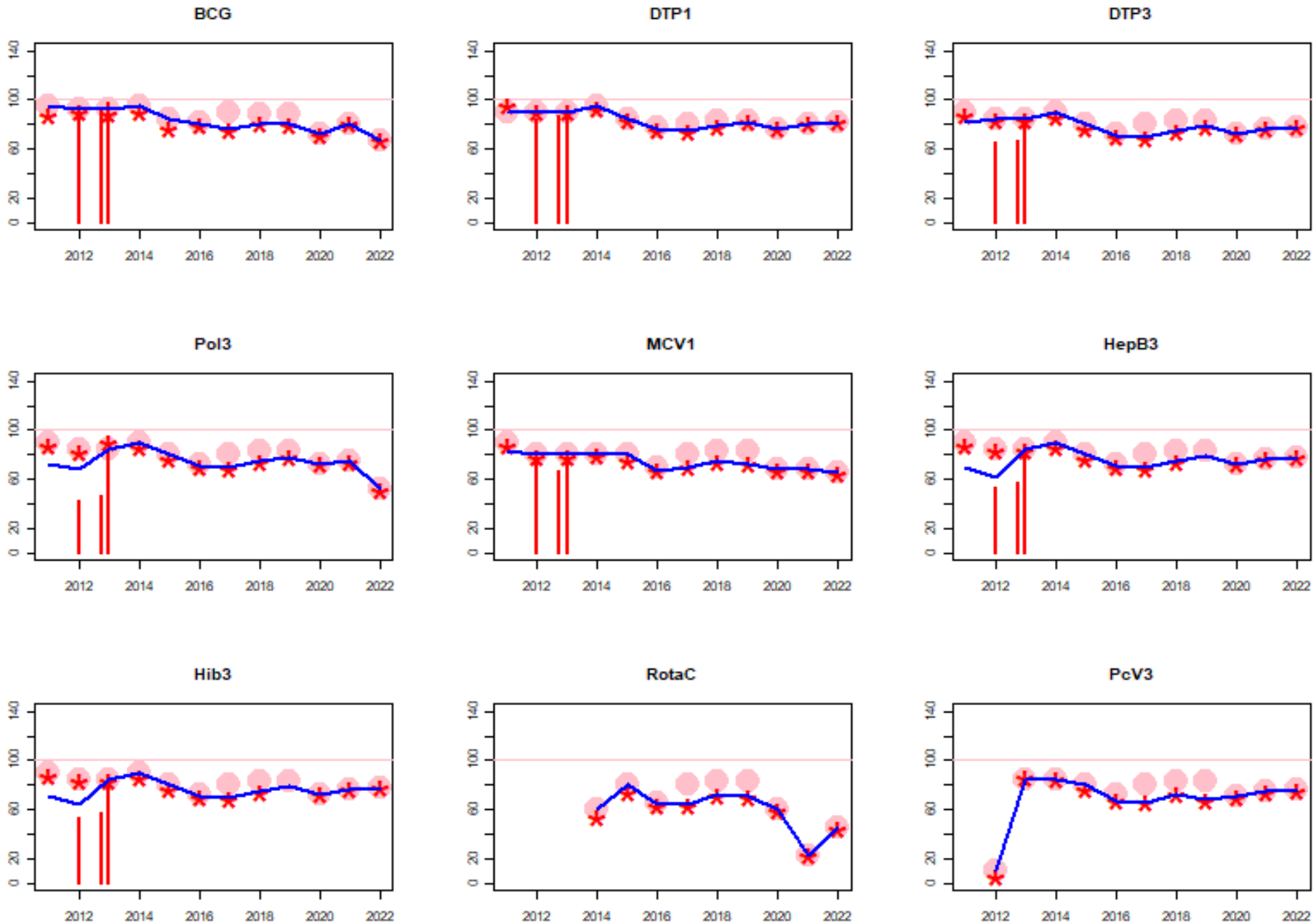# Congo: WHO and UNICEF estimates of immunization coverage: 2022 revision

BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from the 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 the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

 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. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.
*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.
*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

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 12-23 months 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 the period of data collection.

ABBREVIATIONS

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.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

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. Co verage 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 nor are the data represented in the accompanying graph and data table.

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.
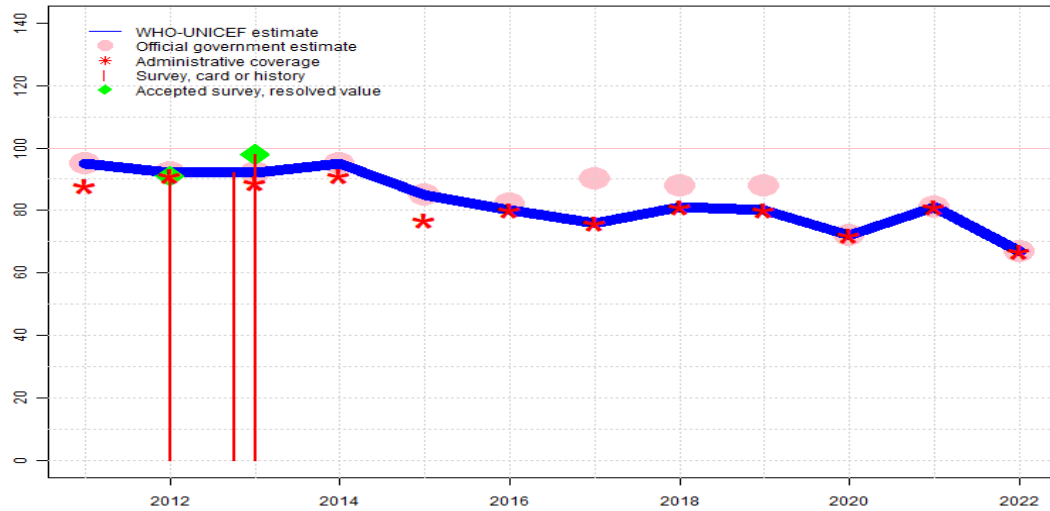
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect the percentage of surviving infants who received two doses of PcV prior to the 1st birthday.

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.

