

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. 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 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.

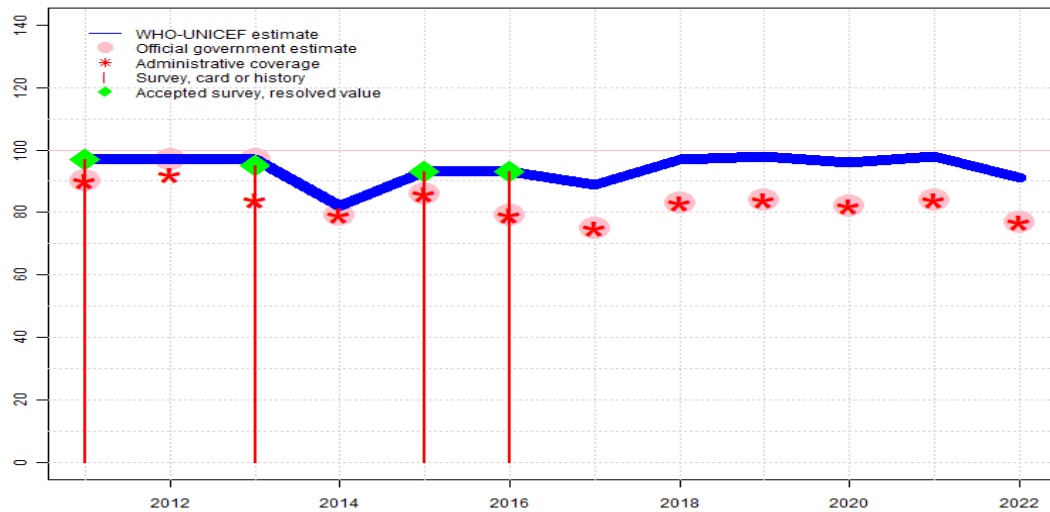
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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Togo - BCG

TGO - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	97	97	97	82	93	93	89	97	98	96	98	91
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	97	97	79	86	79	75	83	84	82	84	77
Administrative	90	92	84	79	86	79	75	83	84	82	84	77
Survey	97	NA	95	NA	93	93	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.

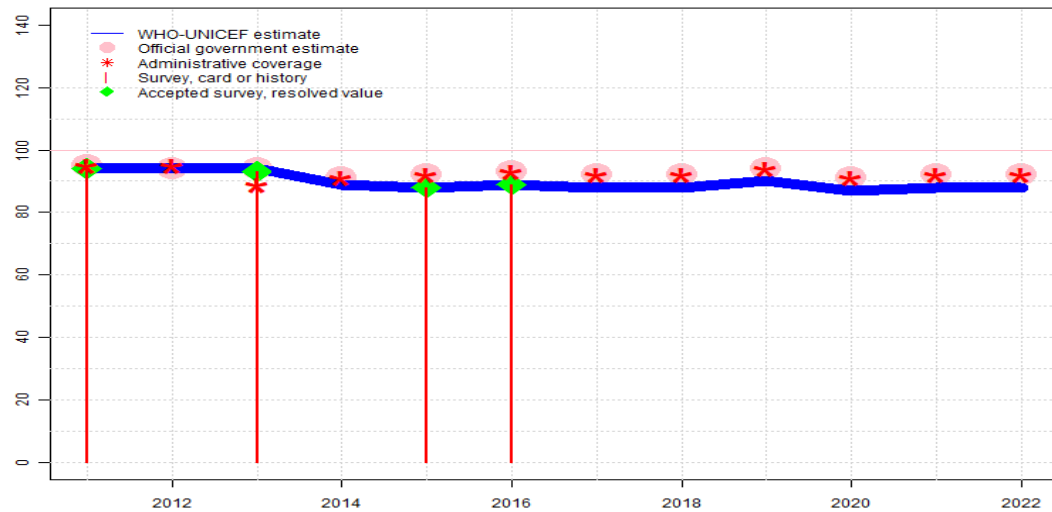
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: R-
- 2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 levels. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 levels. Programme reports two months vaccine stockout at national and district levels. Estimate challenged by: R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 93 percent based on 1 survey(s). Programme reports two months vaccine stockout at national and district levels. Estimate challenged by: R-
- 2015: Estimate of 93 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Programme reports stockout of syringes impacting delivery of vaccine. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Programme reports stockout of syringes impacting delivery of vaccine. Estimate challenged by: D-R-S-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Official government estimate is based on results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.
- 2012: Estimate is based on official government estimate reflecting survey results for the 2011 birth cohort. Estimate challenged by: D-
- 2011: Estimate of 97 percent assigned by working group. Estimate is based on survey results for the 2011 birth cohort. Estimate challenged by: R-

Togo - DTP1

TGO - DTP1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	94	94	94	89	88	89	88	88	90	87	88	88
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	95	94	94	91	92	93	92	92	94	91	92	92
Administrative	95	95	89	91	92	93	92	92	94	91	92	92
Survey	94	NA	93	NA	88	89	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.

