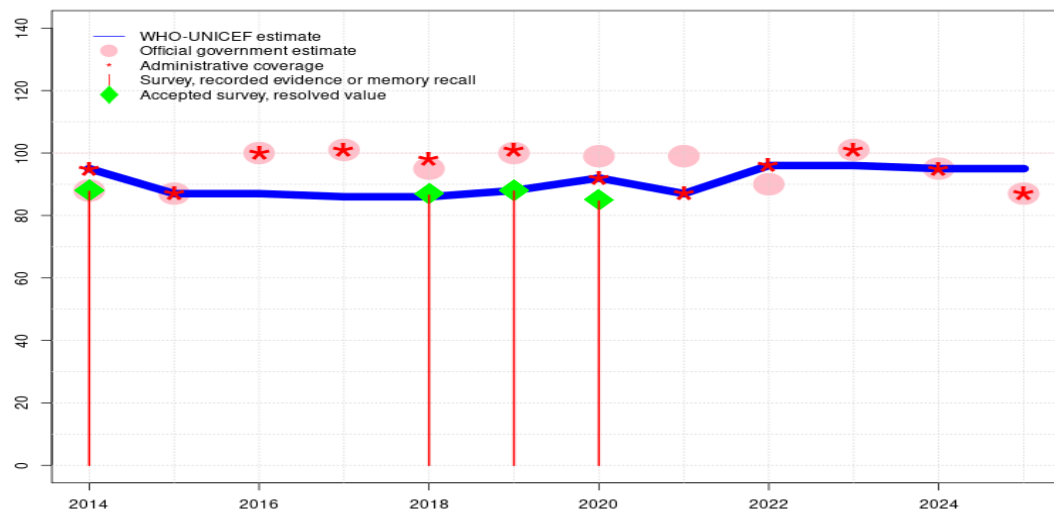
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. Reported data excluded due to sudden change in coverage from 95 to 84 percent. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 102 percent greater than 100 percent. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. Estimate challenged by: S-
- 2021: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2019: Estimate of 90 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2018: Estimate of 89 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2015 and 2018 levels. Reported data excluded because 103 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2015 and 2018 levels. Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: R-
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Adjustment from administrative coverage unexplained. GoC=R+ S+ D+

Mauritania - DTP1

MRT - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	87	87	86	86	88	92	87	96	96	95	95
Estimate GoC	●●●	●●●	●	●	●	●	●●●	●●●	●	●●	●●	●●
Official	88	87	100	101	95	100	99	99	90	101	95	87
Administrative	95	87	100	101	98	101	92	87	96	101	95	87
Survey	88	-	-	-	87	88	85	-	-	-	-	-

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

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

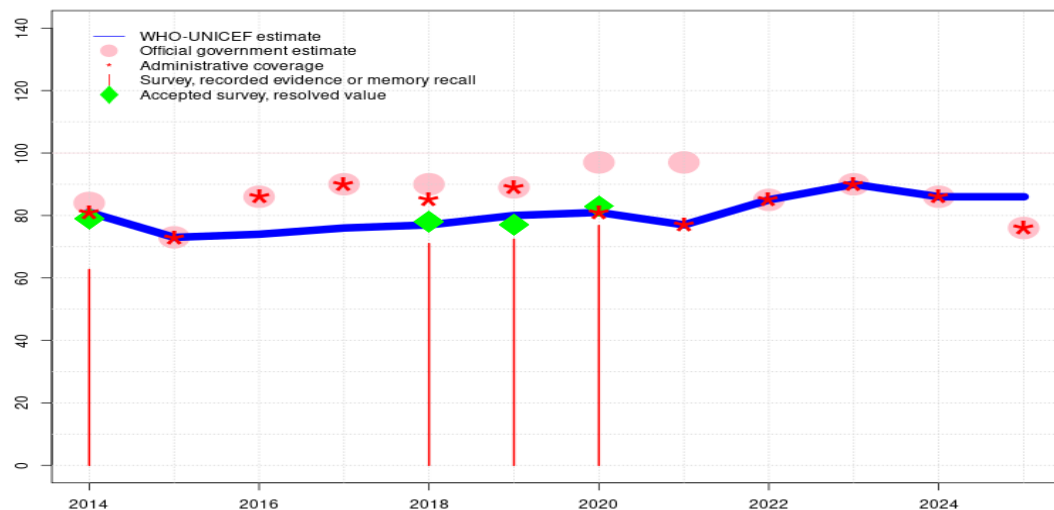
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. Estimate challenged by: S-
- 2021: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2019: Estimate of 88 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2018: Estimate of 86 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2015 and 2018 levels. Reported data excluded because 101 percent greater than 100 percent. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Adjustment from administrative coverage unexplained. GoC=R+ S+ D+

Mauritania - DTP3

MRT - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	81	73	74	76	77	80	81	77	85	90	86	86
Estimate GoC	•••	•••	•	•	•	•••	•••	•••	•••	••	••	••
Official	84	73	86	90	90	89	97	97	85	90	86	76
Administrative	81	73	86	90	85	89	81	77	85	90	86	76
Survey	63	-	-	-	71	72	77	-	-	-	-	-

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

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

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

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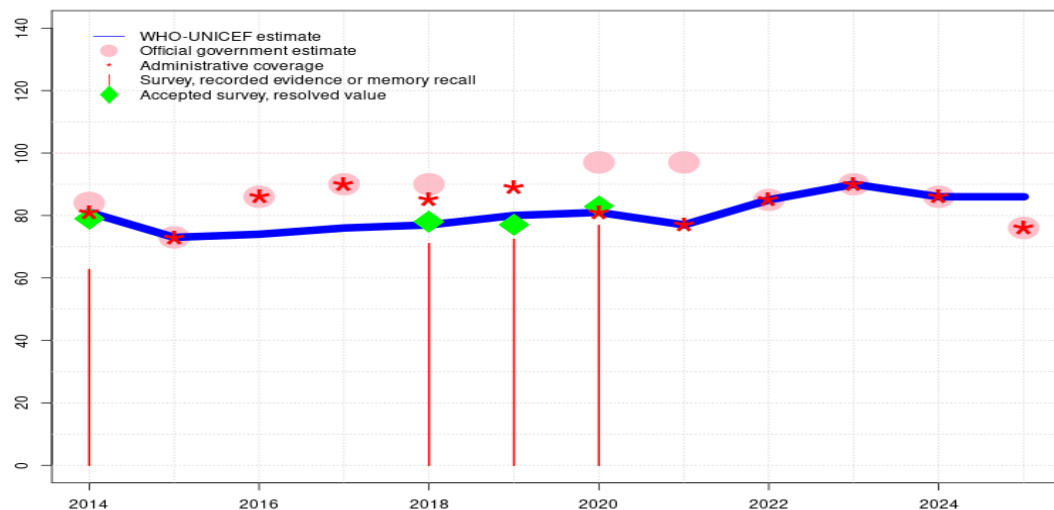
- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Review of the Expanded Programme of Immunization (EPI) in Mauritania vaccination coverage survey report, 2022 record or recall results of 77 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 41 percent. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2019: Estimate of 80 percent assigned by working group. Estimate informed by survey result. Although reported administrative coverage suggests an increase from 2018, reported official coverage suggests a decrease from 2018 levels. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 72 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 29 percent. Estimate challenged by: R-
- 2018: Estimate of 77 percent assigned by working group. Estimate informed by survey result. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 71 percent modified for recall bias to 78 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 20 percent and 3rd dose record only coverage of 18 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2015: Estimate informed by reported data. Programme reports decline in reported coverage due to insufficient funding for conduct of outreach activity. GoC=R+ S+ D+
- 2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2015 record or recall results of 63 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 29 percent.

