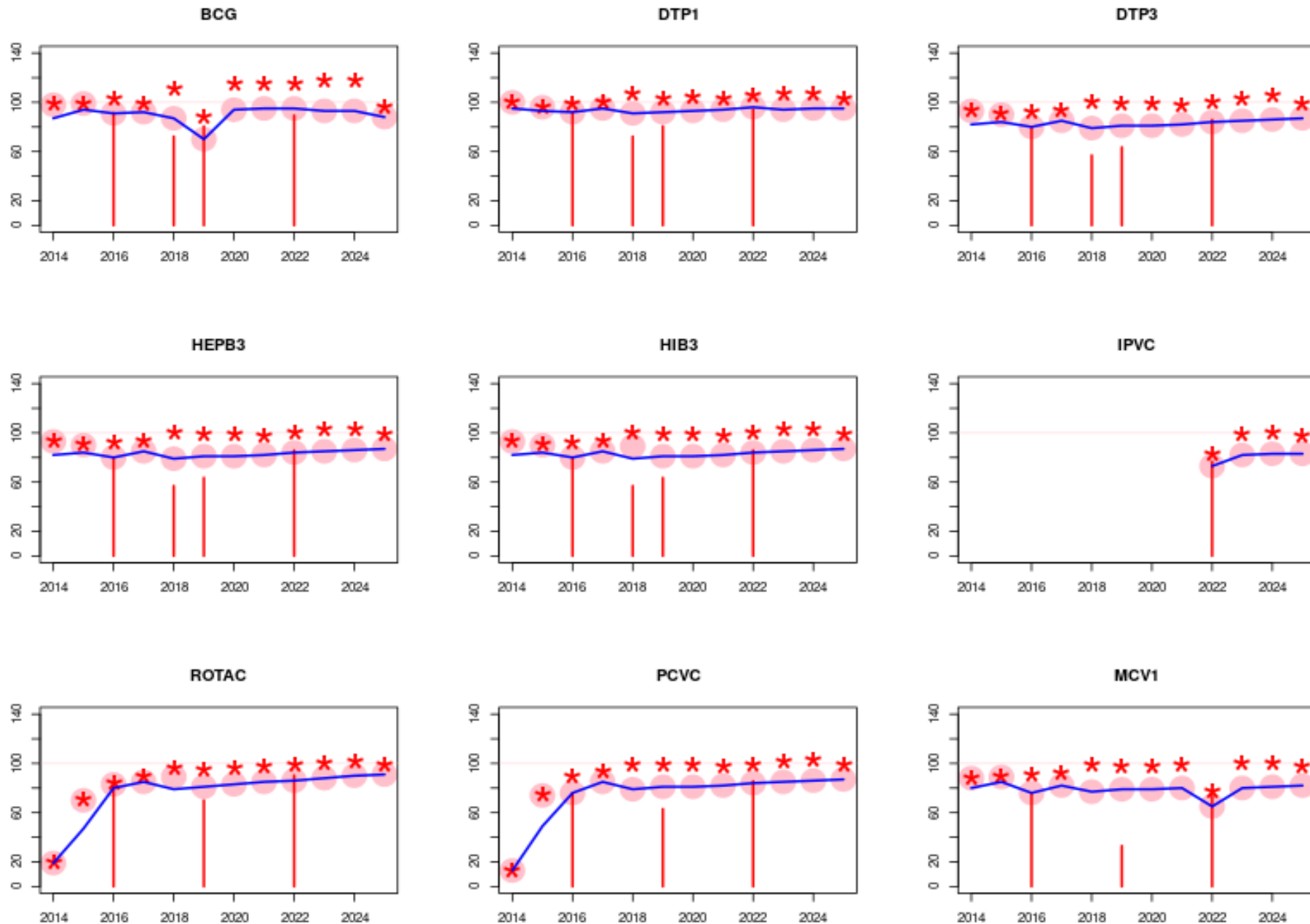




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

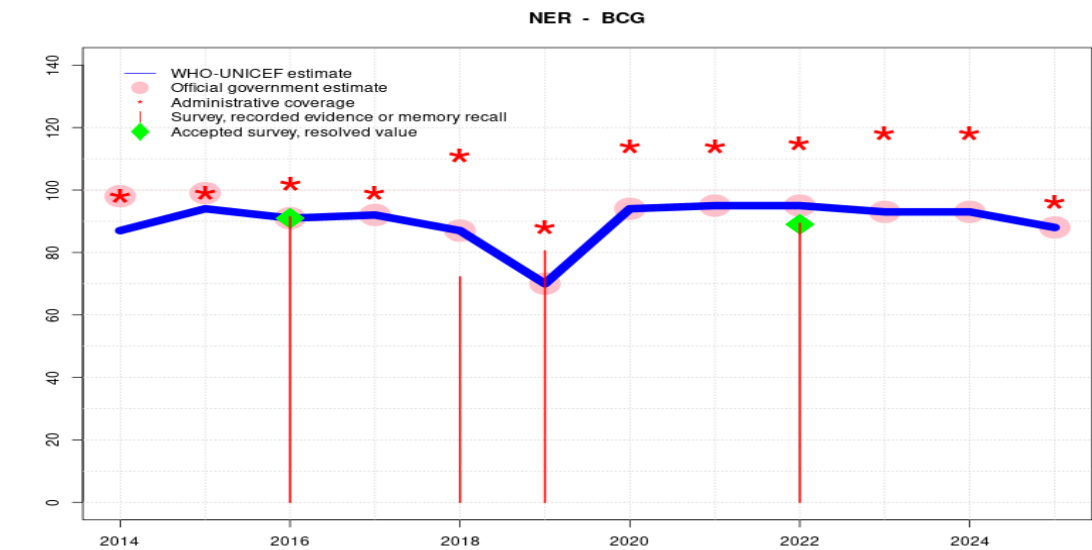
ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

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.



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	87	94	91	92	87	70	94	95	95	93	93	88
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●●
Official	98	99	91	92	87	70	94	95	95	93	93	88
Administrative	98	99	102	99	111	88	114	114	115	118	118	96
Survey	-	-	91	-	72	81	-	-	89	-	-	-

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

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

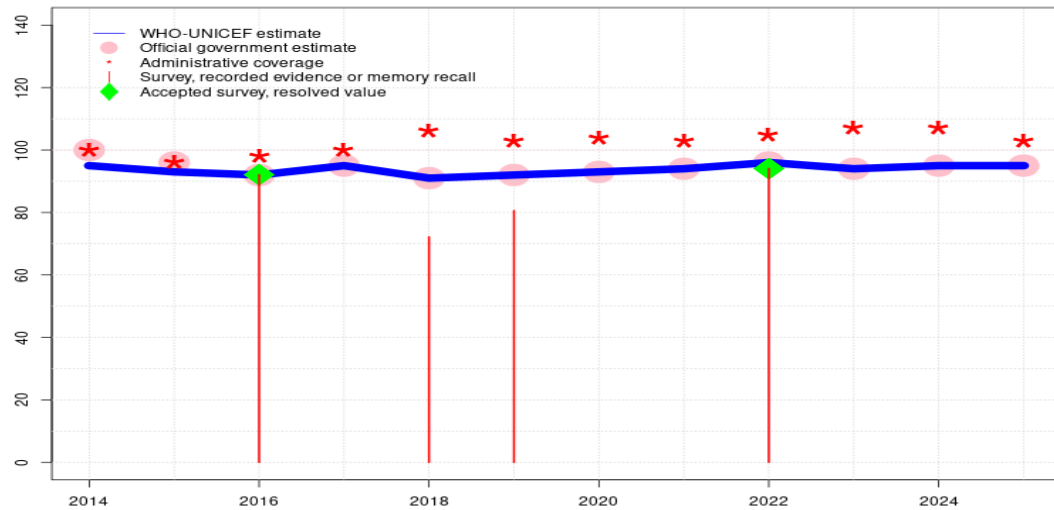
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported 6 months vaccine stock-out at the national and subnational levels. GoC=R+ D+
- 2024: Estimate informed by reported data. Programme reported a one month vaccine stock-out at the national and subnational levels. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 89 percent based on 1 survey(s). Programme reports a one month vaccine stockout at national and subnational levels. Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a vaccine stockout of less than one month duration at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Likely recovery from previous year stockout. Estimate challenged by: D-
- 2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports 1.5 month vaccine stockout at national level. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-
- 2018: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 91 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2016 levels. Recovery from stockout during the prior year. Estimate challenged by: D-R-

