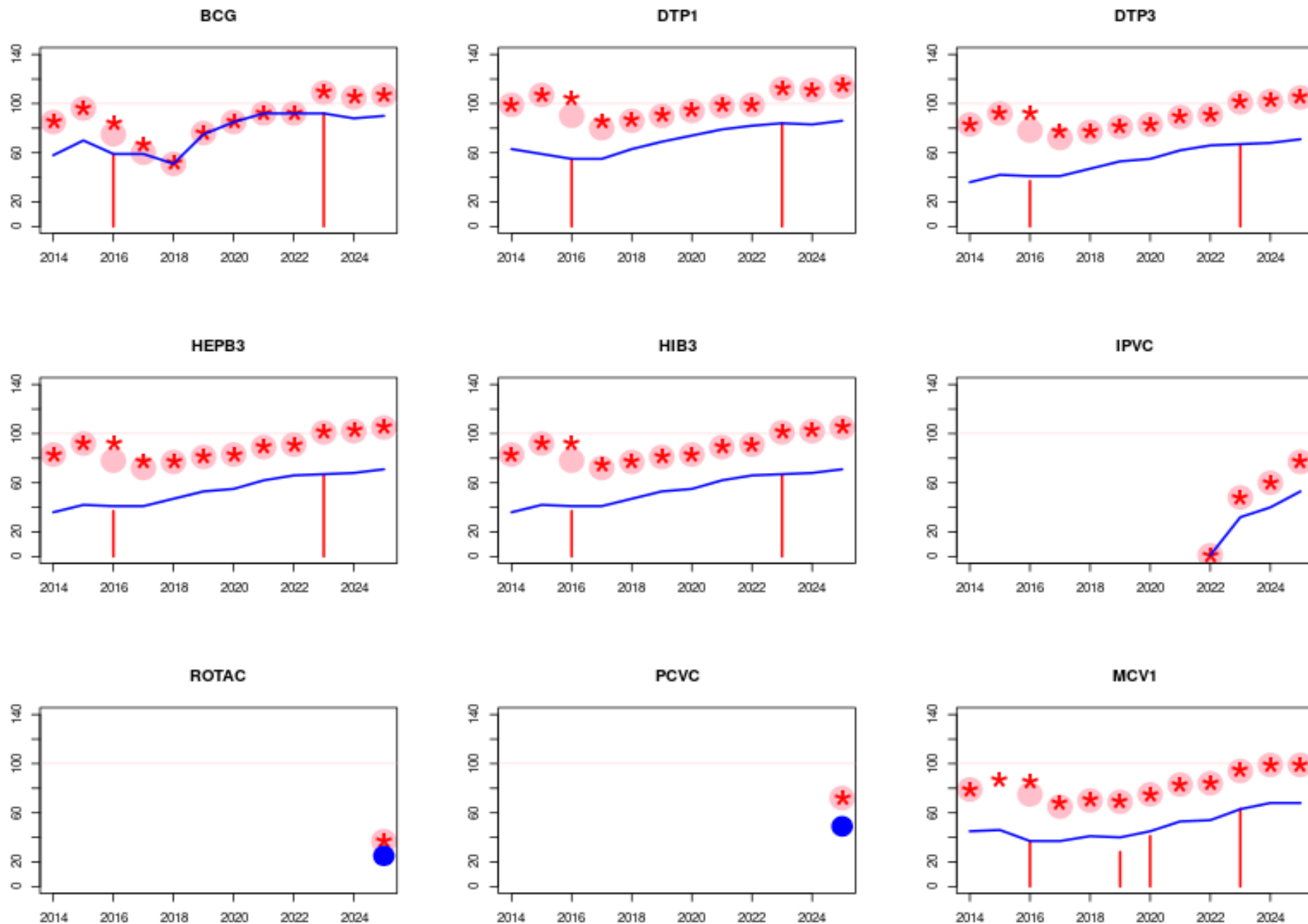




BACKGROUND NOTE Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts,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

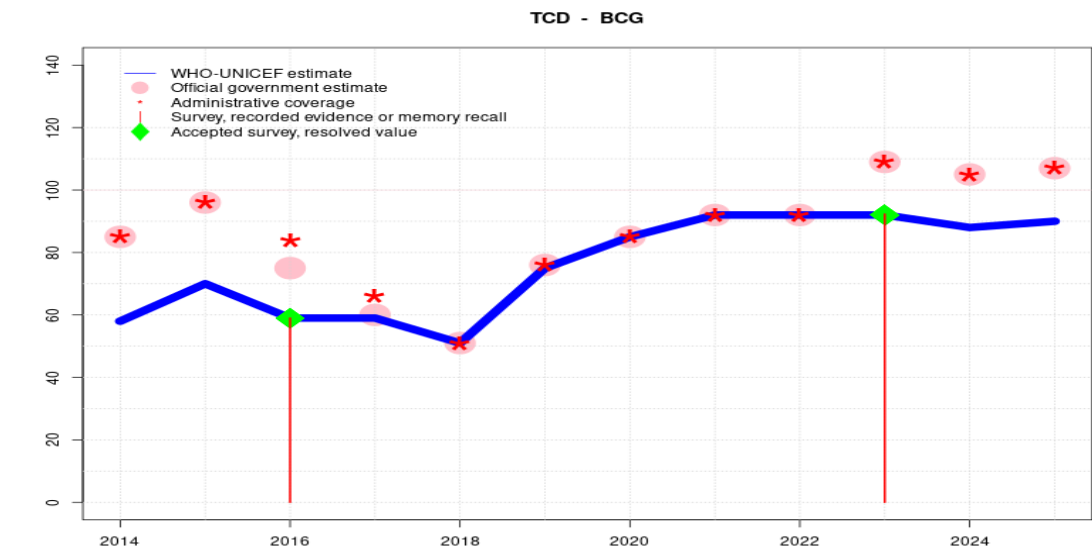
ROTAC: pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

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	58	70	59	59	51	75	85	92	92	92	88	90
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	96	75	60	51	76	85	92	92	109	105	107
Administrative	85	96	84	66	51	76	85	92	92	109	105	107
Survey	-	-	59	-	-	-	-	-	-	92	-	-

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

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

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

Description:

- 2025: Estimated coverage reflects trend in reported data. Reported data excluded because 107 percent greater than 100 percent. Estimate challenged by: D-R-
- 2024: Estimated coverage reflects trend in reported data. Reported data excluded because 105 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate of 88 percent changed from previous revision value of 92 percent. Estimate challenged by: D-R-
- 2023: Estimate based on extrapolation from data reported by national government supported by survey.Survey evidence of 92 percent based on 1 survey(s). Reported data excluded because 109 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Estimate challenged by: R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: R-
- 2017: Estimate of 59 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Programme reports a five months vaccine stockout. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 59 percent based on 1 survey(s). Programme reports two months national vaccine stockout. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Recovery from prior year stockout.