Mauritania - DTP3

cent and 3rd dose record only coverage of 26 percent. Adjustment from administrative coverage unexplained. GoC=R+ S+ D+

Mauritania - HEPB3

MRT - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	81	73	74	76	77	80	81	77	85	90	86	86
Estimate GoC	•••	•••	•	•	•	•••	•••	•••	•••	••	••	••
Official	84	73	86	90	90	-	97	97	85	90	86	76
Administrative	81	73	86	90	85	89	81	77	85	90	86	76
Survey	63	-	-	-	71	72	77	-	-	-	-	-

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

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

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

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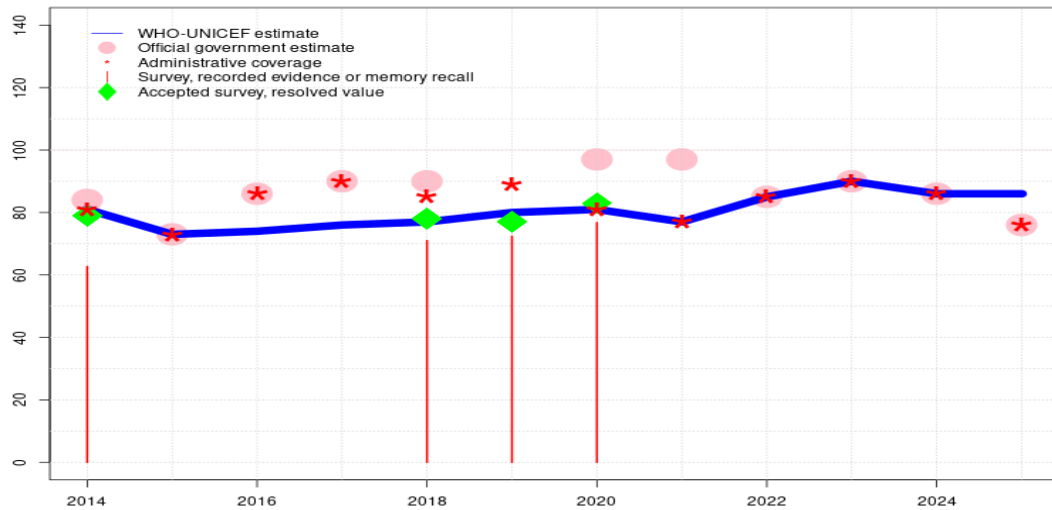
- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Review of the Expanded Programme of Immunization (EPI) in Mauritania vaccination coverage survey report, 2022 record or recall results of 77 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 41 percent. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2019: Estimate of 80 percent assigned by working group. Estimate informed by survey result. Although reported administrative coverage suggests an increase from 2018, reported official coverage suggests a decrease from 2018 levels. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 72 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 29 percent. Estimate challenged by: R-
- 2018: Estimate of 77 percent assigned by working group. Estimate informed by survey result. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 71 percent modified for recall bias to 78 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 20 percent and 3rd dose record only coverage of 18 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2015: Estimate informed by reported data. Programme reports decline in reported coverage due to insufficient funding for conduct of outreach activity. GoC=R+ S+ D+
- 2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2015 record or recall results of 63 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 29 per-

Mauritania - HEPB3

cent and 3rd dose record only coverage of 26 percent. Adjustment from administrative coverage unexplained. GoC=R+ S+ D+

Mauritania - HIB3

MRT - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	81	73	74	76	77	80	81	77	85	90	86	86
Estimate GoC	•••	•••	•	•	•	•••	•••	•••	•••	••	••	••
Official	84	73	86	90	90	-	97	97	85	90	86	76
Administrative	81	73	86	90	85	89	81	77	85	90	86	76
Survey	63	-	-	-	71	72	77	-	-	-	-	-

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

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

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

Description:

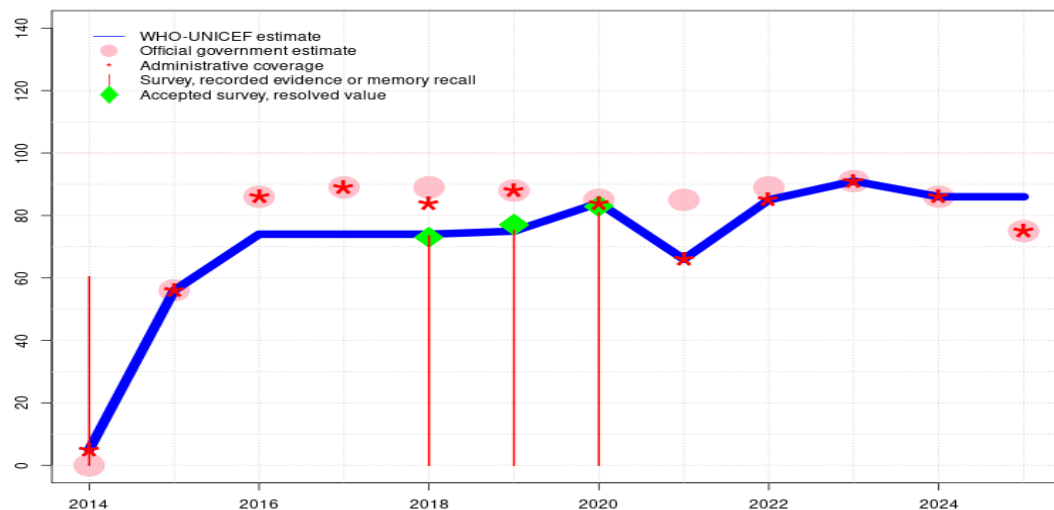
- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Review of the Expanded Programme of Immunization (EPI) in Mauritania vaccination coverage survey report, 2022 record or recall results of 77 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 41 percent. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2019: Estimate of 80 percent assigned by working group. Estimate informed by survey result. Although reported administrative coverage suggests an increase from 2018, reported official coverage suggests a decrease from 2018 levels. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 72 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 33 percent and 3rd dose record only coverage of 29 percent. Estimate challenged by: R-
- 2018: Estimate of 77 percent assigned by working group. Estimate informed by survey result. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 71 percent modified for recall bias to 78 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 20 percent and 3rd dose record only coverage of 18 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2015: Estimate informed by reported data. GoC=R+ S+ D+
- 2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Mauritania Multiple Indicator Cluster Survey 2015 record or recall results of 63 percent modified for recall bias to 79 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 29 percent and 3rd dose record only coverage of 26 percent. Adjustment from administrative