Niger - DTP1

NER - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	95	93	92	95	91	92	93	94	96	94	95	95
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	100	96	92	95	91	92	93	94	96	94	95	95
Administrative	100	96	98	100	106	103	104	103	105	107	107	103
Survey	-	-	92	-	72	81	-	-	94	-	-	-

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

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

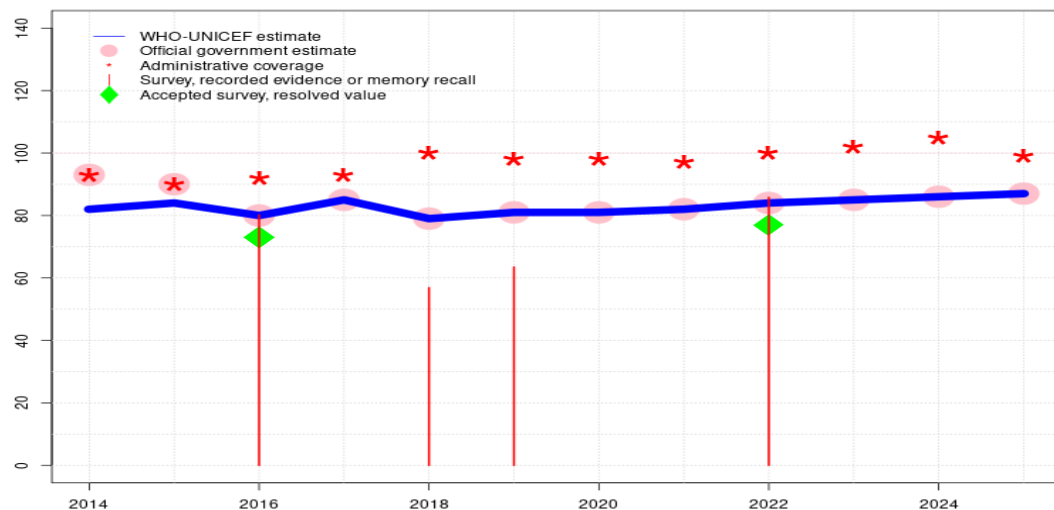
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported a less than one month vaccine stock-out at the national level Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported a one month vaccine stock-out at the national and subnational levels. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. GoC=Assigned by working group. GoC of 1 consistent with GoC for other estimates.
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

Niger - DTP3

NER - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	82	84	80	85	79	81	81	82	84	85	86	87
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	93	90	80	85	79	81	81	82	84	85	86	87
Administrative	93	90	92	93	100	98	98	97	100	102	105	99
Survey	-	-	80	-	57	64	-	-	86	-	-	-

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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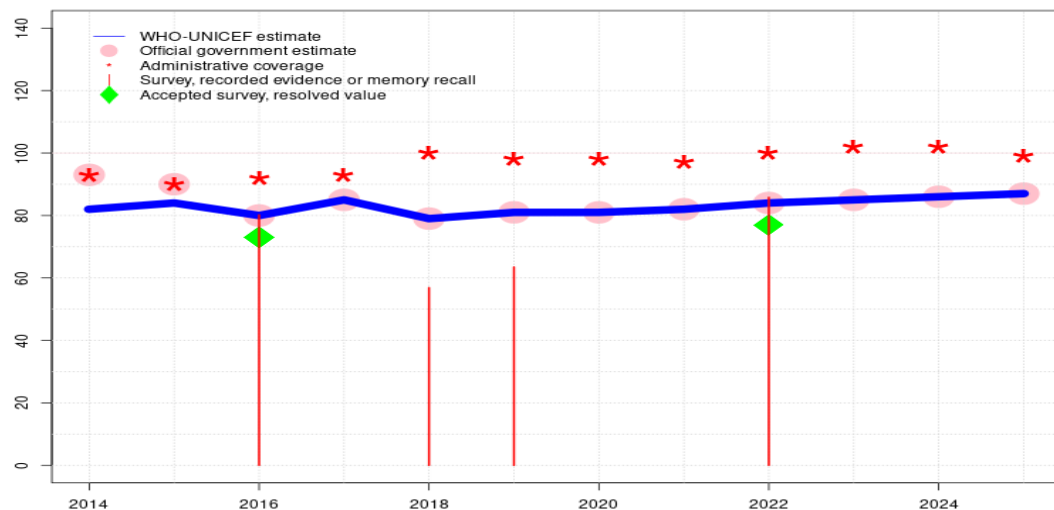
- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported a less than one month vaccine stock-out at the national level Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported a one month vaccine stock-out at the national and subnational levels. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey.Survey evidence of 77 percent based on 1 survey(s). National Routine Vaccination Coverage Survey, Niger, 2023-2024 record or recall results of 86 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 60 percent. Survey results may be somewhat over-estimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 record or recall results of 64 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 81 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 53 percent. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-
- 2018: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 record or recall results of 57 percent modified for recall bias to 61 percent based on 1st dose record or recall coverage of 72 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 43 percent. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-S-
- 2016: Estimate informed by reported data supported by survey.Survey evidence of 73 percent based on 1 survey(s). 2017 Niger Vaccination Coverage Survey record or recall results of 80 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 68 percent and 3rd dose record only coverage of 54 percent. Estimate challenged by: D-
- 2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-S-

Niger - DTP3

2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

Niger - HEPB3

NER - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	82	84	80	85	79	81	81	82	84	85	86	87
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	93	90	80	85	79	81	81	82	84	85	86	87
Administrative	93	90	92	93	100	98	98	97	100	102	102	99
Survey	-	-	80	-	57	64	-	-	86	-	-	-