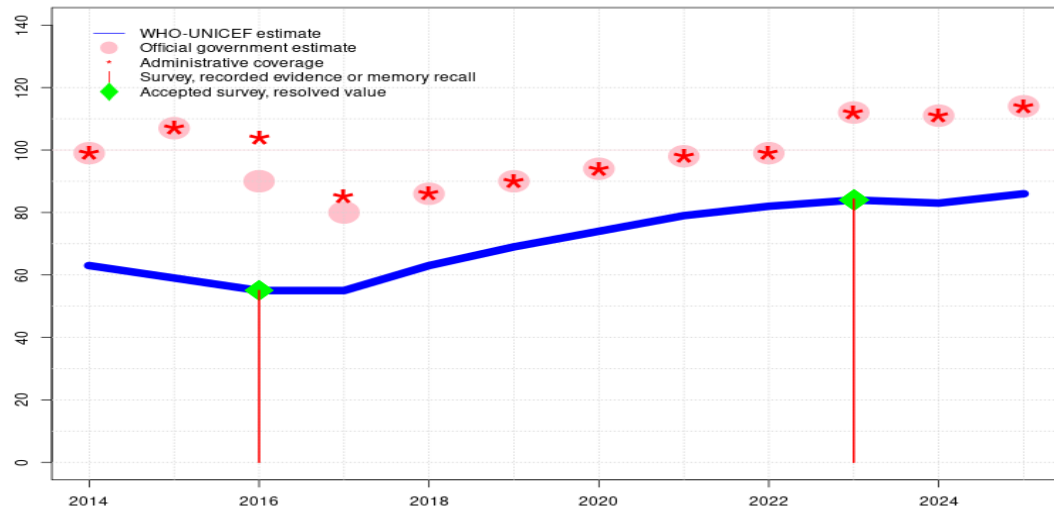
Chad - BCG

Estimate challenged by: R-S-

2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A National programme reports two months stockout at national level. Estimate challenged by: D-R-

Chad - DTP1

TCD - DTP1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	63	59	55	55	63	69	74	79	82	84	83	86
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	99	107	90	80	86	90	94	98	99	112	111	114
Administrative	99	107	104	85	86	90	94	98	99	112	111	114
Survey	-	-	55	-	-	-	-	-	-	84	-	-

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:

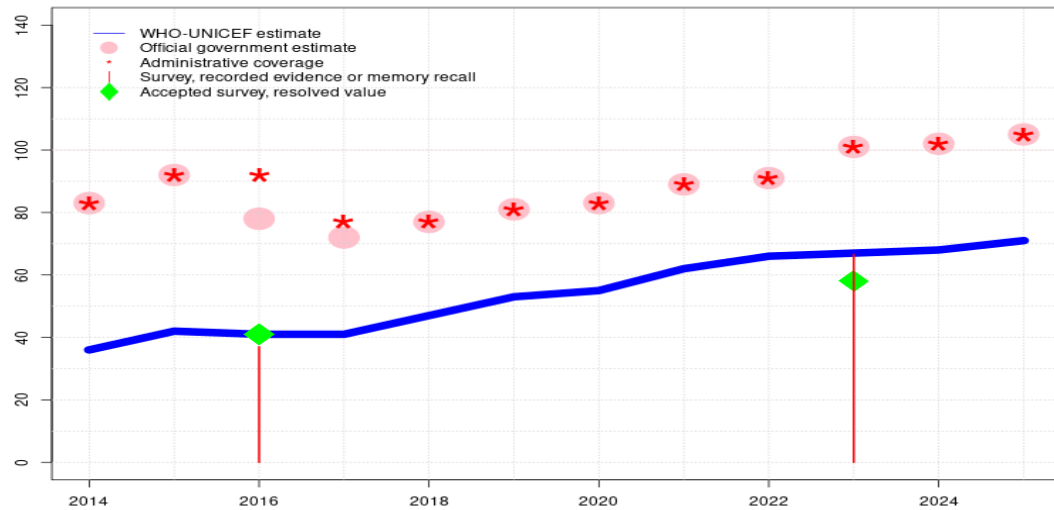
- 2025: Estimated coverage reflects trend in reported data. Reported data excluded because 114 percent greater than 100 percent. Estimate challenged by: D-R-
- 2024: Estimated coverage reflects trend in reported data. Reported data excluded because 111 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate of 83 percent changed from previous revision value of 84 percent. Estimate challenged by: D-R-
- 2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 84 percent based on 1 survey(s). Reported data excluded because 112 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2017: Estimate of 55 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Reported data excluded because 104 percent greater than 100 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-

Chad - DTP1

- 2015: Reported data calibrated to 2013 and 2016 levels. Reported data excluded because 107 percent greater than 100 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-

Chad - DTP3

TCD - DTP3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	36	42	41	41	47	53	55	62	66	67	68	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	83	92	78	72	77	81	83	89	91	101	102	105
Administrative	83	92	92	77	77	81	83	89	91	101	102	105
Survey	-	-	37	-	-	-	-	-	-	67	-	-

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.

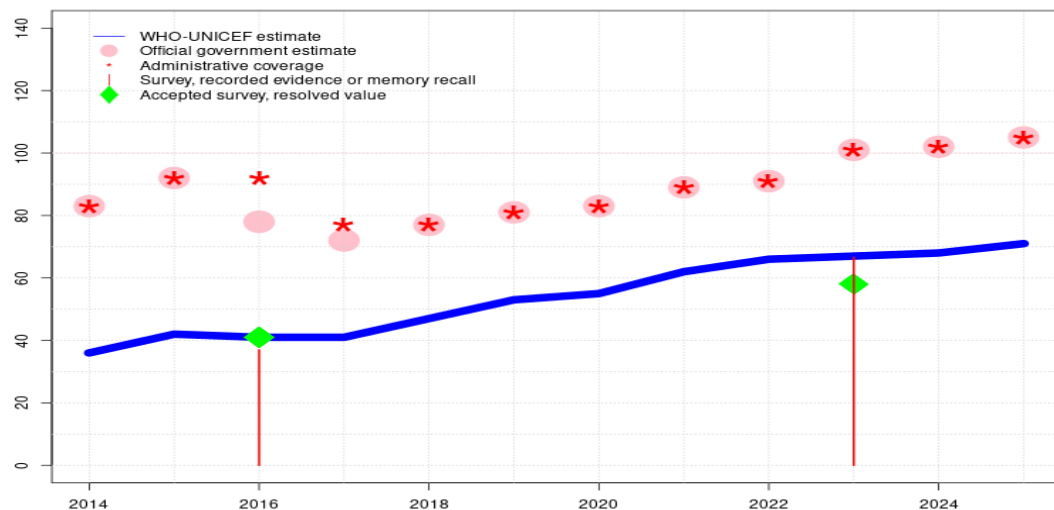
Description:

- 2025: Estimated coverage reflects trend in reported data. Reported data excluded because 105 percent greater than 100 percent. Estimate challenged by: D-R-S-
- 2024: Estimated coverage reflects trend in reported data. Reported data excluded because 102 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Estimate of 67 percent assigned by working group. Estimate is informed by survey coverage, unadjusted for recall bias. Survey results included an estimation of recall bias as this survey included recall from all caregivers first, and then transcribed card data from individuals with home-based records. National Routine Vaccination Coverage Survey 2023-2024, Chad record or recall results of 67 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 22 percent. Reported data excluded because 101 percent greater than 100 percent. Survey results based on field-work conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2017: Estimate of 41 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-

- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 41 percent based on 1 survey(s). Chad Vaccination Coverage Survey 2017 record or recall results of 37 percent modified for recall bias to 41 percent based on 1st dose record or recall coverage of 55 percent, 1st dose record only coverage of 24 percent and 3rd dose record only coverage of 18 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-

Chad - HEPB3

TCD - HEPB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	36	42	41	41	47	53	55	62	66	67	68	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	83	92	78	72	77	81	83	89	91	101	102	105
Administrative	83	92	92	77	77	81	83	89	91	101	102	105
Survey	-	-	37	-	-	-	-	-	-	67	-	-

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.

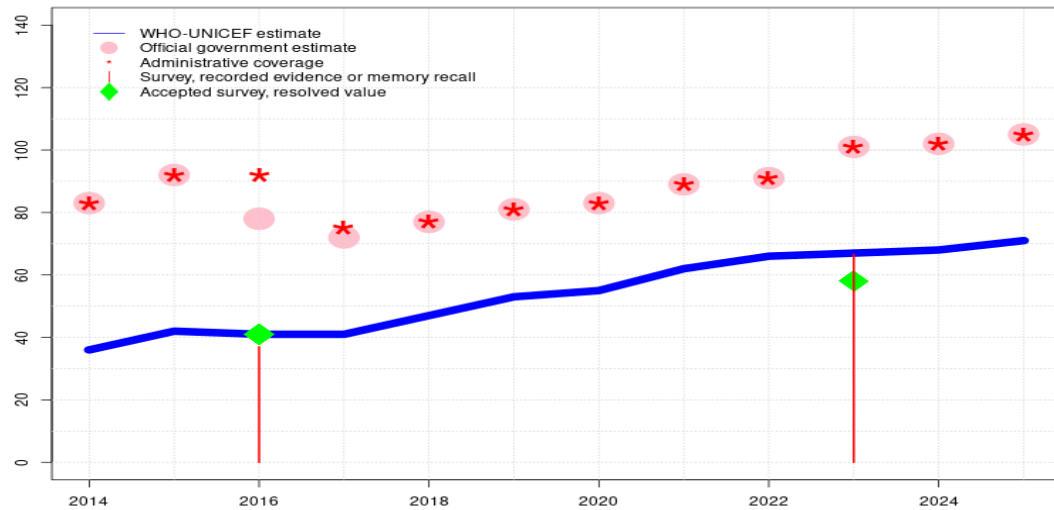
Description:

- 2025: Estimate based on estimated DTP3. Reported data excluded because 105 percent greater than 100 percent. Estimate challenged by: D-R-S-
- 2024: Estimated coverage reflects trend in reported data. Reported data excluded because 102 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Estimate of 67 percent assigned by working group. Estimate is informed by survey coverage, unadjusted for recall bias. Survey results included an estimation of recall bias as this survey included recall from all caregivers first, and then transcribed card data from individuals with home-based records. National Routine Vaccination Coverage Survey 2023-2024, Chad record or recall results of 67 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 22 percent. Reported data excluded because 101 percent greater than 100 percent. Survey results based on field-work conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2017: Estimate of 41 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-

- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 41 percent based on 1 survey(s). Chad Vaccination Coverage Survey 2017 record or recall results of 37 percent modified for recall bias to 41 percent based on 1st dose record or recall coverage of 55 percent, 1st dose record only coverage of 24 percent and 3rd dose record only coverage of 18 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-

Chad - HIB3

TCD - HIB3



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	36	42	41	41	47	53	55	62	66	67	68	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	83	92	78	72	77	81	83	89	91	101	102	105
Administrative	83	92	92	75	77	81	83	89	91	101	102	105
Survey	-	-	37	-	-	-	-	-	-	67	-	-

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:

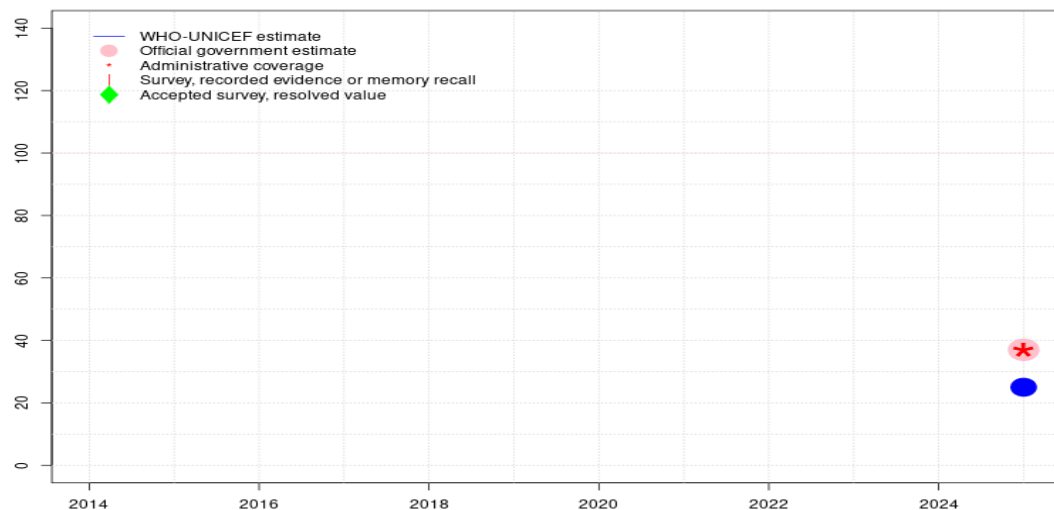
- 2025: Estimate based on estimated DTP3. Reported data excluded because 105 percent greater than 100 percent. Estimate challenged by: D-R-S-
- 2024: Estimated coverage reflects trend in reported data. Reported data excluded because 102 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Estimate of 67 percent assigned by working group. Estimate is informed by survey coverage, unadjusted for recall bias. Survey results included an estimation of recall bias as this survey included recall from all caregivers first, and then transcribed card data from individuals with home-based records. National Routine Vaccination Coverage Survey 2023-2024, Chad record or recall results of 67 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 22 percent. Reported data excluded because 101 percent greater than 100 percent. Survey results based on field-work conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2017: Estimate of 41 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-