Mauritania - Hib3

coverage unexplained. GoC=R+ S+ D+

Mauritania - ROTAC

MRT - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	5	56	74	74	74	75	84	66	85	91	86	86
Estimate GoC	•	•	•	•	•	•	•	•	•••	••	••	••
Official	0	56	86	89	89	88	85	85	89	91	86	75
Administrative	5	56	86	89	84	88	84	66	85	91	86	75
Survey	60	-	-	-	74	75	81	-	-	-	-	-

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

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

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

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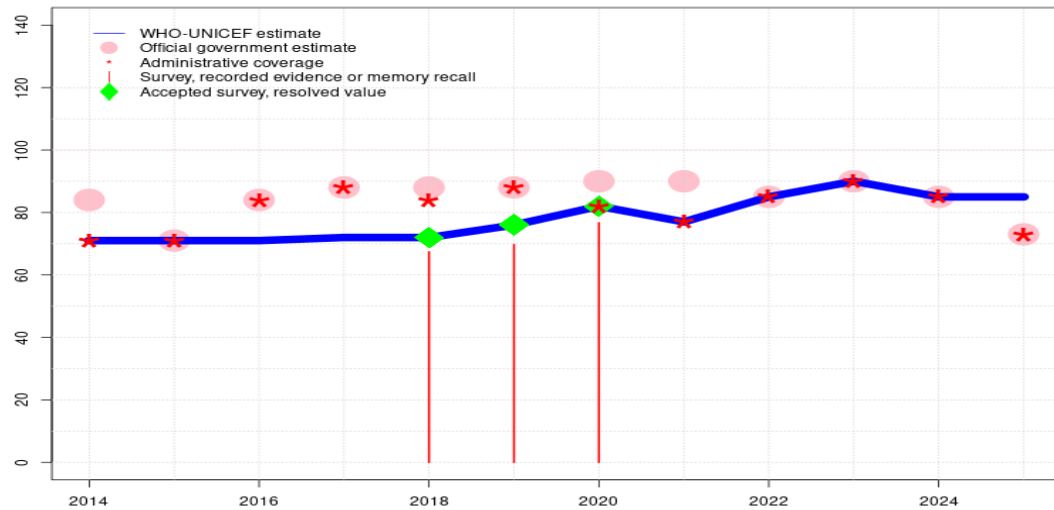
- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. Reported data excluded due to sudden change in coverage from 86 to 75 percent. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. Estimate challenged by: S-
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Review of the Expanded Programme of Immunization (EPI) in Mauritania vaccination coverage survey report, 2022 record or recall results of 81 percent modified for recall bias to 83 percent based on 1st dose record or recall coverage of 83 percent, 1st dose record only coverage of 41 percent and 3rd dose record only coverage of 41 percent. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. Estimate challenged by: S-
- 2019: Estimate of 75 percent assigned by working group. Estimate informed by survey result. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 75 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 29 percent. Estimate challenged by: R-
- 2018: Estimate of 74 percent assigned by working group. Estimate informed by survey result. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 74 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 82 percent, 1st dose record only coverage of 19 percent and 3rd dose record only coverage of 17 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2018 levels. Estimate challenged by: R-
- 2016: Estimate of 74 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Estimate challenged by: R-
- 2015: Estimate informed by reported data. Estimate challenged by: R-
- 2014: Rotavirus vaccine introduced in December 2014. Mauritania Multiple Indicator Cluster Survey 2015 results ignored by working group. Mauritania Multiple Indicator Cluster Survey 2015 record or recall results of 60 percent modified for recall bias to 65 percent

Mauritania - ROTAC

based on 1st dose record or recall coverage of 69 percent, 1st dose record only coverage of 18 percent and 3rd dose record only coverage of 17 percent. Adjustment from administrative coverage unexplained. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Mauritania - PCVC

MRT - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	71	71	71	72	72	76	82	77	85	90	85	85
Estimate GoC	•	••	•	•	•	•	•••	•••	•••	••	••	••
Official	84	71	84	88	88	88	90	90	85	90	85	73
Administrative	71	71	84	88	84	88	82	77	85	90	85	73
Survey	-	-	-	-	67	70	77	-	-	-	-	-

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

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

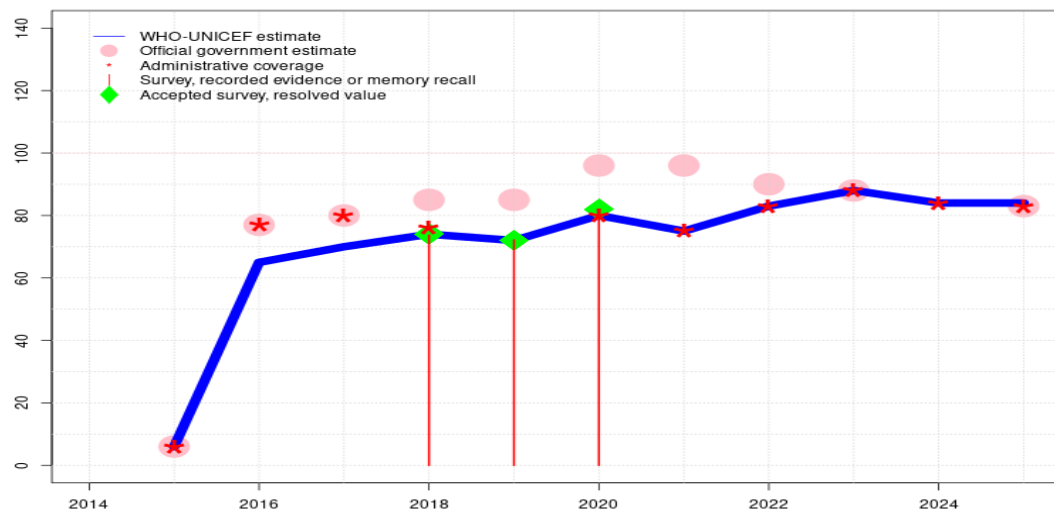
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. Reported data excluded due to sudden change in coverage from 85 to 73 percent. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 82 percent based on 1 survey(s). Review of the Expanded Programme of Immunization (EPI) in Mauritania vaccination coverage survey report, 2022 record or recall results of 77 percent modified for recall bias to 82 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 42 percent and 3rd dose record only coverage of 41 percent. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2019: Estimate of 76 percent assigned by working group. Estimate informed by survey result. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 70 percent modified for recall bias to 76 percent based on 1st dose record or recall coverage of 87 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 28 percent. Estimate challenged by: R-
- 2018: Estimate of 72 percent assigned by working group. Estimate informed by survey result. Mauritania Demographic and Health Survey 2019-2020 record or recall results of 67 percent modified for recall bias to 72 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 20 percent and 3rd dose record only coverage of 17 percent. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2015: Estimate informed by reported data. GoC=R+ D+
- 2014: Reported coverage reflects doses administered to national target population following introduction. Adjustment from administrative coverage unexplained. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Mauritania - IPV1