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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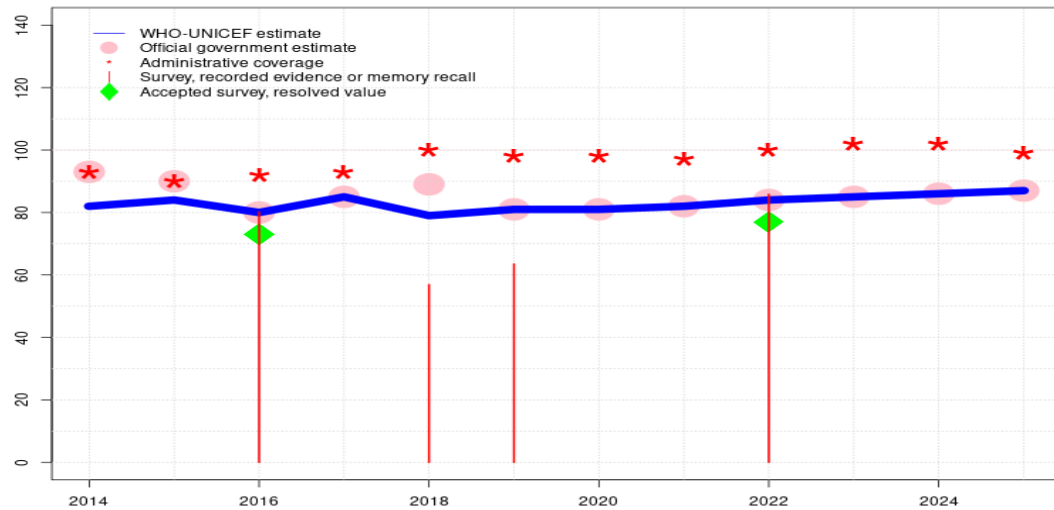
- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported a less than one month vaccine stock-out at the national level Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported a one month vaccine stock-out at the national and subnational levels. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 77 percent based on 1 survey(s). National Routine Vaccination Coverage Survey, Niger, 2023-2024 record or recall results of 86 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 60 percent. Survey results may be somewhat over-estimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 record or recall results of 64 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 81 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 53 percent. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-
- 2018: Estimate informed by estimated DTP3 coverage. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 record or recall results of 57 percent modified for recall bias to 61 percent based on 1st dose record or recall coverage of 72 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 43 percent. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-R-
- 2017: Estimate informed by reported data. Estimate challenged by: D-S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 73 percent based on 1 survey(s). 2017 Niger Vaccination Coverage Survey record or recall results of 80 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 68 percent and 3rd dose record only coverage of 54 percent. Estimate challenged by: D-
- 2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-S-

Niger - HEPB3

2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

Niger - HIB3

NER - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	82	84	80	85	79	81	81	82	84	85	86	87
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	93	90	80	85	89	81	81	82	84	85	86	87
Administrative	93	90	92	93	100	98	98	97	100	102	102	99
Survey	-	-	80	-	57	64	-	-	86	-	-	-

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

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

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

Description:

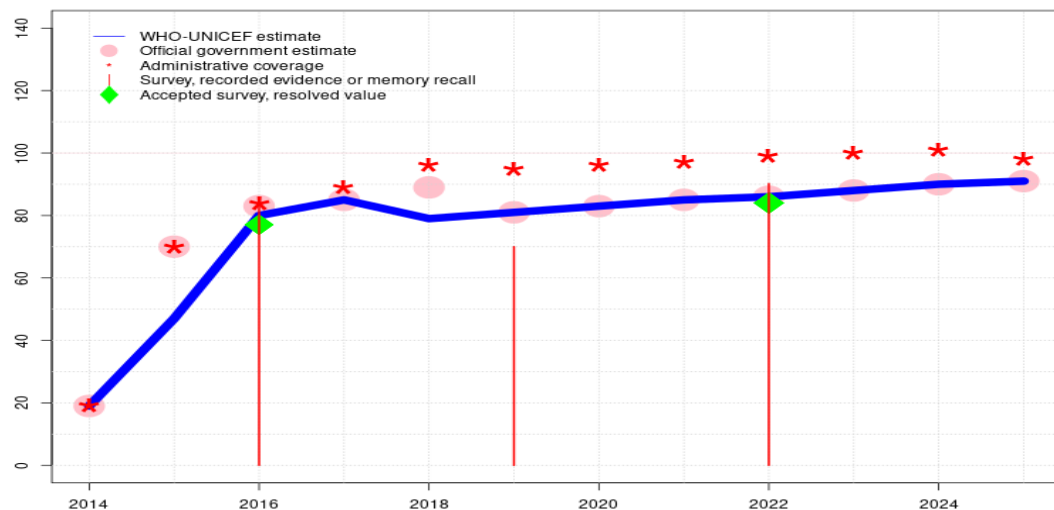
- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported a less than one month vaccine stock-out at the national level Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported a one month vaccine stock-out at the national and subnational levels. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 77 percent based on 1 survey(s). National Routine Vaccination Coverage Survey, Niger, 2023-2024 record or recall results of 86 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 73 percent and 3rd dose record only coverage of 60 percent. Survey results may be somewhat over-estimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 record or recall results of 64 percent modified for recall bias to 66 percent based on 1st dose record or recall coverage of 81 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 53 percent. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-
- 2018: Estimate informed by estimated DTP3 coverage. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 record or recall results of 57 percent modified for recall bias to 61 percent based on 1st dose record or recall coverage of 72 percent, 1st dose record only coverage of 51 percent and 3rd dose record only coverage of 43 percent. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-R-
- 2017: Estimate informed by reported data. Estimate challenged by: D-S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 73 percent based on 1 survey(s). 2017 Niger Vaccination Coverage Survey record or recall results of 80 percent modified for recall bias to 73 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 68 percent and 3rd dose record only coverage of 54 percent. Estimate challenged by: D-
- 2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-S-

Niger - Hib3

2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

Niger - ROTAC

NER - ROTAC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	19	47	80	85	79	81	83	85	86	88	90	91
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	19	70	83	85	89	81	83	85	86	88	90	91
Administrative	19	70	84	89	96	95	96	97	99	100	101	98
Survey	-	-	83	-	-	70	-	-	90	-	-	-

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

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

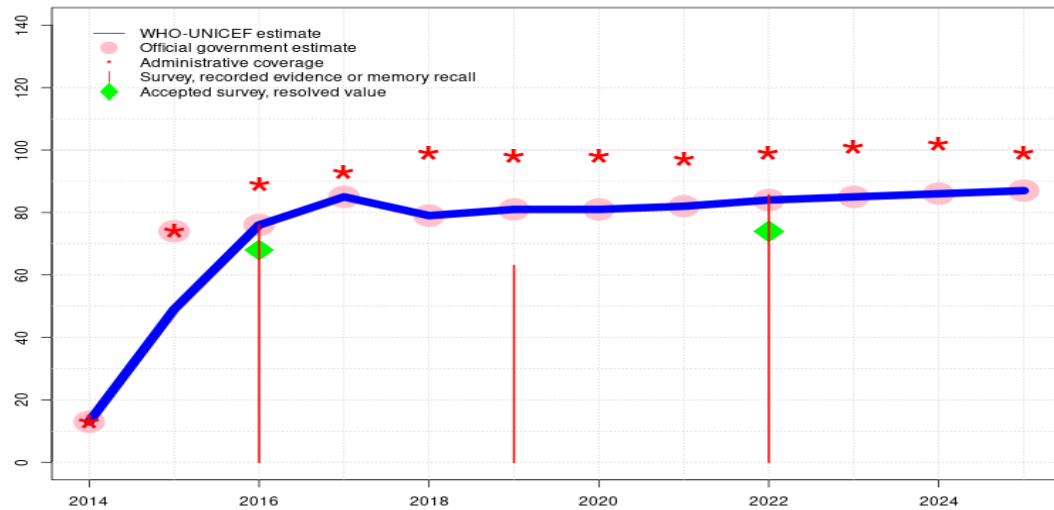
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported 2 months vaccine stock-out at the national and subnational levels. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports a half month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). National Routine Vaccination Coverage Survey, Niger, 2023-2024 record or recall results of 90 percent modified for recall bias to 84 percent based on 1st dose record or recall coverage of 91 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 70 percent. Programme reports a one month vaccine stockout at national and subnational levels. Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate based on official coverage. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-
- 2018: Estimate based on estimated DTP3. This estimate may be an overestimate. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. GoC=Assigned by working group. GoC of 1 consistent with GoC for other estimates.
- 2017: Estimate based on estimated DTP3. This estimate may be an overestimate. Estimate challenged by: D-R-
- 2016: Estimate of 80 percent assigned by working group. Estimate based on estimated DTP3. This estimate may be an overestimate. 2017 Niger Vaccination Coverage Survey record or recall results of 83 percent modified for recall bias to 77 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 64 percent and 3rd dose record only coverage of 55 percent. Estimate challenged by: D-R-
- 2015: Estimate of 47 percent assigned by working group. Increase in coverage due to national roll out. Estimate based on relationship of administered DTP3 doses. Estimate challenged by: D-R-S-
- 2014: Rotavirus vaccine introduced in 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Niger - PCVC