Congo - BCG

COG - BCG

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	95	92	92	95	85	80	76	81	80	72	81	67
Estimate GoC	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●	●
Official	95	92	92	95	85	82	90	88	88	72	81	67
Administrative	88	91	89	91	77	80	76	81	80	72	81	67
Survey	NA	91	*	NA	NA	NA	NA	NA	NA	NA	NA	NA

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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.
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●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.
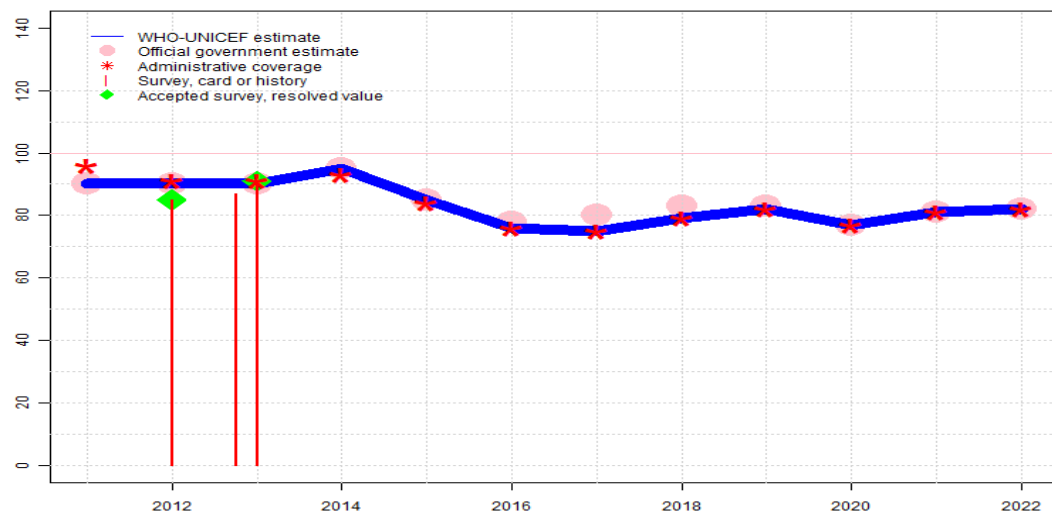
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In all cases these estimates should be used with caution and should be assessed in light
of the objective for which they are being used.
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Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. Programme reports national level stockout of two months. Estimate challenged by: S-

2014: Estimate informed by reported data. GoC=R+ S+ D+

2013: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. Official government estimate reflects DHS survey results. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Official government estimate reflects DHS survey results. GoC=R+ S+ D+

2011: Estimate informed by reported data. GoC=R+ S+ D+

Congo - DTP1

COG - DTP1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	90	90	95	85	76	75	79	82	77	81	82
Estimate GoC	•••	•••	•••	•••	•••	•	•	•	•	•	•	•
Official	90	90	90	95	85	78	80	83	83	77	81	82
Administrative	96	91	91	93	84	76	75	79	82	77	81	82
Survey	NA	85	*	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.
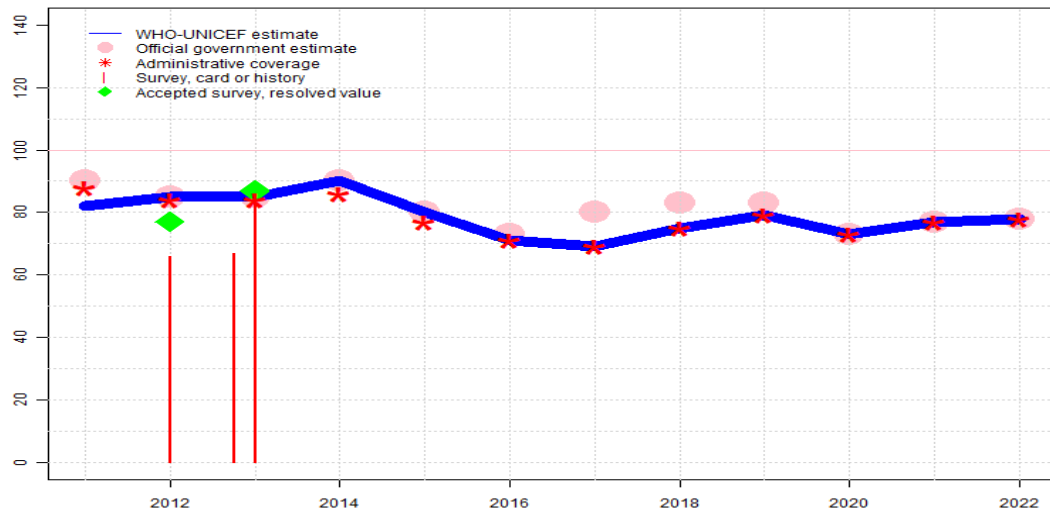
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. Programme reports national level stockout of two months. GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

2013: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. Official government estimate reflects DHS survey results. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 85 percent based on 1 survey(s). Official government estimate reflects DHS survey results. GoC=R+ S+ D+

2011: Estimate informed by reported data. GoC=R+ S+ D+

Congo - DTP3

COG - DTP3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	82	85	85	90	80	71	69	75	79	73	77	78
Estimate GoC	●	●	●●●	●	●●●	●	●	●	●	●	●	●
Official	90	85	85	90	80	73	80	83	83	73	77	78
Administrative	88	84	84	86	77	71	69	75	79	73	77	78
Survey	NA	66	*	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.
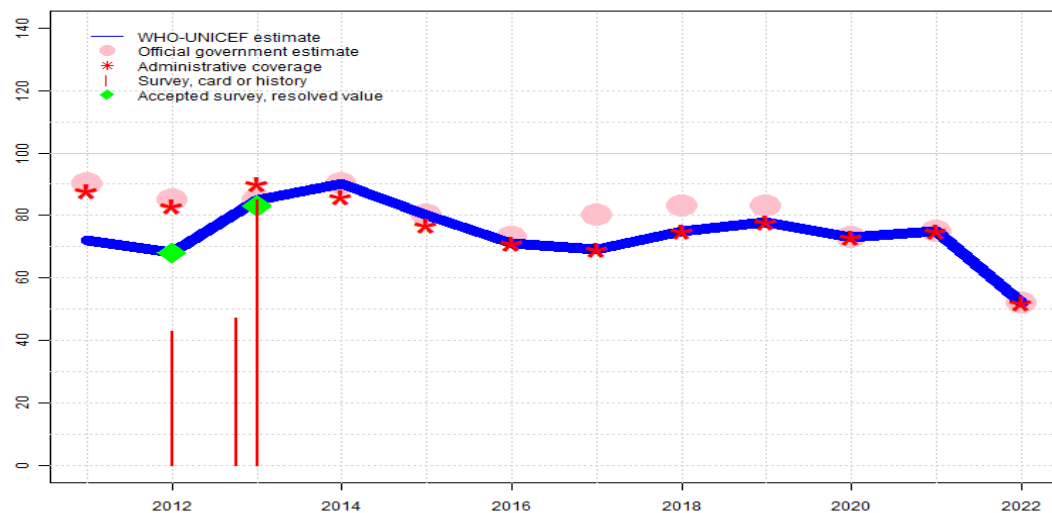
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. Programme reports national level stockout of two months. GoC=R+ S+ D+