MRT - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	6	65	70	74	72	80	75	83	88	84	84
Estimate GoC	-	•	•	•	•	•	•••	•••	•••	••	••	••
Official	-	6	77	80	85	85	96	96	90	88	-	83
Administrative	-	6	77	80	76	-	80	75	83	88	84	83
Survey	-	-	-	-	74	72	82	-	-	-	-	-

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

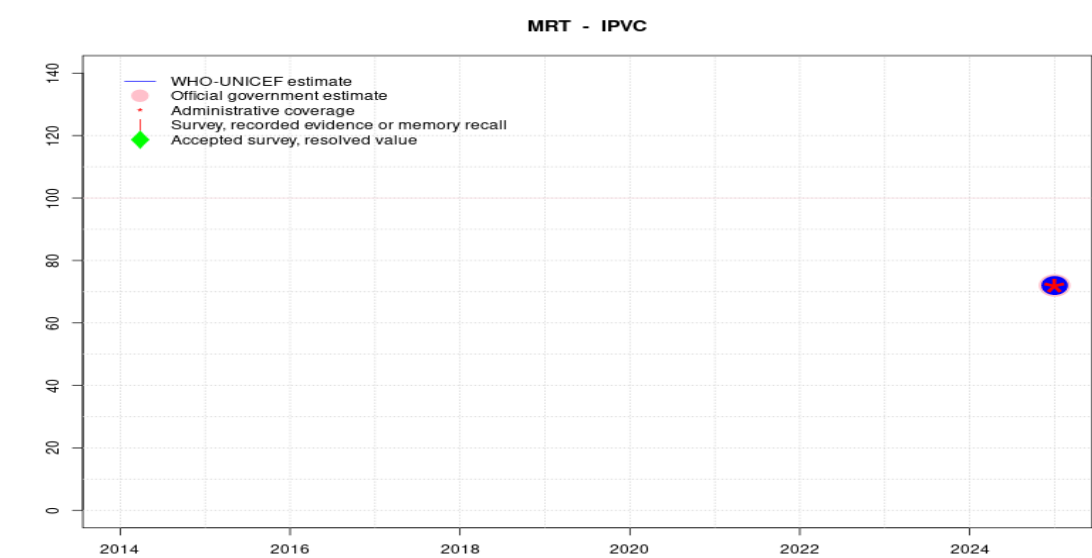
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+
- 2024: Estimate informed by reported administrative data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 82 percent based on 1 survey(s). Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2019: Estimate of 72 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2018: Estimate of 74 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2016 and 2018 levels. Estimate challenged by: R-
- 2016: Estimate of 65 percent assigned by working group. Estimate informed by the relationship between reported coverage and number of children vaccinated with DTP3. Estimate challenged by: R-
- 2015: Inactivated polio vaccine during November 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Mauritania - IPV



Description:

2025: Estimate exceptionally based on reported data in year of introduction. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Second dose of IPV introduced in 2025. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	72
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	72
Administrative	-	-	-	-	-	-	-	-	-	-	-	72
Survey	-	-	-	-	-	-	-	-	-	-	-	-

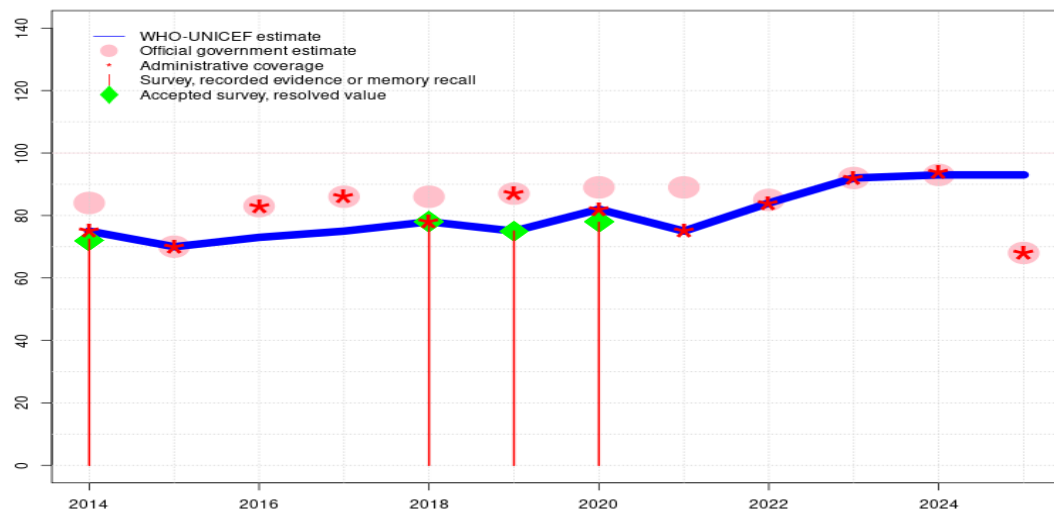
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mauritania - MCV1

MRT - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	75	70	73	75	78	75	82	75	84	92	93	93
Estimate GoC	•••	•	•	•	•	•	•••	•••	•••	••	••	•
Official	84	70	83	86	86	87	89	89	85	92	93	68
Administrative	75	70	83	86	78	87	82	75	84	92	94	68
Survey	72	-	-	-	78	75	78	-	-	-	-	-