NER - PCVC



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	13	49	76	85	79	81	81	82	84	85	86	87
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	13	74	76	85	79	81	81	82	84	85	86	87
Administrative	13	74	89	93	99	98	98	97	99	101	102	99
Survey	-	-	76	-	-	63	-	-	86	-	-	-

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

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

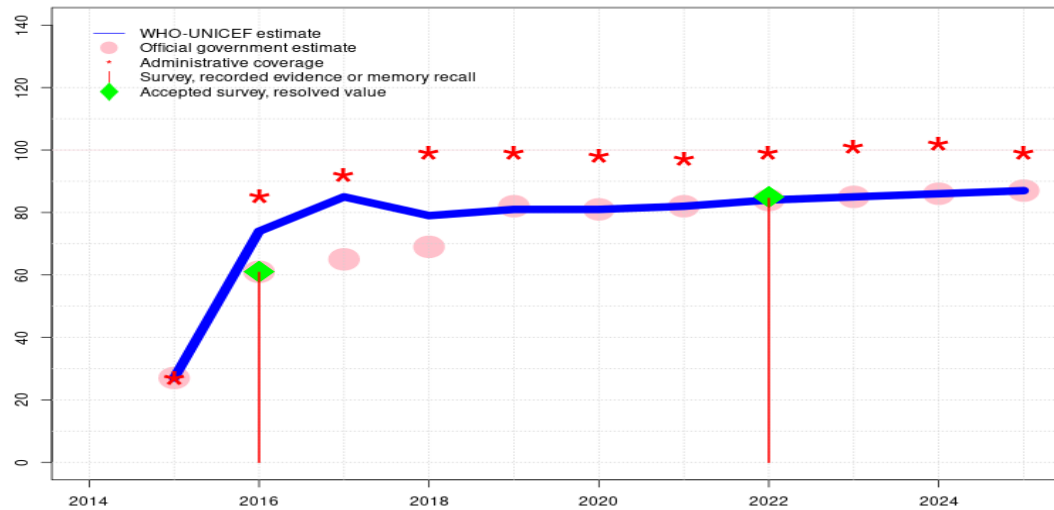
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported a less than one month vaccine stock-out at the national level Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported vaccine stock-out at the subnational level. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-S-
- 2023: Estimate informed by reported data. Estimate challenged by: D-S-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 74 percent based on 1 survey(s). National Routine Vaccination Coverage Survey, Niger, 2023-2024 record or recall results of 86 percent modified for recall bias to 74 percent based on 1st dose record or recall coverage of 94 percent, 1st dose record only coverage of 77 percent and 3rd dose record only coverage of 61 percent. Programme reports a vaccine stockout of less than one month duration at national and subnational levels. Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-S-
- 2017: Estimate informed by reported data. Estimate challenged by: D-S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 68 percent based on 1 survey(s). 2017 Niger Vaccination Coverage Survey record or recall results of 76 percent modified for recall bias to 68 percent based on 1st dose record or recall coverage of 90 percent, 1st dose record only coverage of 65 percent and 3rd dose record only coverage of 49 percent. Estimate challenged by: D-
- 2015: Estimate of 49 percent assigned by working group. Estimate informed by reported coverage adjusted by the difference between estimated and reported DTP3 coverage levels. Estimate challenged by: D-R-S-
- 2014: Pneumococcal conjugate vaccine introduced in 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Niger - IPV1

NER - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	27	74	85	79	81	81	82	84	85	86	87
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	27	61	65	69	82	81	82	84	85	86	87
Administrative	-	27	85	92	99	99	98	97	99	101	102	99
Survey	-	-	61	-	-	-	-	-	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.

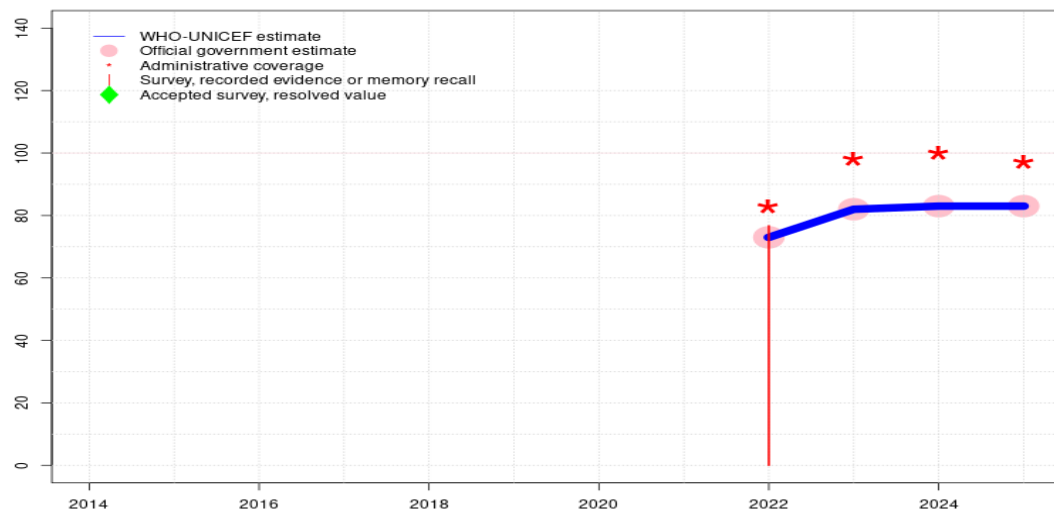
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported a less than one month vaccine stock-out at the national level Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by estimated DTP3 coverage. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-R-
- 2018: Estimate informed by estimated DTP3 coverage. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-R-S-
- 2017: Estimate informed by estimated DTP3 coverage. Programme reports vaccine stockout of less than one month. Estimate challenged by: D-R-S-
- 2016: Estimate based on relative relationship between estimated and reported administrative DTP3 coverage applied to administrative IPV1 coverage. Estimate challenged by: D-R-S-
- 2015: Estimate informed by reported data. Inactivated polio vaccine introduced in 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Niger - IPV

NER - IPV



Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported a less than one month vaccine stock-out at the national level Estimate challenged by: D-
- 2024: Estimate informed by reported data. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. National Routine Vaccination Coverage Survey, Niger, 2023-2024 results ignored by working group. Survey results inconsistent with other antigens and was in the introduction year. National Routine Vaccination Coverage Survey, Niger, 2023-2024 record or recall results of 77 percent modified for recall bias to 55 percent based on 1st dose record or recall coverage of 85 percent, 1st dose record only coverage of 54 percent and 3rd dose record only coverage of 35 percent. Second dose of inactivated polio vaccine introduced in 2022. Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	73	82	83	83
Estimate GoC	-	-	-	-	-	-	-	-	●	●	●	●
Official	-	-	-	-	-	-	-	-	73	82	83	83
Administrative	-	-	-	-	-	-	-	-	83	98	100	97
Survey	-	-	-	-	-	-	-	-	77	-	-	-