Chad - HIB3

- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 41 percent based on 1 survey(s). Chad Vaccination Coverage Survey 2017 record or recall results of 37 percent modified for recall bias to 41 percent based on 1st dose record or recall coverage of 55 percent, 1st dose record only coverage of 24 percent and 3rd dose record only coverage of 18 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-

Chad - ROTAC

TCD - ROTAC



Description:

2025: Estimate is based on the relationship between reported admin coverage for DTP3 and ROTAC applied to the DTP3 estimated coverage. Rotavirus vaccine introduced end of October 2024. Programme reported a 1 month vaccine stock-out at the national and subnational levels. Estimate challenged by: D-R-

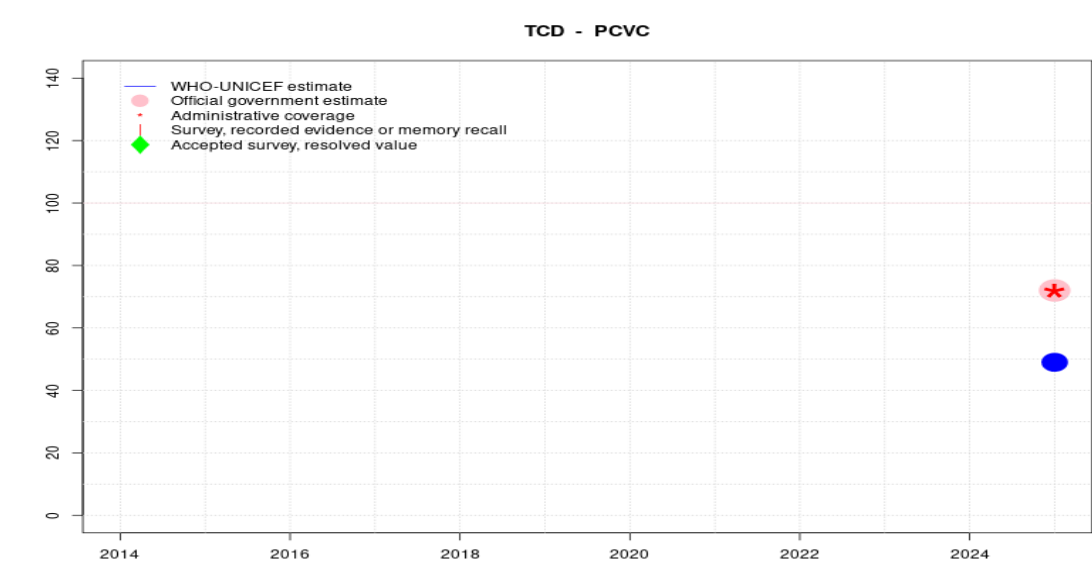
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	25
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	37
Administrative	-	-	-	-	-	-	-	-	-	-	-	37
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

Chad - PCVC



Description:

2025: Estimate is based on the relationship between reported admin coverage for DTP3 and PCVC applied to the DTP3 estimated coverage. Pneumococcal conjugate vaccine introduced end of October 2024. Estimate challenged by: D-R-

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	-	-	-	49
Estimate GoC	-	-	-	-	-	-	-	-	-	-	-	●
Official	-	-	-	-	-	-	-	-	-	-	-	72
Administrative	-	-	-	-	-	-	-	-	-	-	-	72
Survey	-	-	-	-	-	-	-	-	-	-	-	-

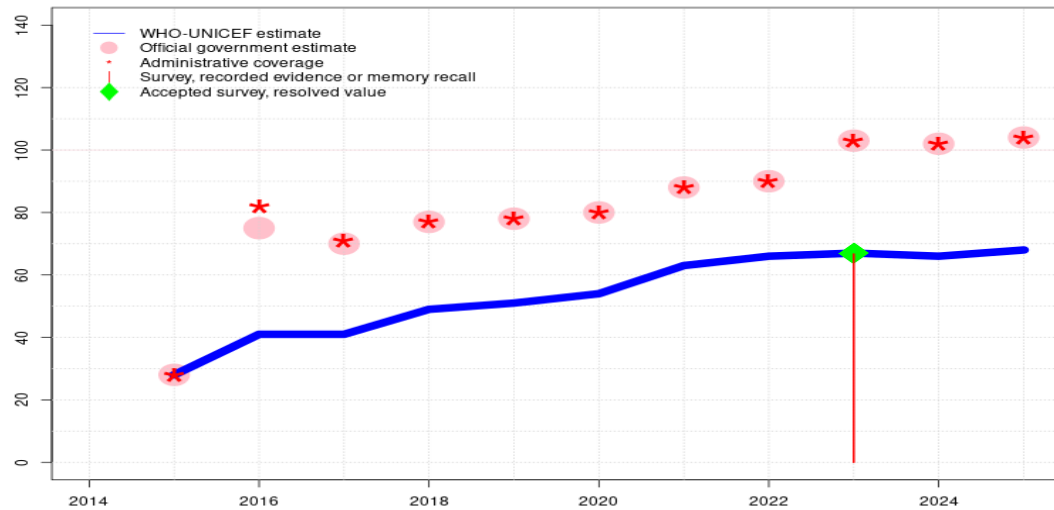
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Chad - IPV1

TCD - IPV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	28	41	41	49	51	54	63	66	67	66	68
Estimate GoC	-	•	•	•	•	•	•	•	•	•	•	•
Official	-	28	75	70	77	78	80	88	90	103	102	104
Administrative	-	28	82	71	77	78	80	88	90	103	102	104
Survey	-	-	-	-	-	-	-	-	-	67	-	-

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:

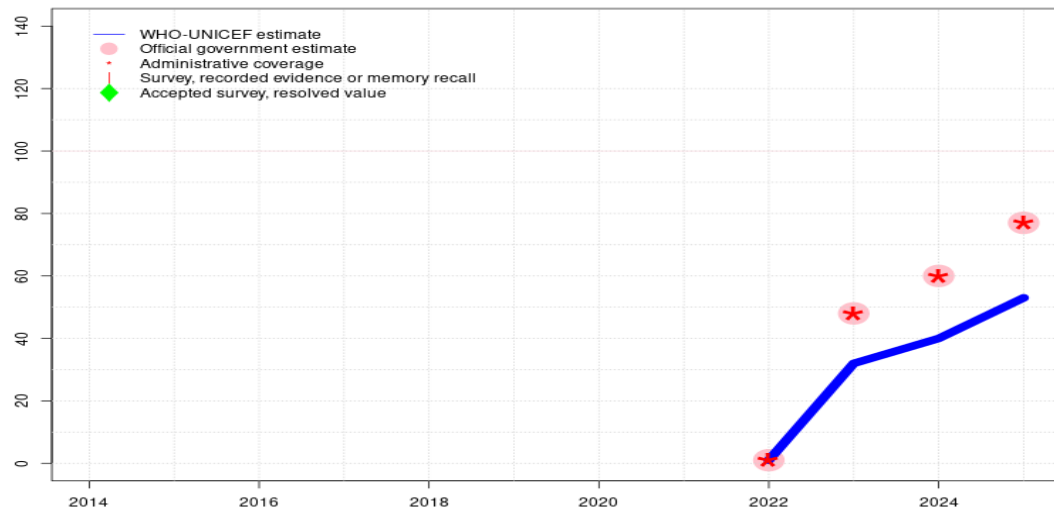
- 2025: Estimated coverage reflects trend in reported data. Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-R-
- 2024: Estimated coverage reflects trend in reported data. Reported data excluded because 102 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate of 66 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-
- 2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Reported data excluded because 103 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2017: Estimate of 41 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-
- 2016: Estimate of 41 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported data excluded due to an increase from 28 percent to 82 percent with decrease to 70 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Inactivated polio vaccine introduced in August 2015. Estimate is exceptionally based on

Chad - IPV1

reported data. GoC=Assigned by working group.

Chad - IPV

TCD - IPV



Description:

- 2025: Estimate is based on the relationship between reported admin coverage for MCV1 and IPV applied to the MCV1 estimated coverage. Estimate challenged by: D-R-
- 2024: Estimate based on the relative difference between number of doses administered and the estimated coverage of MCV1. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Estimate based on the relative difference between number of doses administered and the estimated coverage of MCV1. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Second dose of inactivated polio vaccine introduced in 2021. Reporting started in 2022. GoC=R+ D+

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	1	32	40	53
Estimate GoC	-	-	-	-	-	-	-	-	••	•	•	•
Official	-	-	-	-	-	-	-	-	1	48	60	77
Administrative	-	-	-	-	-	-	-	-	1	48	60	77
Survey	-	-	-	-	-	-	-	-	-	-	-	-

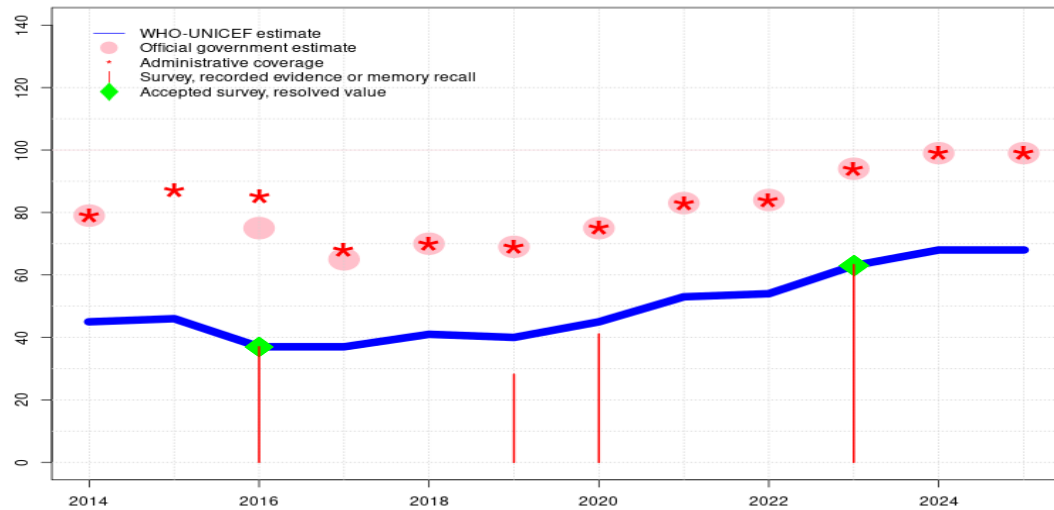
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Chad - MCV1

TCD - MCV1



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	45	46	37	37	41	40	45	53	54	63	68	68
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	79	-	75	65	70	69	75	83	84	94	99	99
Administrative	79	87	85	68	70	69	75	83	84	94	99	99
Survey	-	-	37	-	-	28	41	-	-	63	-	-

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:

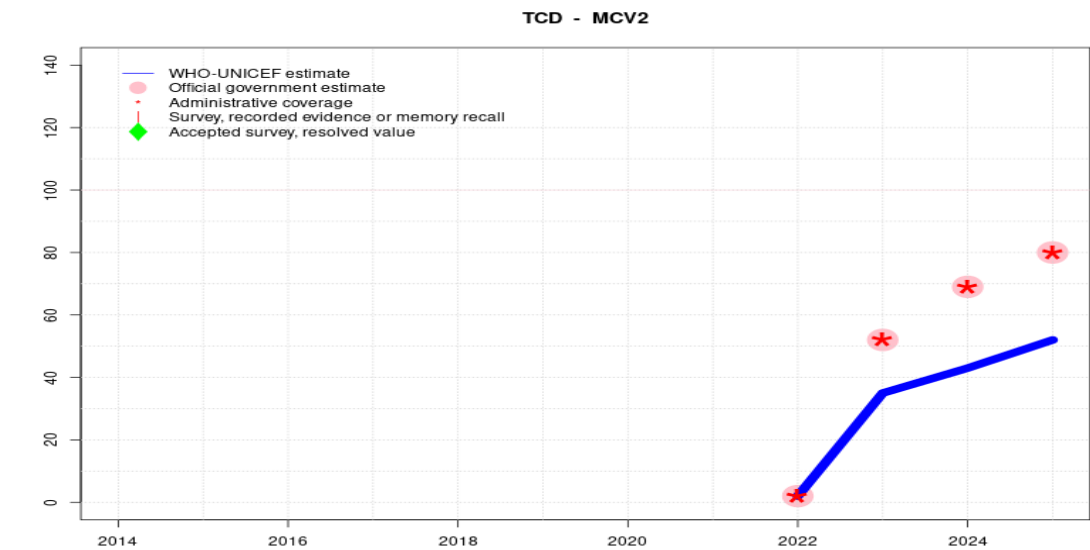
- 2025: Estimated coverage reflects trend in reported data. Estimate challenged by: D-R-
- 2024: Estimated coverage reflects trend in reported data. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate of 68 percent changed from previous revision value of 66 percent. Estimate challenged by: D-R-
- 2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 1 survey(s). Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Evaluation of the Vaccination Campaign Against Measles in Chad 2022 results ignored. Sample size 94 less than 300. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Evaluation of the Vaccination Campaign Against Measles in Chad 2022 results ignored by working group. Post-campaign coverage survey of older children with low levels of documented evidence. Survey results suggest lower coverage. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports national and district level vaccine stockout of 1.1 month duration. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-R-
- 2017: Estimate of 37 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey

evidence of 37 percent based on 1 survey(s). Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-