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

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

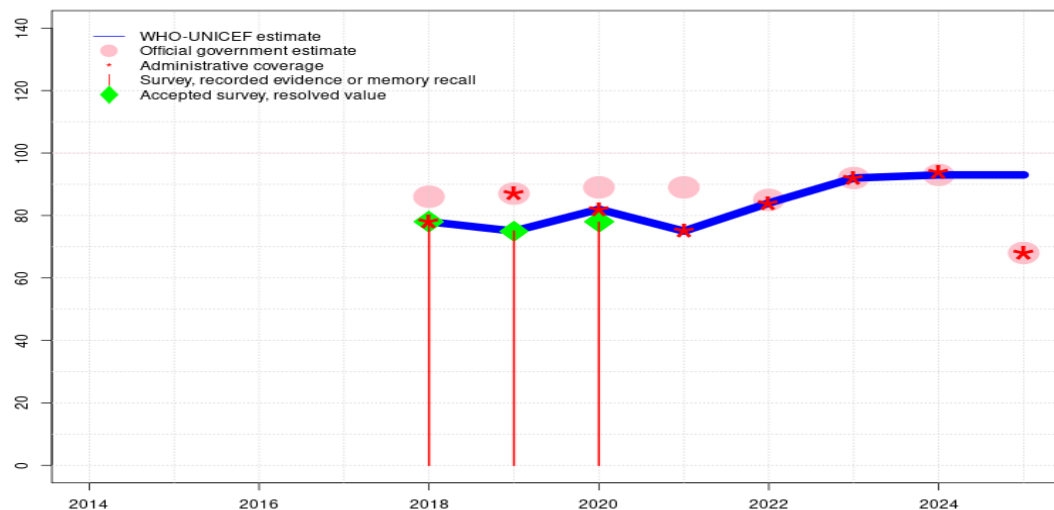
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. Reported data excluded due to sudden change in coverage from 93 to 68 percent. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate informed by reported data. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2021: Estimate informed by reported administrative data. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2020: Estimate informed by reported administrative data supported by survey. Survey evidence of 78 percent based on 1 survey(s). Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. Reported official coverage reflects inconsistent adjustments to reported administrative data across vaccines. GoC=R+ S+ D+
- 2019: Estimate of 75 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2018: Estimate of 78 percent assigned by working group. Estimate informed by survey result. Estimate challenged by: R-
- 2017: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2016: Estimate informed by interpolation between 2015 and 2018 levels. Estimate challenged by: R-
- 2015: Programme reports decline in reported coverage due to insufficient funding for conduct of outreach activity. Estimate challenged by: S-
- 2014: Estimate informed by reported administrative data supported by survey. Survey evidence of 72 percent based on 1 survey(s). Adjustment from administrative coverage unexplained. GoC=R+ S+ D+

Mauritania - RCV1

MRT - RCV1



Description:

- 2025: Estimate based on estimated MCV1. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. Reported data excluded due to sudden change in coverage from 93 to 68 percent. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. Estimate challenged by: D-
- 2024: Estimate based on estimated MCV1. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. GoC=R+ D+
- 2022: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2021: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2020: Estimate based on estimated MCV1. Programme reports changes in the Ministry of Health that affected the funding and operations of the Expanded Programme on Immunization, in addition to disruptions related to COVID-19. GoC=R+ S+ D+
- 2019: Estimate based on estimated MCV1. Estimate challenged by: R-
- 2018: Estimate based on estimated MCV1. Rubella containing vaccine introduced in 2018. Estimate challenged by: R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	78	75	82	75	84	92	93	93
Estimate GoC	-	-	-	-	•	•	•••	•••	•••	••	••	•
Official	-	-	-	-	86	87	89	89	85	92	93	68
Administrative	-	-	-	-	78	87	82	75	84	92	94	68
Survey	-	-	-	-	78	75	78	-	-	-	-	-

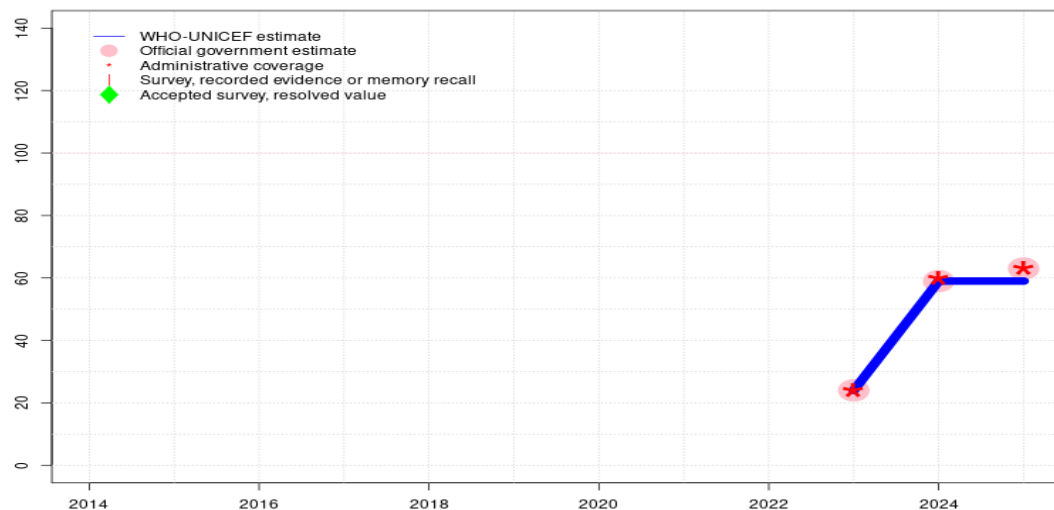
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Mauritania - MCV2

MRT - MCV2



Description:

2025: Estimate informed by extrapolation from reported data. Reported data excluded. Reported target population increase of 10 to 14 percent between 2024 and 2025. WHO and UNICEF are aware of the ongoing 2026 Multiple Indicator Cluster Survey and await final results. GoC=R+ D+

2024: Estimate informed by reported data. Vaccine introduction period. GoC=R+ D+

2023: Estimate informed by reported data. Second dose introduced in March 2023. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	24	59	59
Estimate GoC	-	-	-	-	-	-	-	-	-	••	••	••
Official	-	-	-	-	-	-	-	-	-	24	59	63
Administrative	-	-	-	-	-	-	-	-	-	24	60	63
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.

Mauritania - 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.

2020 Review du programme élargi de la vaccination (PEV) en Mauritanie report de l'enquête de couverture vaccinale, 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	41.5	12-23 m	3468	47
BCG	Record	43.2	12-23 m	3468	47
BCG	Record or Recall	84.7	12-23 m	3468	47
DTP1	Recall	42.3	12-23 m	3468	47
DTP1	Record	42.3	12-23 m	3468	47
DTP1	Record or Recall	84.6	12-23 m	3468	47
DTP3	Recall	36.1	12-23 m	3468	47
DTP3	Record	40.7	12-23 m	3468	47
DTP3	Record or Recall	76.8	12-23 m	3468	47
HEPB1	Recall	42.3	12-23 m	3468	47
HEPB1	Record	42.3	12-23 m	3468	47
HEPB1	Record or Recall	84.6	12-23 m	3468	47
HEPB3	Recall	36.1	12-23 m	3468	47
HEPB3	Record	40.7	12-23 m	3468	47
HEPB3	Record or Recall	76.8	12-23 m	3468	47
HEPBB	Recall	37.1	12-23 m	3468	47
HEPBB	Record	41.3	12-23 m	3468	47
HEPBB	Record or Recall	78.4	12-23 m	3468	47