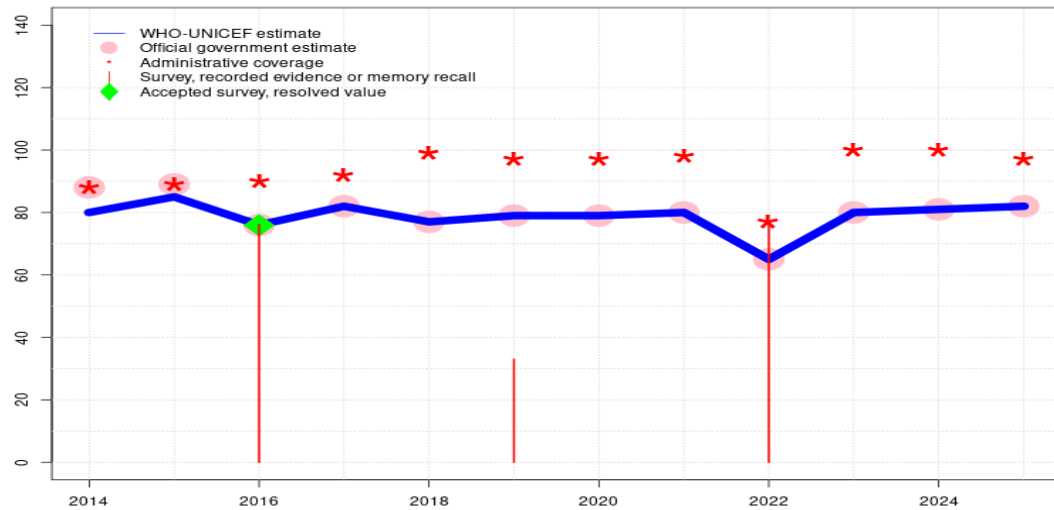
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Niger - MCV1

NER - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	80	85	76	82	77	79	79	80	65	80	81	82
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	88	89	76	82	77	79	79	80	65	80	81	82
Administrative	88	89	90	92	99	97	97	98	77	100	100	97
Survey	-	-	76	-	-	33	-	-	76	-	-	-

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

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

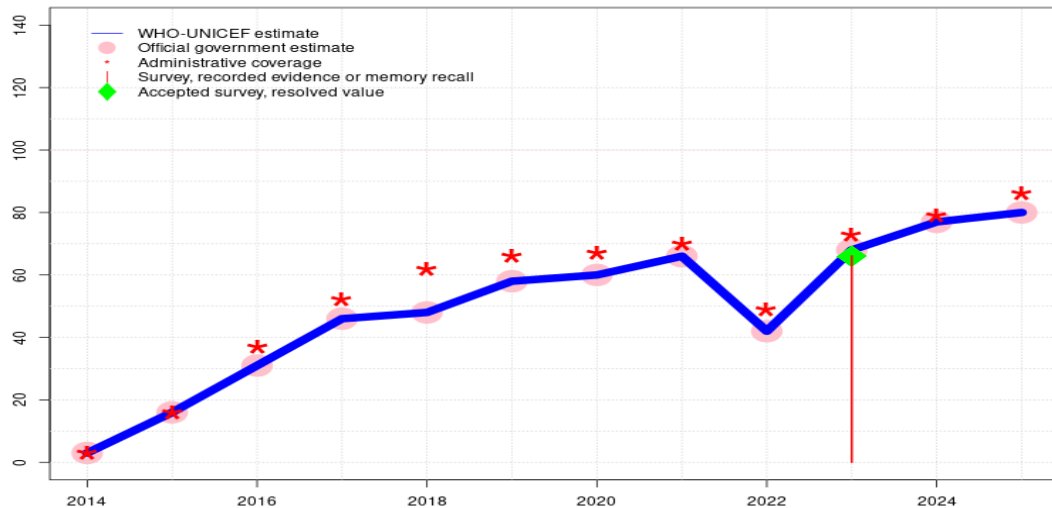
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported a less than one month vaccine stock-out at the national level Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported vaccine stock-out at the subnational level. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2022: Estimate informed by reported data. National Routine Vaccination Coverage Survey, Niger, 2023-2024 results ignored by working group. Survey cohort may not correspond to the period affected by the stock-out. Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Programme reports a six month vaccine stockout at national and subnational levels. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Programme reports a vaccine stockout of less than one month duration at national and subnational levels. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 76 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

Niger - MCV2

NER - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	3	16	31	46	48	58	60	66	42	68	77	80
Estimate GoC	•	•	•	•	•	••	••	•••	•	•••	•	•
Official	3	16	31	46	48	58	60	66	42	68	77	80
Administrative	3	16	37	52	62	66	67	70	49	73	79	86
Survey	-	-	-	-	-	-	-	-	-	66	-	-

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

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

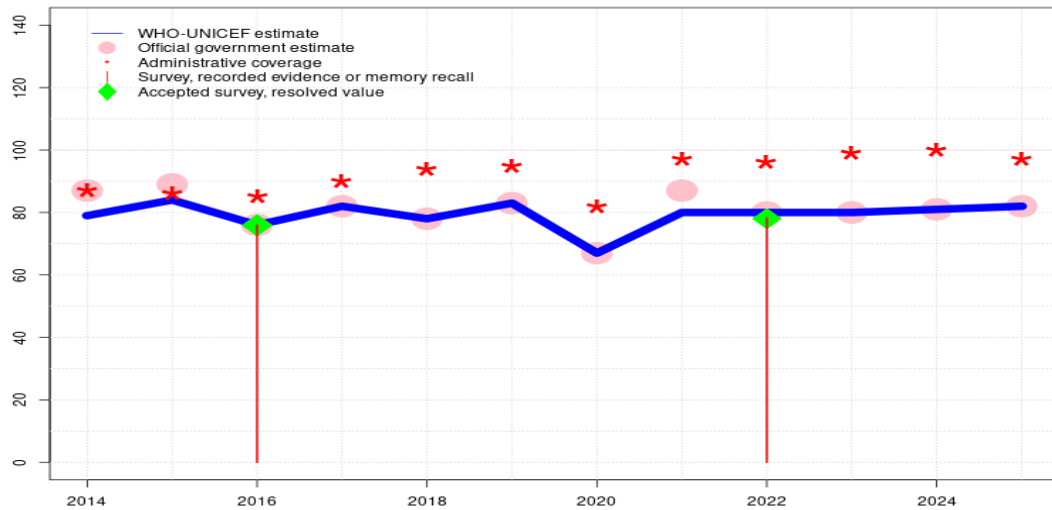
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Programme reported a less than one month vaccine stock-out at the national level Estimate challenged by: S-
- 2024: Estimate informed by reported data. Programme reported vaccine stock-out at the subnational level. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: S-
- 2023: Estimate informed by reported data supported by survey.Survey evidence of 66 percent based on 1 survey(s). Programme reports a one month vaccine stockout at national and subnational levels. GoC=R+ S+ D+
- 2022: Estimate informed by reported data. Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Programme reports a six month vaccine stockout at national and subnational levels. Estimate challenged by: S-
- 2021: Estimate informed by reported data. Programme reports a vaccine stockout of less than one month duration at national and subnational levels. GoC=R+ S+ D+
- 2020: Estimate informed by reported data. GoC=R+ D+
- 2019: Estimate informed by reported data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. GoC=Assigned by working group. GoC of 1 consistent with GoC for other estimates.
- 2017: Estimate informed by reported data. Increase in coverage partially due to continued national roll out. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Increase in coverage partially due to national roll out. GoC=Assigned by working group. GoC of 1 consistent with GoC for other estimates.
- 2015: Estimate exceptionally based on reported data. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.
- 2014: Estimate informed by reported data. Second dose of measles containing vaccine introduced in January 2014 and recommended at 16 months. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Niger - YFV

NER - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	79	84	76	82	78	83	67	80	80	80	81	82
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	87	89	76	82	78	83	67	87	80	80	81	82
Administrative	87	86	85	90	94	95	82	97	96	99	100	97
Survey	-	-	76	-	-	-	-	-	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.