2014: Estimate informed by reported data. Estimate challenged by: S-

2013: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported.National Routine Vaccination Coverage Survey in Congo, October-November 2014 card or history results of 86 percent modifed for recall bias to 87 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 60 percent. Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 67 percent modifed for recall bias to 80 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 47 percent and 3rd dose card only coverage of 43 percent. Official government estimate reflects DHS survey results. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 77 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 66 percent modifed for recall bias to 77 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 32 percent and 3rd dose card only coverage of 29 percent. Official government estimate reflects DHS survey results. Estimate challenged by: S-

2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: R-

Congo - Pol3

COG - Pol3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	72	68	85	90	80	71	69	75	78	73	75	52
Estimate GoC	●	●	●	●	●●●	●	●	●	●	●	●	●
Official	90	85	85	90	80	73	80	83	83	73	75	52
Administrative	88	83	90	86	77	71	69	75	78	73	75	52
Survey	NA	43	*	NA	NA	NA	NA	NA	NA	NA	NA	NA

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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.
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●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 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.
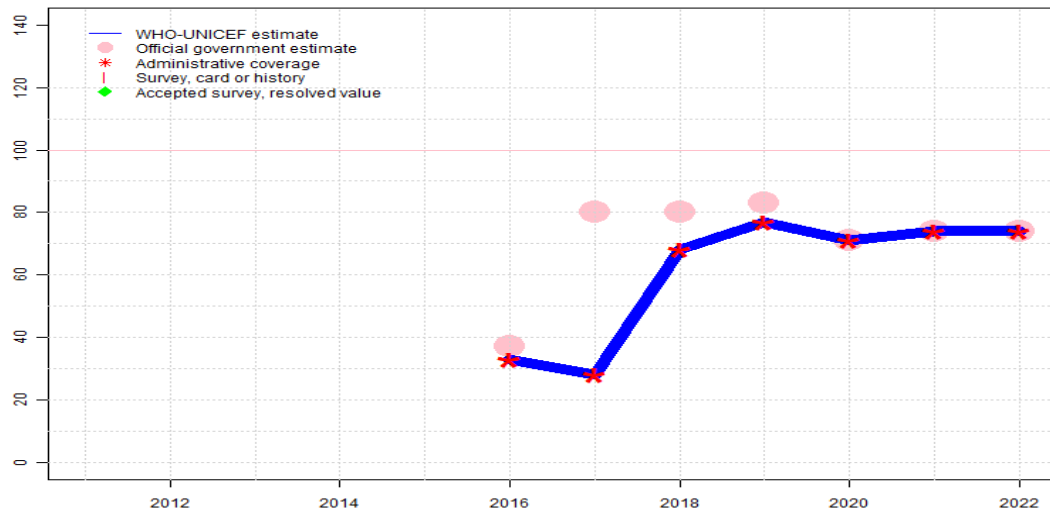
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In all cases these estimates should be used with caution and should be assessed in light
of the objective for which they are being used.
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Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a four months vaccine stockout at national and subnational levels. Estimate challenged by: D-

2021: Estimate informed by reported data. Programme reports a two months OPV stockout. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. GoC=R+ S+ D+

2014: Estimate informed by reported data. Estimate challenged by: S-

2013: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported.National Routine Vaccination Coverage Survey in Congo, October-November 2014 card or history results of 85 percent modifed for recall bias to 83 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 62 percent and 3rd dose card only coverage of 57 percent. Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 47 percent modifed for recall bias to 66 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 42 percent and 3rd dose card only coverage of 34 percent. Official government estimate reflects DHS survey results. Estimate challenged by: S-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 68 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 43 percent modifed for recall bias to 68 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 30 percent and 3rd dose card only coverage of 25 percent. Official government estimate reflects DHS survey results. Estimate challenged by: D-R-S-

2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: D-R-S-

Congo - IPV1

COG - IPV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	33	28	68	77	71	74	74
Estimate GoC	NA	NA	NA	NA	NA	●	●	●	●	●	●	●
Official	NA	NA	NA	NA	NA	37	80	80	83	71	74	74
Administrative	NA	NA	NA	NA	NA	33	28	68	77	71	74	74
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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:

Estimates for a dose of inactivated polio vaccine (IPV) begin in 2015 following the Global Polio Eradication Initiative's Polio Eradication and Endgame Strategic Plan: 2013-2018 which recommended at least one full dose or two fractional doses of IPV into routine immunization schedules as a strategy to mitigate the potential consequences should any re-emergence of type 2 poliovirus occur following the planned withdrawal of Sabin type 2 strains from oral polio vaccine (OPV).

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Increase following introduction year. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2016: Inactivated polio vaccine introduced during 2016. Estimate is based on reported data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Programme reports national level stockout of 4 months duration. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: R-

Congo - MCV1

COG - MCV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	83	80	80	80	80	67	70	75	73	68	68	65
Estimate GoC	●	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●
Official	90	80	80	80	80	69	80	83	83	68	68	65
Administrative	88	78	78	80	76	67	70	75	73	68	68	65
Survey	NA	75	*	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-