2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-S-

2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-S-

Chad - MCV2



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	-	-	-	-	2	35	43	52
Estimate GoC	-	-	-	-	-	-	-	-	••	•	•	•
Official	-	-	-	-	-	-	-	-	2	52	69	80
Administrative	-	-	-	-	-	-	-	-	2	52	69	80
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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

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

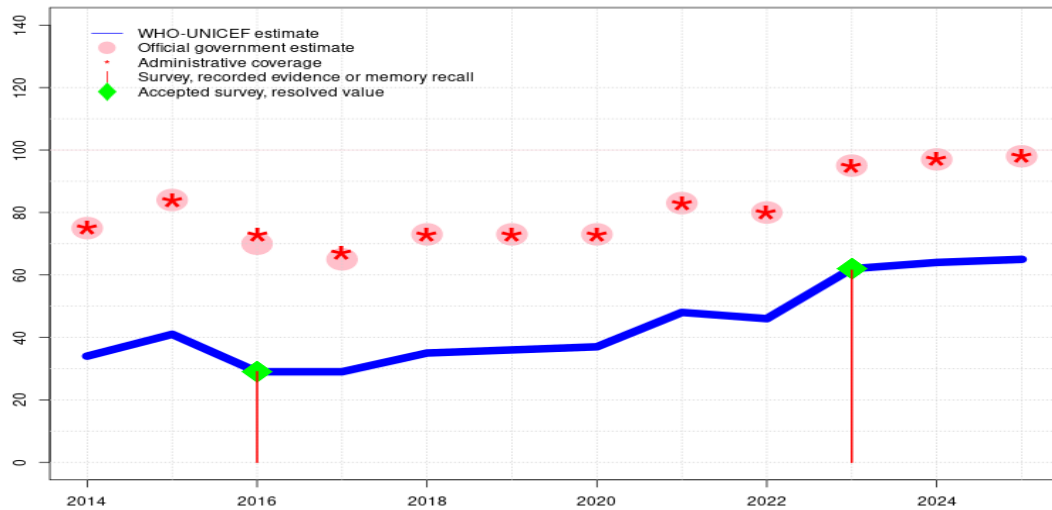
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2025: Estimate based on the relative difference between number of doses administered and the estimated coverage of MCV1. Estimate challenged by: D-R-
- 2024: Estimate based on the relative difference between number of doses administered and the estimated coverage of MCV1. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate of 43 percent changed from previous revision value of 46 percent. Estimate challenged by: D-R-
- 2023: Estimate based on the relative difference between number of doses administered and the estimated coverage of MCV1. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a two months vaccine stockout at national and subnational levels. Second dose of measles containing vaccine introduced in October 2021. Reporting started in 2022. GoC=R+ D+

Chad - YFV

TCD - YFV



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	34	41	29	29	35	36	37	48	46	62	64	65
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	75	84	70	65	73	73	73	83	80	95	97	98
Administrative	75	84	73	67	73	73	73	83	80	95	97	98
Survey	-	-	29	-	-	-	-	-	-	62	-	-

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.

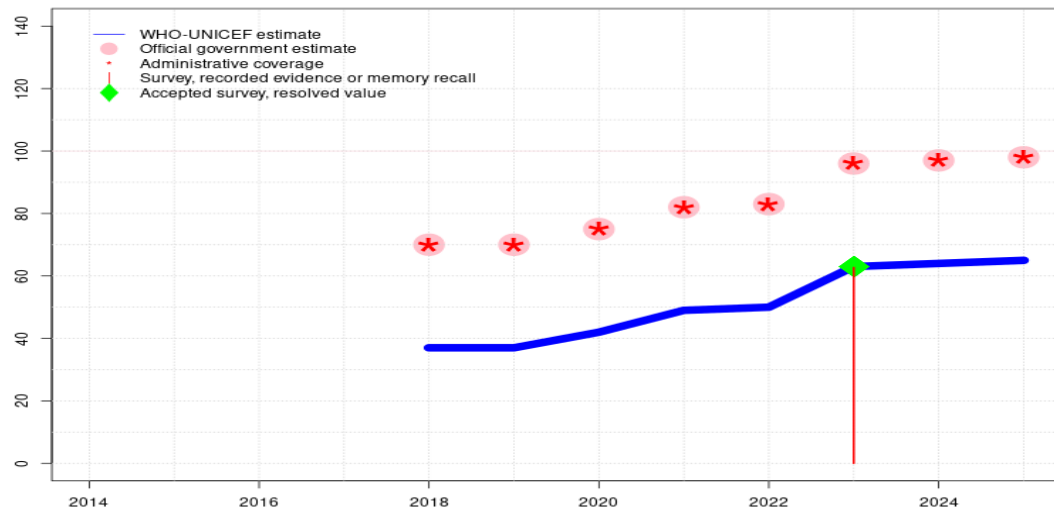
Description:

- 2025: Reported data calibrated to 2023 levels. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2023 levels. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2018 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-S-
- 2021: Reported data calibrated to 2018 and 2023 levels. Programme reports one-half month vaccine stockout at national level. Estimate challenged by: D-R-S-
- 2020: Reported data calibrated to 2018 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports national and district level vaccine stockout of less than one month duration. Estimate challenged by: D-R-
- 2018: Estimate of 35 percent assigned by working group. Estimates informed by trends seen in reported data between 2017 and 2018. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-R-
- 2017: Estimate of 29 percent assigned by working group. Estimate is informed by survey result. Reported data excluded. Estimate informed by prior year estimate consistent with other vaccines. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 29 percent based on 1 survey(s). Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-S-

2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A National programme reports two months stockout at national level. Estimate challenged by: D-R-

Chad - MENGA

TCD - MENGA



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Estimate	-	-	-	-	37	37	42	49	50	63	64	65
Estimate GoC	-	-	-	-	•	•	•	•	•	•	•	•
Official	-	-	-	-	70	70	75	82	83	96	97	98
Administrative	-	-	-	-	70	70	75	82	83	96	97	98
Survey	-	-	-	-	-	-	-	-	-	63	-	-