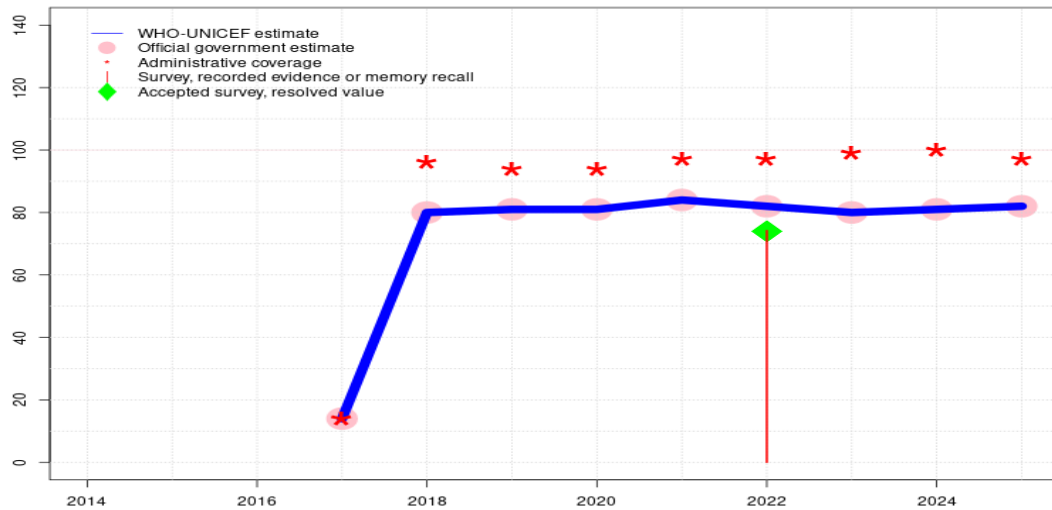
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported vaccine stock-out at the subnational level. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 78 percent based on 1 survey(s). Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by estimated MCV1 coverage. Estimate challenged by: D-R-
- 2020: Estimate informed by reported data. Programme reports vaccine stockout at national and subnational levels of less than a month duration. Estimate challenged by: D-S-
- 2019: Estimate informed by reported data. Programme reports 1.2 month vaccine stockout at national level. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. GoC=Assigned by working group. Consistency with other antigens.
- 2018: Estimate informed by reported data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. GoC=Assigned by working group. Consistency with other antigens.
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 76 percent based on 1 survey(s). Estimate challenged by: D-
- 2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

Niger - MENGA

NER - MENGA



Description:

- 2025: Estimate informed by reported data. Reported target population decline of 6 percent between 2024 and 2025. Estimate challenged by: D-
- 2024: Estimate informed by reported data. Programme reported vaccine stock-out at the subnational level. Estimated coverage may be overestimated. It is based on official estimates supported by survey. However, the latest survey excluded several districts due to insecurity (see comment for 2022). Estimate challenged by: D-
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data supported by survey. Survey evidence of 74 percent based on 1 survey(s). Survey results may be somewhat overestimated given the exclusion of 15 districts (out of 72), representing close to 14 percent of the population, due to insecurity. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimate challenged by: D-
- 2019: Estimate informed by reported data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artefact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Meningitis A vaccine introduced in 2017. GoC=R+D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	14	80	81	81	84	82	80	81	82
Estimate GoC	-	-	-	••	•	•	•	•	•	•	•	•
Official	-	-	-	14	80	81	81	84	82	80	81	82
Administrative	-	-	-	14	96	94	94	97	97	99	100	97
Survey	-	-	-	-	-	-	-	-	74	-	-	-

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.

Niger - 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.

2023 Enquete Nationale de Couverture Vaccinale de Routine au Niger, 2023-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV2	Recall	55.1	12-23 m	8862	63
MCV2	Record	33.8	12-23 m	8862	63
MCV2	Record or Recall	66.1	12-23 m	8862	63

2022 Enquete Nationale de Couverture Vaccinale de Routine au Niger, 2023-2024

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	87.5	12-23 m	8862	63
BCG	Record	59.5	12-23 m	8862	63
BCG	Record or Recall	89.3	12-23 m	8862	63
BCG	Scar	77.3	12-23 m	8862	63
DTP1	Recall	87.9	12-23 m	8862	63
DTP1	Record	72.5	12-23 m	8862	63
DTP1	Record or Recall	94.1	12-23 m	8862	63
DTP3	Recall	76.2	12-23 m	8862	63

DTP3	Record	59.7	12-23 m	8862	63
DTP3	Record or Recall	85.8	12-23 m	8862	63
HEPB1	Recall	87.9	12-23 m	8862	63
HEPB1	Record	72.5	12-23 m	8862	63
HEPB1	Record or Recall	94.1	12-23 m	8862	63
HEPB3	Recall	76.2	12-23 m	8862	63
HEPB3	Record	59.7	12-23 m	8862	63
HEPB3	Record or Recall	85.8	12-23 m	8862	63
HIB1	Recall	87.9	12-23 m	8862	63
HIB1	Record	72.5	12-23 m	8862	63
HIB1	Record or Recall	94.1	12-23 m	8862	63
HIB3	Recall	76.2	12-23 m	8862	63
HIB3	Record	59.7	12-23 m	8862	63
HIB3	Record or Recall	85.8	12-23 m	8862	63
IPV1	Recall	76.2	12-23 m	8862	63
IPV1	Record	54.3	12-23 m	8862	63
IPV1	Record or Recall	84.5	12-23 m	8862	63
IPVC	Recall	69.4	12-23 m	8862	63
IPVC	Record	34.6	12-23 m	8862	63
IPVC	Record or Recall	76.7	12-23 m	8862	63
MCV1	Recall	69.4	12-23 m	8862	63
MCV1	Record	44.5	12-23 m	8862	63
MCV1	Record or Recall	76.2	12-23 m	8862	63
MENGA	Recall	69.4	12-23 m	8862	63
MENGA	Record	36.2	12-23 m	8862	63
MENGA	Record or Recall	74.2	12-23 m	8862	63
PCV1	Recall	87.9	12-23 m	8862	63
PCV1	Record	76.5	12-23 m	8862	63
PCV1	Record or Recall	93.9	12-23 m	8862	63
PCVC	Recall	76.2	12-23 m	8862	63
PCVC	Record	61.2	12-23 m	8862	63
PCVC	Record or Recall	85.6	12-23 m	8862	63
ROTAC	Recall	81.9	12-23 m	8862	63
ROTAC	Record	69.5	12-23 m	8862	63
ROTAC	Record or Recall	90.2	12-23 m	8862	63
YFV	Recall	69.4	12-23 m	8862	63
YFV	Record	45.3	12-23 m	8862	63
YFV	Record or Recall	78.3	12-23 m	8862	63