2021: Estimate informed by reported data. Programme reports a two months vaccine stockout. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-
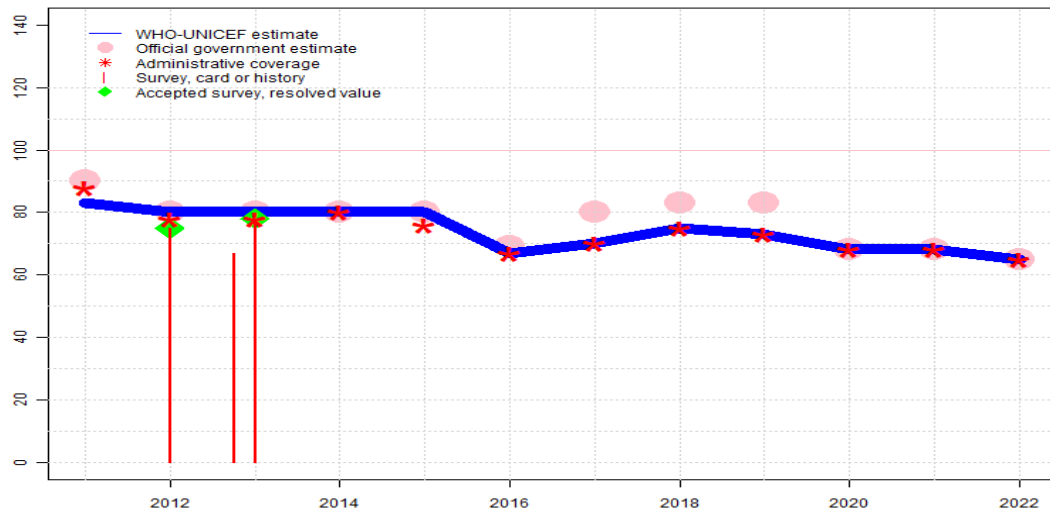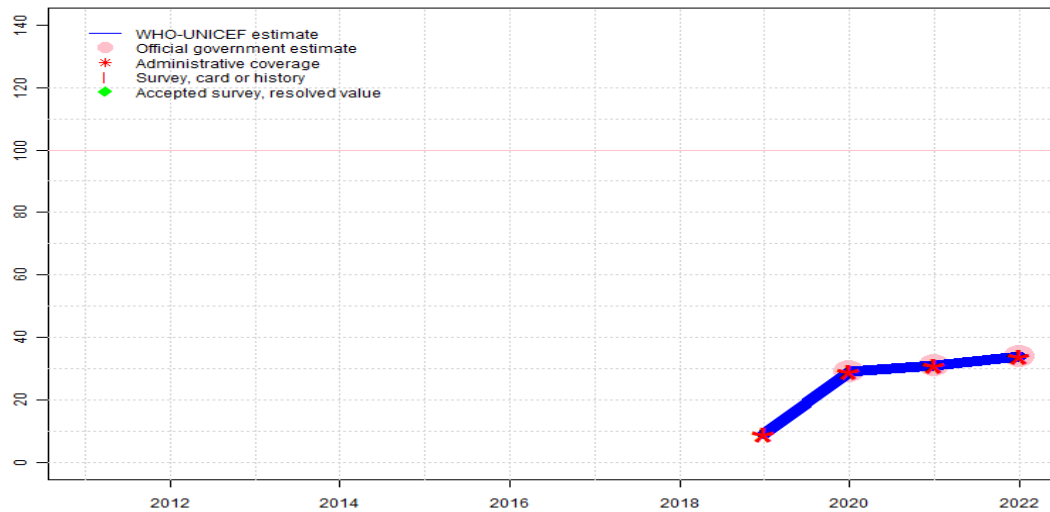
2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. GoC=R+ S+ D+

2014: Estimate informed by reported data. GoC=R+ S+ D+

2013: Estimate informed by reported data supported by survey. Survey evidence of 78 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. Official government estimate reflects DHS survey results. GoC=R+ S+ D+

2012: Estimate informed by reported data supported by survey. Survey evidence of 75 percent based on 1 survey(s). Official government estimate reflects DHS survey results. GoC=R+ S+ D+

2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: R-

Congo - MCV2

COG - MCV2

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

Description:

Coverage estimates for the second dose of measles containing vaccine are for children by the nationally recommended age.

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-

2021: Estimate informed by reported data. Programme reports a two months vaccine stockout. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate based on reported data. GoC=R+ D+

2019: Estimate informed by reported administrative data. Second dose of measles containing vaccine, recommended for administration at 15 months, introduced during 2019. Adjustments from reported administrative coverage to derive official estimates are unclear. GoC=Assigned by working group. Consistency with other antigens.

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	9	29	31	34
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	●	●●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	29	31	34
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	9	29	31	34
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Congo - RCV1

COG - RCV1

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

Description:

For this revision, coverage estimates for the first dose of rubella containing vaccine are based on WHO and UNICEF estimates of coverage of measles containing vaccine. Nationally reported coverage of rubella containing vaccine is not taken into consideration nor are they represented in the the accompanying graph and data table.

2022: Estimate based on estimated MCV1. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate based on estimated MCV1. Estimate challenged by: D-

2020: Estimate based on estimated MCV1. Estimate challenged by: D-

2019: Rubella containing vaccine introduced during March 2019. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

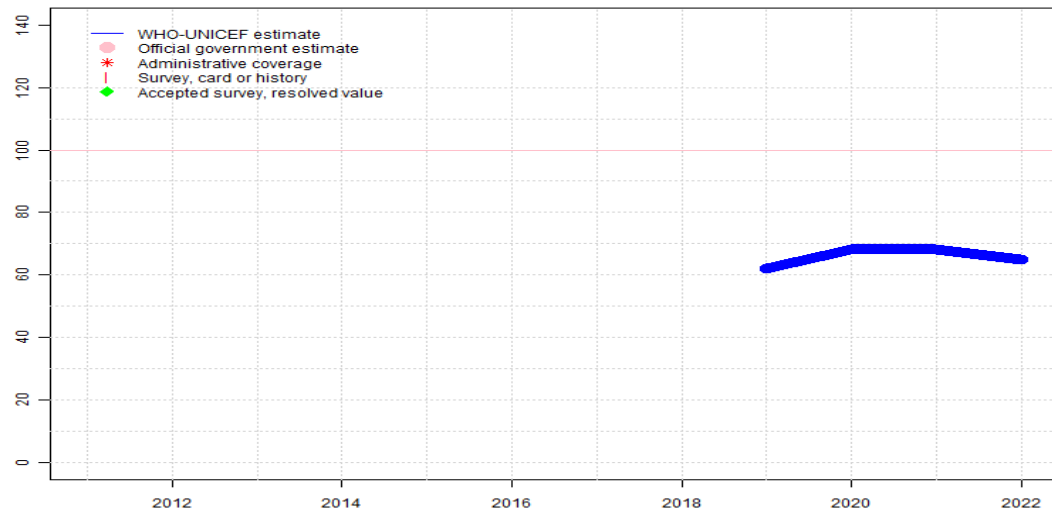|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	62	68	68	65
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Congo - HepBB

No estimate for infant immunization made.

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.

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	19	17	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 revision from the UN Population Division (D+), and at
    least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk
    of being wrong.

●● Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or
    [S-], challenges the estimate.