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: Reported data calibrated to 2023 levels. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2023 levels. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 1 survey(s). Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-S-
- 2021: Reported data calibrated to 2023 levels. Estimate challenged by: D-R-S-
- 2020: Reported data calibrated to 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2023 levels. Meningitis A vaccine introduced in 2017. Reporting started in 2018. Estimate challenged by: D-R-

Chad - 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 Enquête Nationale Couverture Vaccinale de routine 2023-2024, Tchad

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	60.3	12-23 m	7109	37
BCG	Record	32	12-23 m	7109	37
BCG	Record or Recall	92.3	12-23 m	7109	37
BCG	Scar	85.4	12-23 m	7109	37
DTP1	Recall	52.6	12-23 m	7109	37
DTP1	Record	31.7	12-23 m	7109	37
DTP1	Record or Recall	84.3	12-23 m	7109	37
DTP3	Recall	44.2	12-23 m	7109	37
DTP3	Record	22.4	12-23 m	7109	37
DTP3	Record or Recall	66.6	12-23 m	7109	37
HEPB1	Recall	52.6	12-23 m	7109	37
HEPB1	Record	31.7	12-23 m	7109	37
HEPB1	Record or Recall	84.3	12-23 m	7109	37
HEPB3	Recall	44.2	12-23 m	7109	37
HEPB3	Record	22.4	12-23 m	7109	37
HEPB3	Record or Recall	66.6	12-23 m	7109	37
HIB1	Recall	52.6	12-23 m	7109	37
HIB1	Record	31.7	12-23 m	7109	37
HIB1	Record or Recall	84.3	12-23 m	7109	37

HIB3	Recall	44.2	12-23 m	7109	37
HIB3	Record	22.4	12-23 m	7109	37
HIB3	Record or Recall	66.6	12-23 m	7109	37
IPV1	Recall	46.8	12-23 m	7109	37
IPV1	Record	19.9	12-23 m	7109	37
IPV1	Record or Recall	66.7	12-23 m	7109	37
MCV1	Recall	3.3	12-23 m	7109	37
MCV1	Record	60	12-23 m	7109	37
MCV1	Record or Recall	63.3	12-23 m	7109	37
MENGA	Recall	45.9	12-23 m	7109	37
MENGA	Record	16.8	12-23 m	7109	37
MENGA	Record or Recall	62.7	12-23 m	7109	37
YFV	Recall	45	12-23 m	7109	37
YFV	Record	16.5	12-23 m	7109	37
YFV	Record or Recall	61.5	12-23 m	7109	37

2020 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	38.6	12-23 m	94	11
MCV1	Record	2.5	12-23 m	94	11
MCV1	Record or Recall	41.1	12-23 m	94	11

2019 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	23.6	24-35 m	3111	-
MCV1	Record	1.9	24-35 m	3111	-
MCV1	Record or Recall	28.2	24-35 m	3111	-

2018 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Chad - Survey Details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	24	36-47 m	3995	-
MCV1	Record	2.5	36-47 m	3995	-
MCV1	Record or Recall	26.5	36-47 m	3995	-
2017 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022					

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	20	48-59 m	2744	-
MCV1	Record	1.9	48-59 m	2744	-
MCV1	Record or Recall	21.9	48-59 m	2744	-
2016 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022					

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	15.7	60-71 m	1399	-
MCV1	Record	1.7	60-71 m	1399	-
MCV1	Record or Recall	17.4	60-71 m	1399	-

2016 L'Enquête de Couverture Vaccinale, Tchad, 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	23	12-23 m	10083	28
BCG	Record or Recall	59	12-23 m	10083	28
DTP1	Record	24	12-23 m	10083	28
DTP1	Record or Recall	55	12-23 m	10083	28
DTP3	Record	18	12-23 m	10083	28
DTP3	Record or Recall	37	12-23 m	10083	28
HEPB1	Record	24	12-23 m	10083	28
HEPB1	Record or Recall	55	12-23 m	10083	28
HEPB3	Record	18	12-23 m	10083	28
HEPB3	Record or Recall	37	12-23 m	10083	28

HIB1	Record	24	12-23 m	10083	28
HIB1	Record or Recall	55	12-23 m	10083	28
HIB3	Record	18	12-23 m	10083	28
HIB3	Record or Recall	37	12-23 m	10083	28
MCV1	Record	15	12-23 m	10083	28
MCV1	Record or Recall	37	12-23 m	10083	28
YFV	Record	13	12-23 m	10083	28
YFV	Record or Recall	29	12-23 m	10083	28

2015 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	14.1	72-76 m	257	-
MCV1	Record	0.8	72-76 m	257	-
MCV1	Record or Recall	14.9	72-76 m	257	-

2013 Enquete demographique et de sante et a indicateurs multiples au Tchad 2014-15

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	29.3	12-23 m	954	32
BCG	Record or Recall	59.6	12-23 m	2953	32
BCG	Record or Recall<12m	55.2	12-23 m	2953	32
DTP1	Record	30.5	12-23 m	954	32
DTP1	Record or Recall	58.3	12-23 m	2953	32
DTP1	Record or Recall<12m	53.4	12-23 m	2953	32
DTP3	Record	20.5	12-23 m	954	32
DTP3	Record or Recall	33.2	12-23 m	2953	32
DTP3	Record or Recall<12m	28.4	12-23 m	2953	32
HEPB1	Record	30.5	12-23 m	954	32
HEPB1	Record or Recall	58.3	12-23 m	2953	32
HEPB1	Record or Recall<12m	53.4	12-23 m	2953	32
HEPB3	Record	20.5	12-23 m	954	32
HEPB3	Record or Recall	33.2	12-23 m	2953	32
HEPB3	Record or Recall<12m	28.4	12-23 m	2953	32
HIB1	Record	30.5	12-23 m	954	32

Chad - Survey Details

HIB1	Record or Recall	58.3	12-23 m	2953	32
HIB1	Record or Recall<12m	53.4	12-23 m	2953	32
HIB3	Record	20.5	12-23 m	954	32
HIB3	Record or Recall	33.2	12-23 m	2953	32
HIB3	Record or Recall<12m	28.4	12-23 m	2953	32
MCV1	Record	24.7	12-23 m	954	32
MCV1	Record or Recall	56.9	12-23 m	2953	32
MCV1	Record or Recall<12m	39.8	12-23 m	2953	32
YFV	Record	19.4	12-23 m	954	32
YFV	Record or Recall	43.5	12-23 m	2953	32
YFV	Record or Recall<12m	31.9	12-23 m	2953	32