HIB1	Recall	42.3	12-23 m	3468	47
HIB1	Record	42.3	12-23 m	3468	47
HIB1	Record or Recall	84.6	12-23 m	3468	47
HIB3	Recall	36.1	12-23 m	3468	47
HIB3	Record	40.7	12-23 m	3468	47
HIB3	Record or Recall	76.8	12-23 m	3468	47
IPV1	Recall	41.5	12-23 m	3468	47
IPV1	Record	40.3	12-23 m	3468	47
IPV1	Record or Recall	81.8	12-23 m	3468	47
MCV1	Recall	39.7	12-23 m	3468	47
MCV1	Record	38	12-23 m	3468	47
MCV1	Record or Recall	77.8	12-23 m	3468	47
PCV1	Recall	42	12-23 m	3468	47
PCV1	Record	41.8	12-23 m	3468	47
PCV1	Record or Recall	83.8	12-23 m	3468	47
PCVC	Recall	36	12-23 m	3468	47
PCVC	Record	40.7	12-23 m	3468	47
PCVC	Record or Recall	76.7	12-23 m	3468	47
RCV1	Recall	39.7	12-23 m	3468	47
RCV1	Record	38	12-23 m	3468	47
RCV1	Record or Recall	77.8	12-23 m	3468	47
ROTAC	Recall	40.3	12-23 m	3468	47
ROTAC	Record	40.6	12-23 m	3468	47
ROTAC	Record or Recall	80.9	12-23 m	3468	47

2019 Enquête Démographique et de Santé de la Mauritanie (EDSM) 2019-2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	57.7	12-23 m	1398	34
BCG	Record	32.3	12-23 m	722	34
BCG	Record or Recall	90.1	12-23 m	2120	34
BCG	Record or Recall<12m	87.6	12-23 m	2120	34
DTP1	Recall	55.3	12-23 m	1398	34
DTP1	Record	32.5	12-23 m	722	34
DTP1	Record or Recall	87.8	12-23 m	2120	34
DTP1	Record or Recall<12m	85.8	12-23 m	2120	34
DTP3	Recall	43.3	12-23 m	1398	34
DTP3	Record	29.1	12-23 m	722	34

Mauritania - Survey Details

DTP3	Record or Recall	72.4	12-23 m	2120	34
DTP3	Record or Recall<12m	68.1	12-23 m	2120	34
HEPB1	Recall	55.3	12-23 m	1398	34
HEPB1	Record	32.5	12-23 m	722	34
HEPB1	Record or Recall	87.8	12-23 m	2120	34
HEPB1	Record or Recall<12m	85.8	12-23 m	2120	34
HEPB3	Recall	43.3	12-23 m	1398	34
HEPB3	Record	29.1	12-23 m	722	34
HEPB3	Record or Recall	72.4	12-23 m	2120	34
HEPB3	Record or Recall<12m	68.1	12-23 m	2120	34
HEPBB	Recall	50.9	12-23 m	1398	34
HEPBB	Record	24.9	12-23 m	722	34
HEPBB	Record or Recall	75.8	12-23 m	2120	34
HEPBB	Record or Recall<12m	73.5	12-23 m	2120	34
HIB1	Recall	55.3	12-23 m	1398	34
HIB1	Record	32.5	12-23 m	722	34
HIB1	Record or Recall	87.8	12-23 m	2120	34
HIB1	Record or Recall<12m	85.8	12-23 m	2120	34
HIB3	Recall	43.3	12-23 m	1398	34
HIB3	Record	29.1	12-23 m	722	34
HIB3	Record or Recall	72.4	12-23 m	2120	34
HIB3	Record or Recall<12m	68.1	12-23 m	2120	34
IPV1	Recall	52	12-23 m	1398	34
IPV1	Record	20.2	12-23 m	722	34
IPV1	Record or Recall	72.2	12-23 m	2120	34
IPV1	Record or Recall<12m	67.4	12-23 m	2120	34
MCV1	Recall	50.6	12-23 m	1398	34
MCV1	Record	24.4	12-23 m	722	34
MCV1	Record or Recall	75	12-23 m	2120	34
MCV1	Record or Recall<12m	62.4	12-23 m	2120	34
PCV1	Recall	55.1	12-23 m	1398	34
PCV1	Record	31.5	12-23 m	722	34
PCV1	Record or Recall	86.6	12-23 m	2120	34
PCV1	Record or Recall<12m	84.6	12-23 m	2120	34
PCVC	Recall	41.5	12-23 m	1398	34
PCVC	Record	28.1	12-23 m	722	34
PCVC	Record or Recall	69.7	12-23 m	2120	34
PCVC	Record or Recall<12m	66	12-23 m	2120	34
RCV1	Recall	50.6	12-23 m	1398	34
RCV1	Record	24.4	12-23 m	722	34

RCV1	Record or Recall	75	12-23 m	2120	34
RCV1	Record or Recall<12m	62.4	12-23 m	2120	34
ROTAC	Recall	46.5	12-23 m	1398	34
ROTAC	Record	28.7	12-23 m	722	34
ROTAC	Record or Recall	75.2	12-23 m	2120	34
ROTAC	Record or Recall<12m	72.9	12-23 m	2120	34

2018 Enquête Démographique et de Santé de la Mauritanie (EDSM) 2019-2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	69.3	24-35 m	1820	-
BCG	Record	19.3	24-35 m	459	-
BCG	Record or Recall	88.6	24-35 m	2279	-
BCG	Record or Recall<12m	85.4	24-35 m	2279	-
DTP1	Recall	66.9	24-35 m	1820	-
DTP1	Record	19.6	24-35 m	459	-
DTP1	Record or Recall	86.5	24-35 m	2279	-
DTP1	Record or Recall<12m	81.9	24-35 m	2279	-
DTP3	Recall	53.2	24-35 m	1820	-
DTP3	Record	17.8	24-35 m	459	-
DTP3	Record or Recall	71	24-35 m	2279	-
DTP3	Record or Recall<12m	64.5	24-35 m	2279	-
HEPB1	Recall	66.9	24-35 m	1820	-
HEPB1	Record	19.6	24-35 m	459	-
HEPB1	Record or Recall	86.5	24-35 m	2279	-
HEPB1	Record or Recall<12m	81.9	24-35 m	2279	-
HEPB3	Recall	53.2	24-35 m	1820	-
HEPB3	Record	17.8	24-35 m	459	-
HEPB3	Record or Recall	71	24-35 m	2279	-
HEPB3	Record or Recall<12m	64.5	24-35 m	2279	-
HEPBB	Recall	58.5	24-35 m	1820	-
HEPBB	Record	14.2	24-35 m	459	-
HEPBB	Record or Recall	72.7	24-35 m	2279	-
HEPBB	Record or Recall<12m	71.3	24-35 m	2279	-
HIB1	Recall	66.9	24-35 m	1820	-
HIB1	Record	19.6	24-35 m	459	-
HIB1	Record or Recall	86.5	24-35 m	2279	-
HIB1	Record or Recall<12m	81.9	24-35 m	2279	-