● There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Congo - HepB3

COG - HepB3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

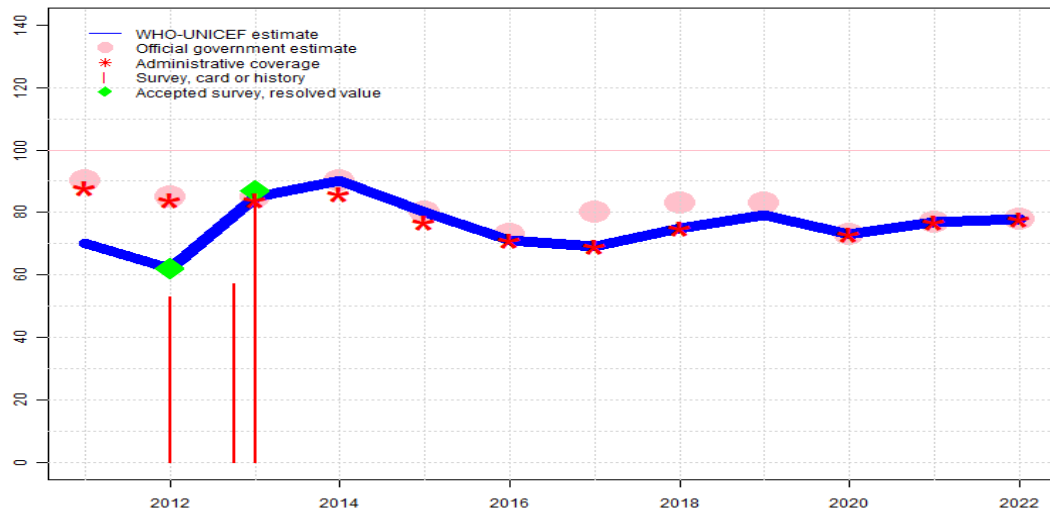|	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	70	62	85	90	80	71	69	75	79	73	77	78
Estimate GoC	●	●	●	●	●●●	●	●	●	●	●	●	●
Official	90	85	85	90	80	73	80	83	83	73	77	78
Administrative	88	84	84	86	77	71	69	75	NA	73	77	78
Survey	NA	53	*	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.
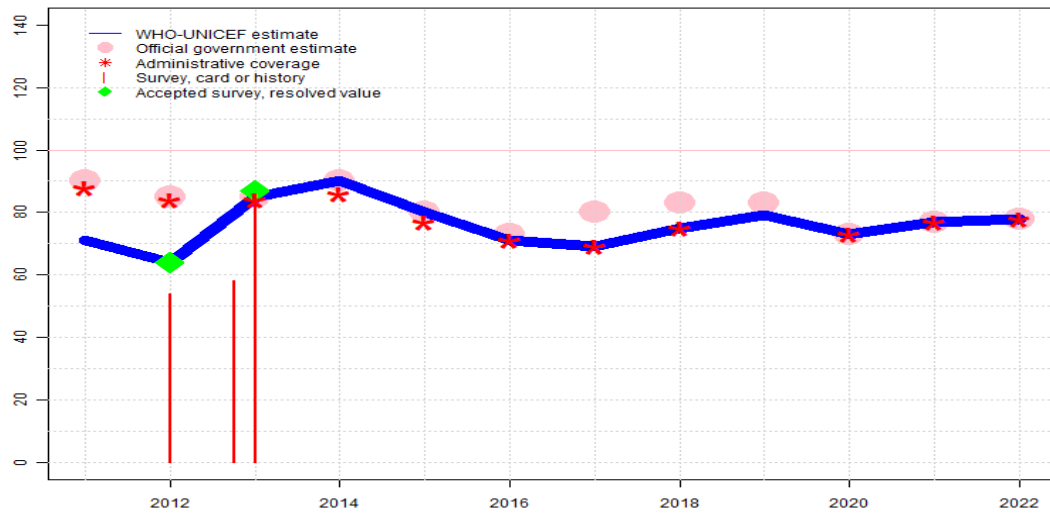
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate is based on estimated DTP3 level. Adjustments from reported administrative coverage to derive official estimates are unclear. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. Programme reports national level stockout of two months. GoC=R+ S+ D+

2014: Estimate informed by reported data. Estimate challenged by: S-

2013: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported.National Routine Vaccination Coverage Survey in Congo, October-November 2014 card or history results of 86 percent modifed for recall bias to 87 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 60 percent. Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 57 percent modifed for recall bias to 68 percent based on 1st dose card or history coverage of 75 percent, 1st dose card only coverage of 40 percent and 3rd dose card only coverage of 36 percent. Official government estimate reflects DHS survey results. Estimate challenged by: S-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 53 percent modifed for recall bias to 62 percent based on 1st dose card or history coverage of 71 percent, 1st dose card only coverage of 24 percent and 3rd dose card only coverage of 21 percent. Official government estimate reflects DHS survey results. Estimate challenged by: D-R-S-

2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: D-R-S-

Congo - Hib3

COG - Hib3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	71	64	85	90	80	71	69	75	79	73	77	78
Estimate GoC	•	•	•	•	•••	•	•	•	•	•	•	•
Official	90	85	85	90	80	73	80	83	83	73	77	78
Administrative	88	84	84	86	77	71	69	75	NA	73	77	78
Survey	NA	54	*	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.
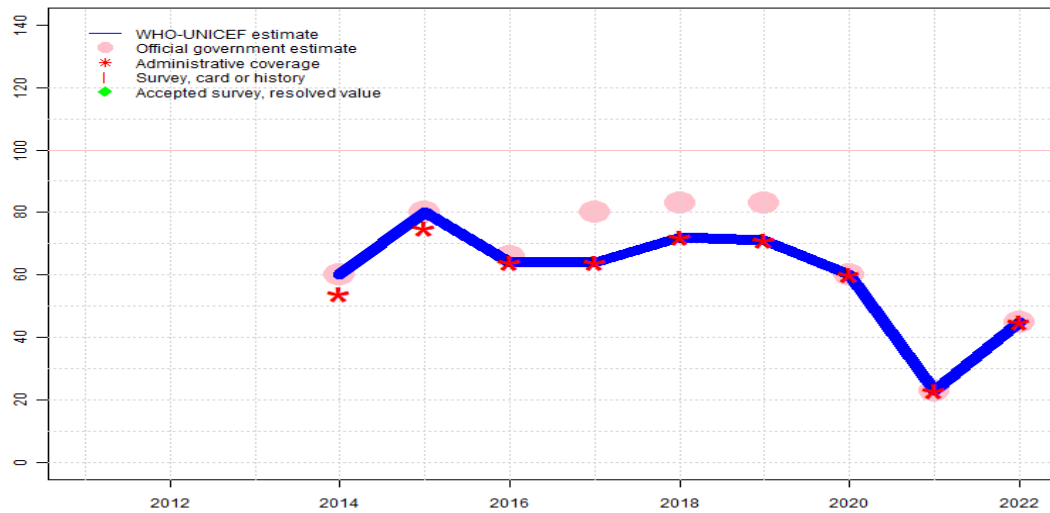
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a three months vaccine stockout at national and subnational levels. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate is based on estimated DTP3 level. Adjustments from reported administrative coverage to derive official estimates are unclear. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. Programme reports national level stockout of two months. GoC=R+ S+ D+

2014: Estimate informed by reported data. Estimate challenged by: S-

2013: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported.National Routine Vaccination Coverage Survey in Congo, October-November 2014 card or history results of 86 percent modifed for recall bias to 87 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 60 percent. Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 58 percent modifed for recall bias to 68 percent based on 1st dose card or history coverage of 74 percent, 1st dose card only coverage of 39 percent and 3rd dose card only coverage of 36 percent. Official government estimate reflects DHS survey results. Estimate challenged by: S-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 64 percent based on 1 survey(s). Congo Multiple Indicator Cluster Survey 2014-2015 card or history results of 54 percent modifed for recall bias to 64 percent based on 1st dose card or history coverage of 70 percent, 1st dose card only coverage of 24 percent and 3rd dose card only coverage of 22 percent. Official government estimate reflects DHS survey results. Estimate challenged by: D-R-S-