2012 Enquete demographique et de sante et a indicateurs multiples au Tchad 2014-15

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	50.6	24-35 m	3232	-
DTP1	Record or Recall<12m	43.8	24-35 m	3232	-
DTP3	Record or Recall<12m	25	24-35 m	3232	-
HEPB1	Record or Recall<12m	43.8	24-35 m	3232	-
HEPB3	Record or Recall<12m	25	24-35 m	3232	-
HIB1	Record or Recall<12m	43.8	24-35 m	3232	-
HIB3	Record or Recall<12m	25	24-35 m	3232	-
MCV1	Record or Recall<12m	30.8	24-35 m	3232	-

2011 L'Enquête de Couverture Vaccinale, Tchad, 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	57	12-23 m	-	41
BCG	Record or Recall	68	12-23 m	7343	41
BCG	Record or Recall<12m	27	12-23 m	7343	41
DTP1	Record	15	12-23 m	-	41
DTP1	Record or Recall	55	12-23 m	7343	41
DTP1	Record or Recall<12m	32	12-23 m	7343	41
DTP3	Record	9	12-23 m	-	41
DTP3	Record or Recall	42	12-23 m	7343	41
DTP3	Record or Recall<12m	14	12-23 m	7343	41

HEPB1	Record	15	12-23 m	-	41
HEPB1	Record or Recall	55	12-23 m	7343	41
HEPB1	Record or Recall<12m	32	12-23 m	7343	41
HEPB3	Record	9	12-23 m	-	41
HEPB3	Record or Recall	42	12-23 m	7343	41
HEPB3	Record or Recall<12m	14	12-23 m	7343	41
HIB1	Record	15	12-23 m	-	41
HIB1	Record or Recall	55	12-23 m	7343	41
HIB1	Record or Recall<12m	32	12-23 m	7343	41
HIB3	Record	9	12-23 m	-	41
HIB3	Record or Recall	42	12-23 m	7343	41
HIB3	Record or Recall<12m	14	12-23 m	7343	41
MCV1	Record	13	12-23 m	-	41
MCV1	Record or Recall	54	12-23 m	7343	41
MCV1	Record or Recall<12m	18	12-23 m	7343	41
YFV	Record	9	12-23 m	-	41
YFV	Record or Recall	45	12-23 m	7343	41
YFV	Record or Recall<12m	24	12-23 m	7343	41

2009 Enquête par grappes à indicateurs multiples MICS Tchad 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.3	12-23 m	-	21
BCG	Record	16.2	12-23 m	-	21
BCG	Record or Recall	46.5	12-23 m	2932	21
BCG	Record or Recall<12m	43.8	12-23 m	-	21
DTP1	Recall	26.3	12-23 m	-	21
DTP1	Record	19.1	12-23 m	-	21
DTP1	Record or Recall	45.4	12-23 m	2932	21
DTP1	Record or Recall<12m	42	12-23 m	-	21
DTP3	Recall	9.2	12-23 m	-	21
DTP3	Record	10.5	12-23 m	-	21
DTP3	Record or Recall	19.7	12-23 m	2932	21
DTP3	Record or Recall<12m	15.5	12-23 m	-	21
HEPB1	Recall	15.8	12-23 m	-	21
HEPB1	Record	19.4	12-23 m	-	21
HEPB1	Record or Recall	35.2	12-23 m	2932	21
HEPB1	Record or Recall<12m	32.5	12-23 m	-	21
HEPB3	Recall	3.4	12-23 m	-	21

HEPB3	Record	10.6	12-23 m	-	21
HEPB3	Record or Recall	14.1	12-23 m	2932	21
HEPB3	Record or Recall<12m	11.1	12-23 m	-	21
MCV1	Recall	23.5	12-23 m	-	21
MCV1	Record	12.5	12-23 m	-	21
MCV1	Record or Recall	36	12-23 m	2932	21
MCV1	Record or Recall<12m	30.1	12-23 m	-	21
YFV	Recall	21.9	12-23 m	-	21
YFV	Record	10.1	12-23 m	-	21
YFV	Record or Recall	32	12-23 m	2932	21
YFV	Record or Recall<12m	25.5	12-23 m	-	21

2003 L'Enquête Démographique et de Santé au Tchad, 2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.9	12-23 m	941	25
BCG	Record	20.3	12-23 m	941	25
BCG	Record or Recall	40.2	12-23 m	941	25
BCG	Record or Recall<12m	36.5	12-23 m	941	25
DTP1	Recall	21	12-23 m	941	25
DTP1	Record	23.6	12-23 m	941	25
DTP1	Record or Recall	44.6	12-23 m	941	25
DTP1	Record or Recall<12m	41.5	12-23 m	941	25
DTP3	Recall	8.5	12-23 m	941	25
DTP3	Record	11.6	12-23 m	941	25
DTP3	Record or Recall	20.1	12-23 m	941	25
DTP3	Record or Recall<12m	15.9	12-23 m	941	25
MCV1	Recall	9.2	12-23 m	941	25
MCV1	Record	13.6	12-23 m	941	25
MCV1	Record or Recall	22.8	12-23 m	941	25
MCV1	Record or Recall<12m	14.8	12-23 m	941	25
YFV	Recall	6.7	12-23 m	941	25
YFV	Record	13.5	12-23 m	941	25
YFV	Record or Recall	20.2	12-23 m	941	25
YFV	Record or Recall<12m	14.1	12-23 m	941	25

2001 République du Tchad, Revue du Programme Elargi de Vaccination, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	51.5	12-23 m	3159	39
DTP1	Record or Recall	44	12-23 m	3159	39
DTP3	Record or Recall	25.5	12-23 m	3159	39
MCV1	Record or Recall	26	12-23 m	3159	39

1999 République du Tchad, Enquête de grappes à indicateurs multiples, Rapport complet, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	35.6	12-23 m	873	23
BCG	Record	9.8	12-23 m	873	23
BCG	Record or Recall	45.4	12-23 m	873	23
BCG	Record or Recall<12m	42	12-23 m	873	23
DTP1	Recall	35.3	12-23 m	873	23
DTP1	Record	9.8	12-23 m	873	23
DTP1	Record or Recall	45.1	12-23 m	873	23
DTP1	Record or Recall<12m	42.8	12-23 m	873	23
DTP3	Recall	10.2	12-23 m	873	23
DTP3	Record	10.5	12-23 m	873	23
DTP3	Record or Recall	20.7	12-23 m	873	23
DTP3	Record or Recall<12m	17.3	12-23 m	873	23
MCV1	Recall	24	12-23 m	873	23
MCV1	Record	5.7	12-23 m	873	23
MCV1	Record or Recall	29.7	12-23 m	873	23
MCV1	Record or Recall<12m	24.5	12-23 m	873	23
YFV	Recall	24	12-23 m	873	23
YFV	Record	6.9	12-23 m	873	23
YFV	Record or Recall	30.9	12-23 m	873	23
YFV	Record or Recall<12m	27.3	12-23 m	873	23

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