Niger - Survey Details

2019 Enquête Nationale sur la Fécondité et la Mortalité des Enfants de Moins de Cinq Ans au Niger 2021.

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	16	12-23 m	1719	73
BCG	Record	64.5	12-23 m	1719	73
BCG	Record or Recall	80.5	12-23 m	1719	73
BCG	Record or Recall<12m	79.4	12-23 m	1719	73
DTP1	Recall	15.9	12-23 m	1719	73
DTP1	Record	64.7	12-23 m	1719	73
DTP1	Record or Recall	80.6	12-23 m	1719	73
DTP1	Record or Recall<12m	80.2	12-23 m	1719	73
DTP3	Recall	10.6	12-23 m	1719	73
DTP3	Record	52.9	12-23 m	1719	73
DTP3	Record or Recall	63.5	12-23 m	1719	73
DTP3	Record or Recall<12m	62.5	12-23 m	1719	73
HEPB1	Recall	15.9	12-23 m	1719	73
HEPB1	Record	64.7	12-23 m	1719	73
HEPB1	Record or Recall	80.6	12-23 m	1719	73
HEPB1	Record or Recall<12m	80.2	12-23 m	1719	73
HEPB3	Recall	10.6	12-23 m	1719	73
HEPB3	Record	52.9	12-23 m	1719	73
HEPB3	Record or Recall	63.5	12-23 m	1719	73
HEPB3	Record or Recall<12m	62.5	12-23 m	1719	73
HIB1	Recall	15.9	12-23 m	1719	73
HIB1	Record	64.7	12-23 m	1719	73
HIB1	Record or Recall	80.6	12-23 m	1719	73
HIB1	Record or Recall<12m	80.2	12-23 m	1719	73
HIB3	Recall	10.6	12-23 m	1719	73
HIB3	Record	52.9	12-23 m	1719	73
HIB3	Record or Recall	63.5	12-23 m	1719	73
HIB3	Record or Recall<12m	62.5	12-23 m	1719	73
MCV1	Record or Recall	33	12-23 m	1719	73
PCV1	Record or Recall	83	12-23 m	1719	73
PCVC	Record or Recall	63	12-23 m	1719	73
ROTAC	Record or Recall	70	12-23 m	1719	73

2018 Enquête Nationale sur la Fécondité et la Mortalité des Enfants de Moins de Cinq Ans au Niger 2021.

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	21.2	24-35 m	1673	-
BCG	Record	51	24-35 m	1673	-
BCG	Record or Recall	72.2	24-35 m	1673	-
BCG	Record or Recall<12m	69.1	24-35 m	1673	-
DTP1	Recall	20.8	24-35 m	1673	-
DTP1	Record	51.4	24-35 m	1673	-
DTP1	Record or Recall	72.2	24-35 m	1673	-
DTP1	Record or Recall<12m	70.4	24-35 m	1673	-
DTP3	Recall	14	24-35 m	1673	-
DTP3	Record	42.9	24-35 m	1673	-
DTP3	Record or Recall	56.9	24-35 m	1673	-
DTP3	Record or Recall<12m	52.7	24-35 m	1673	-
HEPB1	Recall	20.8	24-35 m	1673	-
HEPB1	Record	51.4	24-35 m	1673	-
HEPB1	Record or Recall	72.2	24-35 m	1673	-
HEPB1	Record or Recall<12m	70.4	24-35 m	1673	-
HEPB3	Recall	14	24-35 m	1673	-
HEPB3	Record	42.9	24-35 m	1673	-
HEPB3	Record or Recall	56.9	24-35 m	1673	-
HEPB3	Record or Recall<12m	52.7	24-35 m	1673	-
HIB1	Recall	20.8	24-35 m	1673	-
HIB1	Record	51.4	24-35 m	1673	-
HIB1	Record or Recall	72.2	24-35 m	1673	-
HIB1	Record or Recall<12m	70.4	24-35 m	1673	-
HIB3	Recall	14	24-35 m	1673	-
HIB3	Record	42.9	24-35 m	1673	-
HIB3	Record or Recall	56.9	24-35 m	1673	-
HIB3	Record or Recall<12m	52.7	24-35 m	1673	-

2016 Evaluation de la couverture vaccinale de routine, Niger 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	69.7	12-23 m	11849	74
BCG	Record or Recall	91.4	12-23 m	11849	74
DTP1	Record	68	12-23 m	11849	74
DTP1	Record or Recall	92.1	12-23 m	11849	74
DTP3	Record	54.3	12-23 m	11849	74

Niger - Survey Details

DTP3	Record or Recall	80.2	12-23 m	11849	74
HEPB1	Record	68	12-23 m	11849	74
HEPB1	Record or Recall	92.1	12-23 m	11849	74
HEPB3	Record	54.3	12-23 m	11849	74
HEPB3	Record or Recall	80.2	12-23 m	11849	74
HIB1	Record	68	12-23 m	11849	74
HIB1	Record or Recall	92.1	12-23 m	11849	74
HIB3	Record	54.3	12-23 m	11849	74
HIB3	Record or Recall	80.2	12-23 m	11849	74
IPV1	Record	29.1	12-23 m	11849	74
IPV1	Record or Recall	60.8	12-23 m	11849	74
MCV1	Record	51.8	12-23 m	11849	74
MCV1	Record or Recall	76.1	12-23 m	11849	74
PCV1	Record	64.7	12-23 m	11849	74
PCV1	Record or Recall	90.4	12-23 m	11849	74
PCVC	Record	48.5	12-23 m	11849	74
PCVC	Record or Recall	76	12-23 m	11849	74
ROTAC	Record	55.4	12-23 m	11579	74
ROTAC	Record or Recall	83.4	12-23 m	11579	74
YFV	Record	51.7	12-23 m	11579	74
YFV	Record or Recall	76	12-23 m	11579	74

2012 Evaluation couverture vaccinale post campagne rougeole et routine. Niger 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	42.5	12-23 m	-	70
BCG	Record or Recall	85.2	12-23 m	18326	70
DTP1	Record	44.4	12-23 m	-	70
DTP1	Record or Recall	87.3	12-23 m	18326	70
DTP3	Record	36.5	12-23 m	-	70
DTP3	Record or Recall	77.8	12-23 m	18326	70
HEPB1	Record	44.4	12-23 m	-	70
HEPB1	Record or Recall	87.3	12-23 m	18326	70
HEPB3	Record	36.5	12-23 m	-	70
HEPB3	Record or Recall	77.8	12-23 m	18326	70
HIB1	Record	44.4	12-23 m	-	70
HIB1	Record or Recall	87.3	12-23 m	18326	70
HIB3	Record	36.5	12-23 m	-	70

HIB3	Record or Recall	77.8	12-23 m	18326	70
MCV1	Record	34.9	12-23 m	-	70
MCV1	Record or Recall	74.7	12-23 m	18326	70
YFV	Record	34	12-23 m	-	70
YFV	Record or Recall	72.9	12-23 m	18326	70

2011 Enquête Démographique et de Santé et à Indicateurs Multiples du Niger EDSN-MICS-IV 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	23.4	12-23 m	796	65
BCG	Record	60.6	12-23 m	1479	65
BCG	Record or Recall	84	12-23 m	2275	65
BCG	Record or Recall<12m	82.6	12-23 m	2275	65
DTP1	Recall	23.3	12-23 m	796	65
DTP1	Record	62.8	12-23 m	1479	65
DTP1	Record or Recall	86.2	12-23 m	2275	65
DTP1	Record or Recall<12m	84.4	12-23 m	2275	65
DTP3	Recall	13.3	12-23 m	796	65
DTP3	Record	54.8	12-23 m	1479	65
DTP3	Record or Recall	68.1	12-23 m	2275	65
DTP3	Record or Recall<12m	64.8	12-23 m	2275	65
MCV1	Recall	19.1	12-23 m	796	65
MCV1	Record	49.6	12-23 m	1479	65
MCV1	Record or Recall	68.7	12-23 m	2275	65
MCV1	Record or Recall<12m	57.5	12-23 m	2275	65