2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: D-R-S-

Congo - RotaC

COG - RotaC

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	60	80	64	64	72	71	60	23	45
Estimate GoC	NA	NA	NA	●●	●●	●	●	●	●	●	●●	●
Official	NA	NA	NA	60	80	66	80	83	83	60	23	45
Administrative	NA	NA	NA	54	75	64	64	72	71	60	23	45
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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:

2022: Estimate informed by reported data. No nationally representative household survey within
the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate based on reported data. Decline in reported coverage is unexplained and is inconsistent with other antigens recommended for administration at the same time. GoC=R+ D+

2020: Estimate informed by reported data. Estimate based on reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. Programme reports two months vaccine stockout. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. Increase may be explained due to roll out of vaccine introduction GoC=R+ D+

2014: Estimate informed by reported data. Rotavirus vaccine introduced during 2014. GoC=R+ D+

Congo - PcV3

COG - PcV3

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	10	85	85	80	67	66	73	68	71	75	76
Estimate GoC	NA	●●	●●	●●	●●	●	●	●	●	●	●	●
Official	NA	10	85	85	80	73	80	83	83	71	75	76
Administrative	NA	6	86	85	77	67	66	73	68	71	75	76
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.
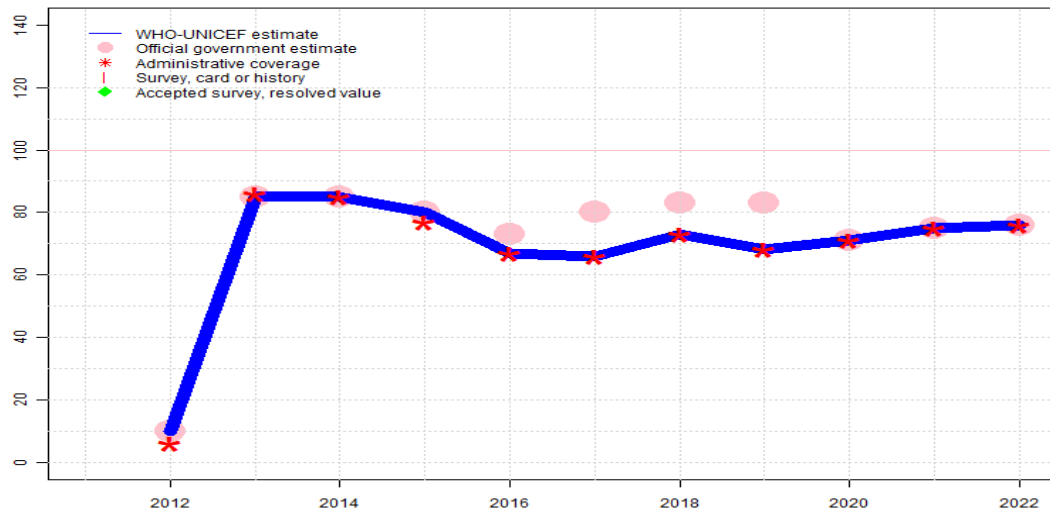
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Programme reports one month vaccine stockout at national level. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. GoC=R+ D+

2014: Estimate informed by reported data. GoC=R+ D+

2013: Estimate informed by reported data. Official government estimate reflects DHS survey results.. GoC=R+ D+

2012: Estimate is based on official government estimate. Official government estimate reflects DHS survey results. Pneumococcal conjugate vaccine was introduced in October 2012. GoC=R+ D+

COG - YFV

Legend:
- WHO-UNICEF estimate
- Official government estimate
- Administrative coverage
- Survey, card or history
- Accepted survey, resolved value

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	74	62	80	80	80	59	63	66	71	69	67	61
Estimate GoC	●	●	●	●	●●	●	●	●	●	●	●	●
Official	90	80	80	80	80	69	80	83	83	69	67	61
Administrative	85	77	77	78	72	59	63	66	71	69	67	61
Survey	NA	62	54	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2022 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.
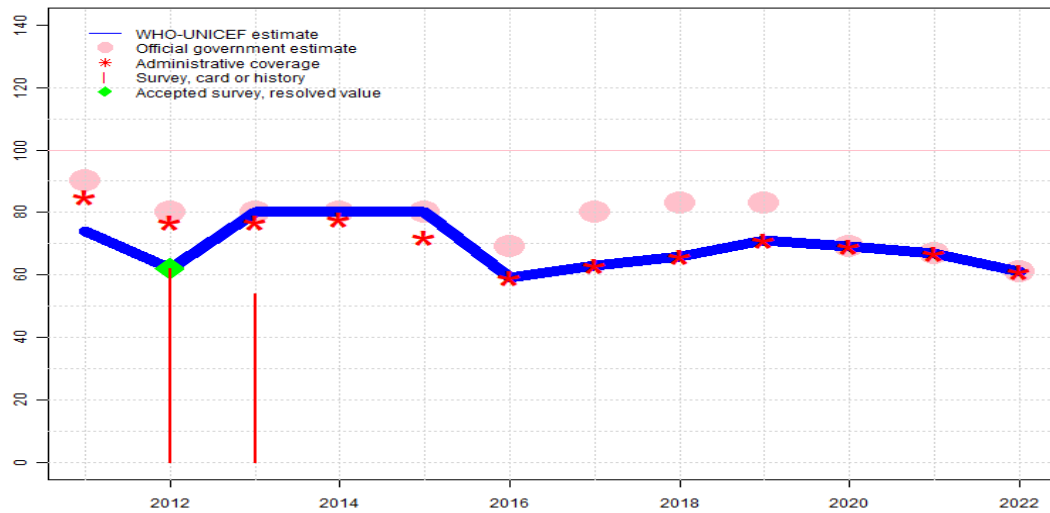
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports vaccine stockout at subnational levels. Estimate challenged by: D-

2021: Estimate informed by reported data. Programme reports a three months vaccine stockout. Estimate challenged by: D-

2020: Estimate informed by reported data. Estimate challenged by: D-

2019: Estimate informed by reported administrative data. . Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2018: Estimate informed by reported administrative data. Programme reports one month vaccine stockout at national level. Adjustments from reported administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2017: Estimate informed by reported administrative data. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2016: Estimate informed by reported administrative data. Drop in coverage at least partially resulting from an unexplained nine percent increase in target population compared to 2015. Programme reports national level stockout of one month duration. Adjustments from administrative coverage to derive official estimates are unclear. Estimate challenged by: D-

2015: Estimate informed by reported data. Programme reports national level stockout of one month duration. GoC=R+ D+

2014: Estimate informed by reported data. Programme reports one month stockout at national level. Estimate challenged by: S-

2013: Survey does not include yellow fever vaccine but supports administrative coverage for other vaccines. Congo Multiple Indicator Cluster Survey 2014-2015 results ignored by working group. Internal inconsistencies were identified for several vaccines in the survey report. Pneumococcal vaccine data collected yet not reported. Official government estimate reflects DHS survey results. Estimate challenged by: S-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 62 percent based on 1 survey(s). Official government estimate reflects DHS survey results. Estimate challenged by: D-R-

2011: Reported data calibrated to 2010 and 2012 levels. Estimate challenged by: R-S-

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0 to 11 months) will sample children aged 12 to 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 to 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 1 or 2 years prior to the survey field work.