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HIB3	Recall	53.2	24-35 m	1820	-
HIB3	Record	17.8	24-35 m	459	-
HIB3	Record or Recall	71	24-35 m	2279	-
HIB3	Record or Recall<12m	64.5	24-35 m	2279	-
IPV1	Recall	61.4	24-35 m	1820	-
IPV1	Record	12.3	24-35 m	459	-
IPV1	Record or Recall	73.7	24-35 m	2279	-
IPV1	Record or Recall<12m	67.1	24-35 m	2279	-
MCV1	Recall	61.5	24-35 m	1820	-
MCV1	Record	16.4	24-35 m	459	-
MCV1	Record or Recall	77.9	24-35 m	2279	-
MCV1	Record or Recall<12m	63.4	24-35 m	2279	-
PCV1	Recall	65.6	24-35 m	1820	-
PCV1	Record	19.5	24-35 m	459	-
PCV1	Record or Recall	85	24-35 m	2279	-
PCV1	Record or Recall<12m	80.2	24-35 m	2279	-
PCVC	Recall	50	24-35 m	1820	-
PCVC	Record	17.4	24-35 m	459	-
PCVC	Record or Recall	67.4	24-35 m	2279	-
PCVC	Record or Recall<12m	61.5	24-35 m	2279	-
RCV1	Recall	61.5	24-35 m	1820	-
RCV1	Record	16.4	24-35 m	459	-
RCV1	Record or Recall	77.9	24-35 m	2279	-
RCV1	Record or Recall<12m	63.4	24-35 m	2279	-
ROTAC	Recall	56.2	24-35 m	1820	-
ROTAC	Record	17.3	24-35 m	459	-
ROTAC	Record or Recall	73.5	24-35 m	2279	-
ROTAC	Record or Recall<12m	67.5	24-35 m	2279	-

2014 Mauritania Multiple Indicator Cluster Survey 2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	61.4	12-23 m	2140	29
BCG	Record	28.3	12-23 m	2140	29
BCG	Record or Recall	89.6	12-23 m	2140	29
BCG	Record or Recall<12m	83.2	12-23 m	2140	29
DTP1	Recall	58.5	12-23 m	2140	29
DTP1	Record	29.2	12-23 m	2140	29
DTP1	Record or Recall	87.7	12-23 m	2140	29

DTP1	Record or Recall<12m	81.1	12-23 m	2140	29
DTP3	Recall	37.1	12-23 m	2140	29
DTP3	Record	25.5	12-23 m	2140	29
DTP3	Record or Recall	62.7	12-23 m	2140	29
DTP3	Record or Recall<12m	56.5	12-23 m	2140	29
HEPB1	Recall	58.5	12-23 m	2140	29
HEPB1	Record	29.2	12-23 m	2140	29
HEPB1	Record or Recall	87.7	12-23 m	2140	29
HEPB1	Record or Recall<12m	81.1	12-23 m	2140	29
HEPB3	Recall	37.1	12-23 m	2140	29
HEPB3	Record	25.5	12-23 m	2140	29
HEPB3	Record or Recall	62.7	12-23 m	2140	29
HEPB3	Record or Recall<12m	56.5	12-23 m	2140	29
HEPBB	Recall	61.7	12-23 m	2140	29
HEPBB	Record	27.9	12-23 m	2140	29
HEPBB	Record or Recall	89.6	12-23 m	2140	29
HEPBB	Record or Recall<12m	81.1	12-23 m	2140	29
HIB1	Recall	58.5	12-23 m	2140	29
HIB1	Record	29.2	12-23 m	2140	29
HIB1	Record or Recall	87.7	12-23 m	2140	29
HIB1	Record or Recall<12m	81.1	12-23 m	2140	29
HIB3	Recall	37.1	12-23 m	2140	29
HIB3	Record	25.5	12-23 m	2140	29
HIB3	Record or Recall	62.7	12-23 m	2140	29
HIB3	Record or Recall<12m	56.5	12-23 m	2140	29
MCV1	Recall	51.6	12-23 m	2140	29
MCV1	Record	20.8	12-23 m	2140	29
MCV1	Record or Recall	72.4	12-23 m	2140	29
MCV1	Record or Recall<12m	61.9	12-23 m	2140	29
PCV1	Recall	53.3	12-23 m	2140	29
PCV1	Record	27	12-23 m	2140	29
PCV1	Record or Recall	80.3	12-23 m	2140	29
PCV1	Record or Recall<12m	74.5	12-23 m	2140	29
ROTAC	Recall	43.6	12-23 m	2140	29
ROTAC	Record	16.8	12-23 m	2140	29
ROTAC	Record or Recall	60.4	12-23 m	2140	29
ROTAC	Record or Recall<12m	50.8	12-23 m	2140	29

2013 Mauritania Multiple Indicator Cluster Survey 2015

Mauritania - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	76	24-35 m	2098	-
BCG	Record	13.3	24-35 m	2098	-
BCG	Record or Recall	89.3	24-35 m	2098	-
BCG	Record or Recall<12m	81.2	24-35 m	2098	-
DTP1	Recall	72	24-35 m	2098	-
DTP1	Record	13.5	24-35 m	2098	-
DTP1	Record or Recall	85.5	24-35 m	2098	-
DTP1	Record or Recall<12m	76.8	24-35 m	2098	-
DTP3	Recall	50.2	24-35 m	2098	-
DTP3	Record	12.1	24-35 m	2098	-
DTP3	Record or Recall	62.3	24-35 m	2098	-
DTP3	Record or Recall<12m	53.8	24-35 m	2098	-
HEPB1	Recall	72	24-35 m	2098	-
HEPB1	Record	13.5	24-35 m	2098	-
HEPB1	Record or Recall	85.5	24-35 m	2098	-
HEPB1	Record or Recall<12m	76.8	24-35 m	2098	-
HEPB3	Recall	50.2	24-35 m	2098	-
HEPB3	Record	12.1	24-35 m	2098	-
HEPB3	Record or Recall	62.3	24-35 m	2098	-
HEPB3	Record or Recall<12m	53.8	24-35 m	2098	-
HEPBB	Recall	76.1	24-35 m	2098	-
HEPBB	Record	13.2	24-35 m	2098	-
HEPBB	Record or Recall	89.3	24-35 m	2098	-
HEPBB	Record or Recall<12m	77.7	24-35 m	2098	-
HIB1	Recall	72	24-35 m	2098	-
HIB1	Record	13.5	24-35 m	2098	-
HIB1	Record or Recall	85.5	24-35 m	2098	-
HIB1	Record or Recall<12m	76.8	24-35 m	2098	-
HIB3	Recall	50.2	24-35 m	2098	-
HIB3	Record	12.1	24-35 m	2098	-
HIB3	Record or Recall	62.3	24-35 m	2098	-
HIB3	Record or Recall<12m	53.8	24-35 m	2098	-
MCV1	Recall	68.2	24-35 m	2098	-
MCV1	Record	10.2	24-35 m	2098	-
MCV1	Record or Recall	78.4	24-35 m	2098	-
MCV1	Record or Recall<12m	62.1	24-35 m	2098	-
PCV1	Recall	65.2	24-35 m	2098	-
PCV1	Record	10.7	24-35 m	2098	-