2010 Enquête Démographique et de Santé et à Indicateurs Multiples du Niger EDSN-MICS-IV 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	78.8	24-35 m	2447	-
DTP1	Record or Recall<12m	79.7	24-35 m	2447	-
DTP3	Record or Recall<12m	59.9	24-35 m	2447	-
MCV1	Record or Recall<12m	52.8	24-35 m	2447	-

Niger - Survey Details

2009 Enquête Démographique et de Santé et à Indicateurs Multiples du Niger EDSN-MICS-IV 2012

DTP1	Record or Recall<12m	77.2	48-59 m	2138	-
DTP3	Record or Recall<12m	58.2	48-59 m	2138	-
MCV1	Record or Recall<12m	53.8	48-59 m	2138	-

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	76.5	36-47 m	2615	-
DTP1	Record or Recall<12m	76.1	36-47 m	2615	-
DTP3	Record or Recall<12m	55.1	36-47 m	2615	-
MCV1	Record or Recall<12m	52.8	36-47 m	2615	-

2009 Enquête Survie des Enfants des enfants de 0 à 59 mois et Mortalité, Niger, 2010, Rapport provisoire du Volet Survie

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	28.7	12-23 m	5609	-
BCG	Record	57.3	12-23 m	5609	-
BCG	Record or Recall	86	12-23 m	5609	-
BCG	Scar	78.7	12-23 m	5609	-
DTP1	Recall	27	12-23 m	5609	-
DTP1	Record	53.6	12-23 m	5609	-
DTP1	Record or Recall	80.6	12-23 m	5609	-
DTP3	Recall	22.3	12-23 m	5609	-
DTP3	Record	47	12-23 m	5609	-
DTP3	Record or Recall	69.3	12-23 m	5609	-
MCV1	Recall	23.6	12-23 m	5609	-
MCV1	Record	45	12-23 m	5609	-
MCV1	Record or Recall	68.6	12-23 m	5609	-
YFV	Recall	23	12-23 m	5609	-
YFV	Record	43.7	12-23 m	5609	-
YFV	Record or Recall	66.7	12-23 m	5609	-

2008 Enquête Démographique et de Santé et à Indicateurs Multiples du Niger EDSN-MICS-IV 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	78.8	48-59 m	2138	-

2008 Enquête Nationale Nutrition et Survie de l'Enfant Niger, mai/juin 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	31.8	12-23 m	4835	49
BCG	Record	48.7	12-23 m	4835	49
BCG	Record or Recall	80.5	12-23 m	4835	49
BCG	Scar	58.8	12-23 m	4835	49
DTP1	Recall	28	12-23 m	4835	49
DTP1	Record	47.7	12-23 m	4835	49
DTP1	Record or Recall	75.7	12-23 m	4835	49
DTP3	Recall	23.2	12-23 m	4835	49
DTP3	Record	41.5	12-23 m	4835	49
DTP3	Record or Recall	64.7	12-23 m	4835	49
MCV1	Recall	26.5	12-23 m	4835	49
MCV1	Record	39	12-23 m	4835	49
MCV1	Record or Recall	65.5	12-23 m	4835	49

2007 Enquête nationale, Nutrition et Survie de l'Enfant, Niger, juin/juillet 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
DTP1	Recall	24.6	12-23 m	885	-
DTP1	Record	43.9	12-23 m	885	-
DTP1	Record or Recall	68.5	12-23 m	885	-
DTP3	Recall	17.6	12-23 m	885	-
DTP3	Record	37.1	12-23 m	885	-
DTP3	Record or Recall	54.7	12-23 m	885	-
MCV1	Recall	28	12-23 m	885	-
MCV1	Record	37.6	12-23 m	885	-
MCV1	Record or Recall	65.6	12-23 m	885	-

2005 L'Enquête Démographique et de Santé et à Indicateurs Multiples de Niger, 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	22.4	12-23 m	1782	43
BCG	Record	41.3	12-23 m	1782	43
BCG	Record or Recall	63.6	12-23 m	1782	43
BCG	Record or Recall<12m	60.6	12-23 m	1782	43
DTP1	Recall	17.4	12-23 m	1782	43
DTP1	Record	40.9	12-23 m	1782	43
DTP1	Record or Recall	58.4	12-23 m	1782	43
DTP1	Record or Recall<12m	56.2	12-23 m	1782	43
DTP3	Recall	6.8	12-23 m	1782	43
DTP3	Record	32.4	12-23 m	1782	43
DTP3	Record or Recall	39.3	12-23 m	1782	43
DTP3	Record or Recall<12m	34.7	12-23 m	1782	43
MCV1	Recall	14.6	12-23 m	1782	43
MCV1	Record	32.4	12-23 m	1782	43
MCV1	Record or Recall	47	12-23 m	1782	43
MCV1	Record or Recall<12m	38.3	12-23 m	1782	43
YFV	Recall	9.8	12-23 m	1782	43
YFV	Record	27.1	12-23 m	1782	43
YFV	Record or Recall	36.9	12-23 m	1782	43
YFV	Record or Recall<12m	29.9	12-23 m	1782	43

2000 Niger, Revue du PEV 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	54	12-23 m	212	56
DTP1	Record	48	12-23 m	212	56
DTP3	Record	31	12-23 m	212	56
MCV1	Record	34	12-23 m	212	56

1999 République du Niger, Enquête à Indicateurs Multiples de la Fin de la
Decennie (MICS2), 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	12.2	12-23 m	915	36
BCG	Record	34.6	12-23 m	915	36

BCG	Record or Recall	46.8	12-23 m	915	36
BCG	Record or Recall<12m	44.4	12-23 m	915	36
DTP1	Recall	10.2	12-23 m	915	36
DTP1	Record	33	12-23 m	915	36
DTP1	Record or Recall	43.2	12-23 m	915	36
DTP1	Record or Recall<12m	41	12-23 m	915	36
DTP3	Recall	3.9	12-23 m	915	36
DTP3	Record	24.2	12-23 m	915	36
DTP3	Record or Recall	28.1	12-23 m	915	36
DTP3	Record or Recall<12m	24.8	12-23 m	915	36
MCV1	Recall	12	12-23 m	915	36
MCV1	Record	23.5	12-23 m	915	36
MCV1	Record or Recall	35.5	12-23 m	915	36
MCV1	Record or Recall<12m	25	12-23 m	915	36

1997 Enquête Démographique et de Santé Niger 1998, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	14.5	12-23 m	1431	35
BCG	Record	32.7	12-23 m	1431	35
BCG	Record or Recall	47.3	12-23 m	1431	35
BCG	Record or Recall<12m	45.7	12-23 m	1431	35
DTP1	Recall	12.4	12-23 m	1431	35
DTP1	Record	32.8	12-23 m	1431	35
DTP1	Record or Recall	45.2	12-23 m	1431	35
DTP1	Record or Recall<12m	43	12-23 m	1431	35
DTP3	Recall	1.7	12-23 m	1431	35
DTP3	Record	23.3	12-23 m	1431	35
DTP3	Record or Recall	25	12-23 m	1431	35
DTP3	Record or Recall<12m	22.2	12-23 m	1431	35
MCV1	Recall	11.2	12-23 m	1431	35
MCV1	Record	23.7	12-23 m	1431	35
MCV1	Record or Recall	34.9	12-23 m	1431	35
MCV1	Record or Recall<12m	26.7	12-23 m	1431	35
YFV	Recall	4.9	12-23 m	1431	35
YFV	Record	3.6	12-23 m	1431	35
YFV	Record or Recall	8.5	12-23 m	1431	35
YFV	Record or Recall<12m	5	12-23 m	1431	35

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