2013 Congo Multiple Indicator Cluster Survey 2014-2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.8	12-23 m	1708	50
BCG	Card	49.7	12-23 m	1708	50
BCG	Card or History	92.4	12-23 m	1708	50
BCG	History	42.7	12-23 m	1708	50
DTP1	C or H <12 months	85.9	12-23 m	1708	50
DTP1	Card	47.1	12-23 m	1708	50
DTP1	Card or History	86.9	12-23 m	1708	50
DTP1	History	39.8	12-23 m	1708	50
DTP3	C or H <12 months	66.3	12-23 m	1708	50
DTP3	Card	42.6	12-23 m	1708	50
DTP3	Card or History	67.3	12-23 m	1708	50
DTP3	History	24.7	12-23 m	1708	50
HepB1	C or H <12 months	73.7	12-23 m	1708	50
HepB1	Card	40	12-23 m	1708	50
HepB1	Card or History	74.7	12-23 m	1708	50
HepB1	History	34.7	12-23 m	1708	50
HepB3	C or H <12 months	55.6	12-23 m	1708	50
HepB3	Card	36.4	12-23 m	1708	50
HepB3	Card or History	56.8	12-23 m	1708	50
HepB3	History	20.4	12-23 m	1708	50
HepBB	C or H <12 months	15.5	12-23 m	1708	50
HepBB	Card	5.2	12-23 m	1708	50
HepBB	Card or History	17.4	12-23 m	1708	50
HepBB	History	12.2	12-23 m	1708	50
Hib1	C or H <12 months	72.7	12-23 m	1708	50
Hib1	Card	39.3	12-23 m	1708	50
Hib1	Card or History	73.6	12-23 m	1708	50
Hib1	History	34.4	12-23 m	1708	50
Hib3	C or H <12 months	56.8	12-23 m	1708	50
Hib3	Card	36.3	12-23 m	1708	50
Hib3	Card or History	57.6	12-23 m	1708	50
Hib3	History	21.3	12-23 m	1708	50
MCV1	C or H <12 months	62.5	12-23 m	1708	50
MCV1	Card	32	12-23 m	1708	50
MCV1	Card or History	66.7	12-23 m	1708	50
MCV1	History	34.6	12-23 m	1708	50
Pol1	C or H <12 months	79	12-23 m	1708	50
Pol1	Card	42.5	12-23 m	1708	50
Pol1	Card or History	80.7	12-23 m	1708	50
Pol1	History	38.2	12-23 m	1708	50
Pol3	C or H <12 months	45.8	12-23 m	1708	50
Pol3	Card	34.3	12-23 m	1708	50
Pol3	Card or History	47	12-23 m	1708	50
Pol3	History	12.7	12-23 m	1708	50
YFV	C or H <12 months	49.6	12-23 m	1708	50
YFV	Card	20.1	12-23 m	1708	50
YFV	Card or History	53.5	12-23 m	1708	50
YFV	History	33.3	12-23 m	1708	50

2013 Evaluation Nationale de la Couverture Vaccinale de Routine au Congo Effectuee en Octobre et Novembre 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	94.7	12-23 m	-	70
BCG	Card or History	98.1	12-23 m	513	70
DTP1	Card	63.4	12-23 m	-	70
DTP1	Card or History	91	12-23 m	513	70
DTP3	Card	59.5	12-23 m	-	70
DTP3	Card or History	86.4	12-23 m	513	70
HepB1	Card	63.4	12-23 m	-	70
HepB1	Card or History	91	12-23 m	513	70
HepB3	Card	59.5	12-23 m	-	70
HepB3	Card or History	86.4	12-23 m	513	70

Hib1	Card	63.4	12-23 m	-	70
Hib1	Card or History	91	12-23 m	513	70
Hib3	Card	59.5	12-23 m	-	70
Hib3	Card or History	86.4	12-23 m	513	70
MCV1	Card	52.8	12-23 m	-	70
MCV1	Card or History	77.6	12-23 m	513	70
Pol1	Card	62.2	12-23 m	-	70
Pol1	Card or History	90.4	12-23 m	513	70
Pol3	Card	56.9	12-23 m	-	70
Pol3	Card or History	85.2	12-23 m	513	70

2012 Congo Multiple Indicator Cluster Survey 2014-2015

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	88.1	24-35 m	1857	50
BCG	Card	33.3	24-35 m	1857	50
BCG	Card or History	90.9	24-35 m	1857	50
BCG	History	57.6	24-35 m	1857	50
DTP1	C or H <12 months	82.9	24-35 m	1857	50
DTP1	Card	32.2	24-35 m	1857	50
DTP1	Card or History	85	24-35 m	1857	50
DTP1	History	52.7	24-35 m	1857	50
DTP3	C or H <12 months	63.5	24-35 m	1857	50
DTP3	Card	29.1	24-35 m	1857	50
DTP3	Card or History	65.5	24-35 m	1857	50
DTP3	History	36.4	24-35 m	1857	50
HepB1	C or H <12 months	68.9	24-35 m	1857	50
HepB1	Card	24.1	24-35 m	1857	50
HepB1	Card or History	71.4	24-35 m	1857	50
HepB1	History	47.2	24-35 m	1857	50
HepB3	C or H <12 months	50.8	24-35 m	1857	50
HepB3	Card	21.1	24-35 m	1857	50
HepB3	Card or History	52.7	24-35 m	1857	50
HepB3	History	31.6	24-35 m	1857	50
HepBB	C or H <12 months	15.3	24-35 m	1857	50
HepBB	Card	4.4	24-35 m	1857	50
HepBB	Card or History	18.7	24-35 m	1857	50
HepBB	History	14.3	24-35 m	1857	50
Hib1	C or H <12 months	67.8	24-35 m	1857	50