PCV1	Record or Recall	75.9	24-35 m	2098	-
PCV1	Record or Recall<12m	64.4	24-35 m	2098	-
ROTAC	Recall	56	24-35 m	2098	-
ROTAC	Record	6.4	24-35 m	2098	-
ROTAC	Record or Recall	62.4	24-35 m	2098	-
ROTAC	Record or Recall<12m	47	24-35 m	2098	-

2013 Rapport de la revue externe du PEV Mauritanie 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	45	12-23 m	-	55
BCG	Record	51.7	12-23 m	-	55
BCG	Record or Recall	97	12-23 m	3727	55
DTP1	Recall	49.4	12-23 m	-	55
DTP1	Record	47	12-23 m	-	55
DTP1	Record or Recall	96	12-23 m	3727	55
DTP3	Recall	48.5	12-23 m	-	55
DTP3	Record	43.4	12-23 m	-	55
DTP3	Record or Recall	92	12-23 m	3727	55
HEPB1	Recall	49.4	12-23 m	-	55
HEPB1	Record	47	12-23 m	-	55
HEPB1	Record or Recall	96	12-23 m	3727	55
HEPB3	Recall	48.5	12-23 m	-	55
HEPB3	Record	43.4	12-23 m	-	55
HEPB3	Record or Recall	92	12-23 m	3727	55
HIB1	Recall	49.4	12-23 m	-	55
HIB1	Record	47	12-23 m	-	55
HIB1	Record or Recall	96	12-23 m	3727	55
HIB3	Recall	48.5	12-23 m	-	55
HIB3	Record	43.4	12-23 m	-	55
HIB3	Record or Recall	92	12-23 m	3727	55
MCV1	Recall	47	12-23 m	-	55
MCV1	Record	36.8	12-23 m	-	55
MCV1	Record or Recall	84	12-23 m	3727	55

2010 Mauritanie Enquête par Grappes à Indicateurs Multiples 2011

Mauritania - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	61.3	12-23 m	-	32
BCG	Record	30.2	12-23 m	-	32
BCG	Record or Recall	91.6	12-23 m	1764	32
BCG	Record or Recall<12m	90.7	12-23 m	1764	32
DTP1	Recall	59.1	12-23 m	-	32
DTP1	Record	29.5	12-23 m	-	32
DTP1	Record or Recall	88.6	12-23 m	1764	32
DTP1	Record or Recall<12m	87.7	12-23 m	1764	32
DTP3	Recall	37.2	12-23 m	-	32
DTP3	Record	23	12-23 m	-	32
DTP3	Record or Recall	60.2	12-23 m	1764	32
DTP3	Record or Recall<12m	57.3	12-23 m	1764	32
HEPB1	Recall	59.1	12-23 m	-	32
HEPB1	Record	29.5	12-23 m	-	32
HEPB1	Record or Recall	88.6	12-23 m	1764	32
HEPB1	Record or Recall<12m	87.7	12-23 m	1764	32
HEPB3	Recall	37.2	12-23 m	-	32
HEPB3	Record	23	12-23 m	-	32
HEPB3	Record or Recall	60.2	12-23 m	1764	32
HEPB3	Record or Recall<12m	57.3	12-23 m	1764	32
HIB1	Recall	59.1	12-23 m	-	32
HIB1	Record	29.5	12-23 m	-	32
HIB1	Record or Recall	88.6	12-23 m	1764	32
HIB1	Record or Recall<12m	87.7	12-23 m	1764	32
HIB3	Recall	37.2	12-23 m	-	32
HIB3	Record	23	12-23 m	-	32
HIB3	Record or Recall	60.2	12-23 m	1764	32
HIB3	Record or Recall<12m	57.3	12-23 m	1764	32
MCV1	Recall	56.6	12-23 m	-	32
MCV1	Record	14.7	12-23 m	-	32
MCV1	Record or Recall	71.3	12-23 m	1764	32
MCV1	Record or Recall<12m	63.3	12-23 m	1764	32

2006 L'enquête par grappes à indicateurs multiples de la Mauritanie (MICS 2007)

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	53.4	12-23 m	1681	32

BCG	Record	32.1	12-23 m	1681	32
BCG	Record or Recall	85.6	12-23 m	1681	32
BCG	Record or Recall<12m	83.5	12-23 m	1681	32
DTP1	Recall	52	12-23 m	1681	32
DTP1	Record	30.8	12-23 m	1681	32
DTP1	Record or Recall	82.7	12-23 m	1681	32
DTP1	Record or Recall<12m	79.1	12-23 m	1681	32
DTP3	Recall	27.8	12-23 m	1681	32
DTP3	Record	29.1	12-23 m	1681	32
DTP3	Record or Recall	56.9	12-23 m	1681	32
DTP3	Record or Recall<12m	52.6	12-23 m	1681	32
HEPB1	Record or Recall	26.8	12-23 m	1681	32
HEPB3	Record or Recall	25.3	12-23 m	1681	32
MCV1	Recall	48	12-23 m	1681	32
MCV1	Record	28.2	12-23 m	1681	32
MCV1	Record or Recall	76.2	12-23 m	1681	32
MCV1	Record or Recall<12m	74.3	12-23 m	1681	32

2003 Enquete sur la couverture vaccinale et la mobilisation sociale, Mauritania, 2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	95.6	12-23 m	2774	42
DTP1	Record	35.7	12-23 m	2774	42
DTP1	Record or Recall	91.5	12-23 m	2774	42
DTP3	Record	29.7	12-23 m	2774	42
DTP3	Record or Recall	83.8	12-23 m	2774	42
MCV1	Record	30	12-23 m	2774	42
MCV1	Record or Recall	83.5	12-23 m	2774	42

1999 Enquête Démographique et de Santé Mauritanie 2000-2001, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	41.5	12-23 m	950	34
BCG	Record	33.2	12-23 m	950	34
BCG	Record or Recall	74.7	12-23 m	950	34
BCG	Record or Recall<12m	67.7	12-23 m	950	34
DTP1	Recall	37.1	12-23 m	950	34

DTP1	Record	32.9	12-23 m	950	34
DTP1	Record or Recall	70	12-23 m	950	34
DTP1	Record or Recall<12m	60.8	12-23 m	950	34
DTP3	Recall	14.7	12-23 m	950	34
DTP3	Record	25.2	12-23 m	950	34
DTP3	Record or Recall	39.9	12-23 m	950	34
DTP3	Record or Recall<12m	33.3	12-23 m	950	34
MCV1	Recall	35.6	12-23 m	950	34
MCV1	Record	26.4	12-23 m	950	34
MCV1	Record or Recall	62	12-23 m	950	34
MCV1	Record or Recall<12m	44.8	12-23 m	950	34

1998 Enquête Nationale de Couverture Vaccinale-MSAS, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Scar	79.9	12-23 m	2287	78
DTP1	Record or Recall	56	12-23 m	2287	78
DTP3	Record or Recall	15.5	12-23 m	2287	78
MCV1	Record or Recall	62.5	12-23 m	2287	78

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