Hib1	Card	23.7	24-35 m	1857	50
Hib1	Card or History	70.1	24-35 m	1857	50
Hib1	History	46.4	24-35 m	1857	50
Hib3	C or H <12 months	51.6	24-35 m	1857	50
Hib3	Card	21.5	24-35 m	1857	50
Hib3	Card or History	53.6	24-35 m	1857	50
Hib3	History	32	24-35 m	1857	50
MCV1	C or H <12 months	64.6	24-35 m	1857	50
MCV1	Card	25.2	24-35 m	1857	50
MCV1	Card or History	75	24-35 m	1857	50
MCV1	History	49.9	24-35 m	1857	50
Pol1	C or H <12 months	77.4	24-35 m	1857	50
Pol1	Card	29.9	24-35 m	1857	50
Pol1	Card or History	80.8	24-35 m	1857	50
Pol1	History	50.9	24-35 m	1857	50
Pol3	C or H <12 months	40.1	24-35 m	1857	50
Pol3	Card	25.2	24-35 m	1857	50
Pol3	Card or History	43	24-35 m	1857	50
Pol3	History	17.8	24-35 m	1857	50
YFV	C or H <12 months	48.2	24-35 m	1857	50
YFV	Card	17.4	24-35 m	1857	50
YFV	Card or History	62.1	24-35 m	1857	50
YFV	History	44.6	24-35 m	1857	50

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	93.3	12-23 m	1678	57
BCG	Card	56.3	12-23 m	959	57
BCG	Card or History	93.9	12-23 m	1678	57
BCG	History	37.6	12-23 m	719	57
DTP1	C or H <12 months	88	12-23 m	1678	57
DTP1	Card	54.8	12-23 m	959	57
DTP1	Card or History	89.3	12-23 m	1678	57
DTP1	History	34.5	12-23 m	719	57
DTP3	C or H <12 months	70.7	12-23 m	1678	57
DTP3	Card	46.5	12-23 m	959	57
DTP3	Card or History	71.9	12-23 m	1678	57
DTP3	History	25.4	12-23 m	719	57

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
HepB1	C or H <12 months	34.2	12-23 m	1678	57
HepB1	Card	20.4	12-23 m	959	57
HepB1	Card or History	36	12-23 m	1678	57
HepB1	History	15.6	12-23 m	719	57
HepB3	C or H <12 months	19.4	12-23 m	1678	57
HepB3	Card	13.5	12-23 m	959	57
HepB3	Card or History	19.8	12-23 m	1678	57
HepB3	History	6.3	12-23 m	719	57
Hib1	C or H <12 months	34.2	12-23 m	1678	57
Hib1	Card	20.4	12-23 m	959	57
Hib1	Card or History	36	12-23 m	1678	57
Hib1	History	15.6	12-23 m	719	57
Hib3	C or H <12 months	19.4	12-23 m	1678	57
Hib3	Card	13.5	12-23 m	959	57
Hib3	Card or History	19.8	12-23 m	1678	57
Hib3	History	6.3	12-23 m	719	57
MCV1	C or H <12 months	68.1	12-23 m	1678	57
MCV1	Card	47	12-23 m	959	57
MCV1	Card or History	74.9	12-23 m	1678	57
MCV1	History	27.9	12-23 m	719	57
Pol1	C or H <12 months	86.3	12-23 m	1678	57
Pol1	Card	50.8	12-23 m	959	57
Pol1	Card or History	86.9	12-23 m	1678	57
Pol1	History	36.1	12-23 m	719	57
Pol3	C or H <12 months	56.4	12-23 m	1678	57
Pol3	Card	41.8	12-23 m	959	57
Pol3	Card or History	57.2	12-23 m	1678	57
Pol3	History	15.4	12-23 m	719	57
YFV	C or H <12 months	49.4	12-23 m	1678	57
YFV	Card	30.4	12-23 m	959	57
YFV	Card or History	54.5	12-23 m	1678	57
YFV	History	24.1	12-23 m	719	57

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

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	95	12-23 m	-	88
BCG	Card or History	96	12-23 m	-	88
DTP1	Card	72	12-23 m	-	88
DTP1	Card or History	78	12-23 m	-	88
DTP3	Card	61	12-23 m	-	88
DTP3	Card or History	67	12-23 m	-	88
HepB1	Card	72	12-23 m	-	88
HepB1	Card or History	78	12-23 m	-	88
HepB3	Card	61	12-23 m	-	88
HepB3	Card or History	67	12-23 m	-	88
Hib1	Card	72	12-23 m	-	88
Hib1	Card or History	78	12-23 m	-	88
Hib3	Card	61	12-23 m	-	88
Hib3	Card or History	67	12-23 m	-	88
MCV1	Card	59	12-23 m	-	88
MCV1	Card or History	65	12-23 m	-	88
Pol1	Card	77	12-23 m	-	88
Pol1	Card or History	84	12-23 m	-	88
Pol3	Card	62	12-23 m	-	88
Pol3	Card or History	68	12-23 m	-	88
YFV	Card	58	12-23 m	-	88
YFV	Card or History	63	12-23 m	-	88

2004 Enquête démographique and de santé du Congo, 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	89.6	12-23 m	899	60
BCG	Card	59.3	12-23 m	899	60
BCG	Card or History	90	12-23 m	899	60
BCG	History	30.7	12-23 m	899	60
DTP1	C or H <12 months	83.6	12-23 m	899	60
DTP1	Card	58.8	12-23 m	899	60
DTP1	Card or History	85.3	12-23 m	899	60
DTP1	History	26.5	12-23 m	899	60
DTP3	C or H <12 months	65.8	12-23 m	899	60
DTP3	Card	51.9	12-23 m	899	60
DTP3	Card or History	68.4	12-23 m	899	60
DTP3	History	16.5	12-23 m	899	60
MCV1	C or H <12 months	57.9	12-23 m	899	60
MCV1	Card	46.6	12-23 m	899	60
MCV1	Card or History	66.2	12-23 m	899	60
MCV1	History	19.6	12-23 m	899	60

Congo - survey details

Pol1	C or H <12 months	91.8	12-23 m	899	60		Pol3	History	17.8	12-23 m	899	60
Pol1	Card	58.9	12-23 m	899	60		YFV	C or H <12 months	26.2	12-23 m	899	60
Pol1	Card or History	93.4	12-23 m	899	60		YFV	Card	20.6	12-23 m	899	60
Pol1	History	34.5	12-23 m	899	60		YFV	Card or History	31.8	12-23 m	899	60
Pol3	C or H <12 months	66.4	12-23 m	899	60		YFV	History	11.2	12-23 m	899	60
Pol3	Card	51.4	12-23 m	899	60							
Pol3	Card or History	69.1	12-23 m	899	60							

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