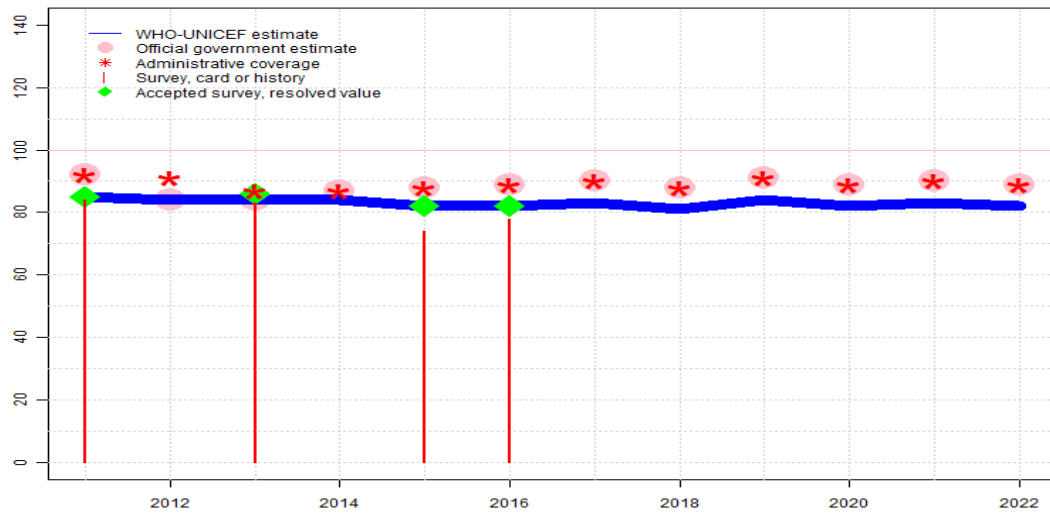
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2016: Estimate of 89 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Estimate challenged by: D-R-
- 2015: Estimate of 88 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Official government estimate is based on results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.
- 2012: Estimate is based on official government estimate reflecting survey results for the 2011 birth cohort. Estimate challenged by: D-
- 2011: Estimate of 94 percent assigned by working group. Estimate is based on survey results for the 2011 birth cohort. Estimate challenged by: R-

Togo - DTP3

TGO - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	85	84	84	84	82	82	83	81	84	82	83	82
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	92	84	84	87	88	89	90	88	91	89	90	89
Administrative	92	91	87	87	88	89	90	88	91	89	90	89
Survey	84	NA	83	NA	74	78	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: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2016: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 78 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 66 percent. Estimate challenged by: D-R-

2015: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 74 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 53 percent. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-

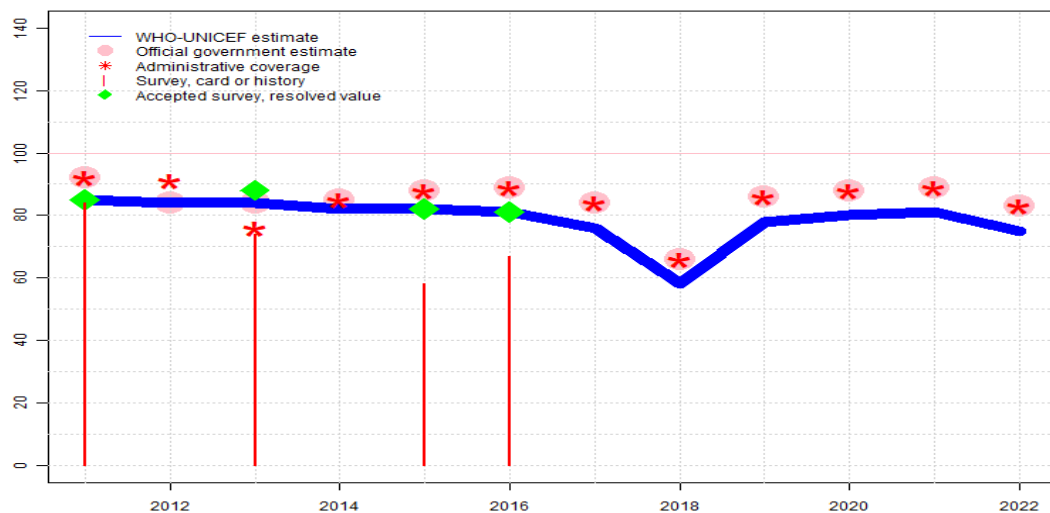
2013: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Togo Demographic and Health Survey 2013-2014 card or history results of 83 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 63 percent. Official government estimate is based on results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.

2012: Estimate is based on official government estimate reflecting survey results for the 2011 birth cohort. Estimate challenged by: D-

2011: Estimate of 85 percent assigned by working group. Estimate is based on survey results for the 2011 birth cohort, adjusted for recall bias. Togo EPI Review 2012 card or history results of 84 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 71 percent and 3rd dose card only coverage of 64 percent. Estimate challenged by: D-R-

Togo - Pol3

TGO - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	85	84	84	82	82	81	76	58	78	80	81	75
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	92	84	84	85	88	89	84	66	86	88	89	83
Administrative	92	91	76	85	88	89	84	66	86	88	89	83
Survey	84	NA	74	NA	58	67	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: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Programme reports a two months oral polio virus vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Programme reports a two months vaccine stockout at national and district levels. Estimate is based on reported data following recovery from prior year vaccine stockout. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Programme reports three months vaccine stockout. Estimate challenged by: D-R-S-
- 2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2016: Estimate of 81 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 67 percent modified for recall bias to 81 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 71 percent and 3rd dose card only coverage of 64 percent. Estimate challenged by: D-R-
- 2015: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 58 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 52 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Togo Demographic and Health Survey 2013-2014 card or history results of 74 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 64 percent. Official government estimate is based on results from a coverage survey reflecting the 2011 birth cohort. Programme reports a one month stockout at the national level that appears to be reflected in reported administrative coverage but not the official government estimate. GoC=Assigned by working group. Consistency with neighbouring years.
- 2012: Estimate is based on official government estimate reflecting the survey results for the 2011

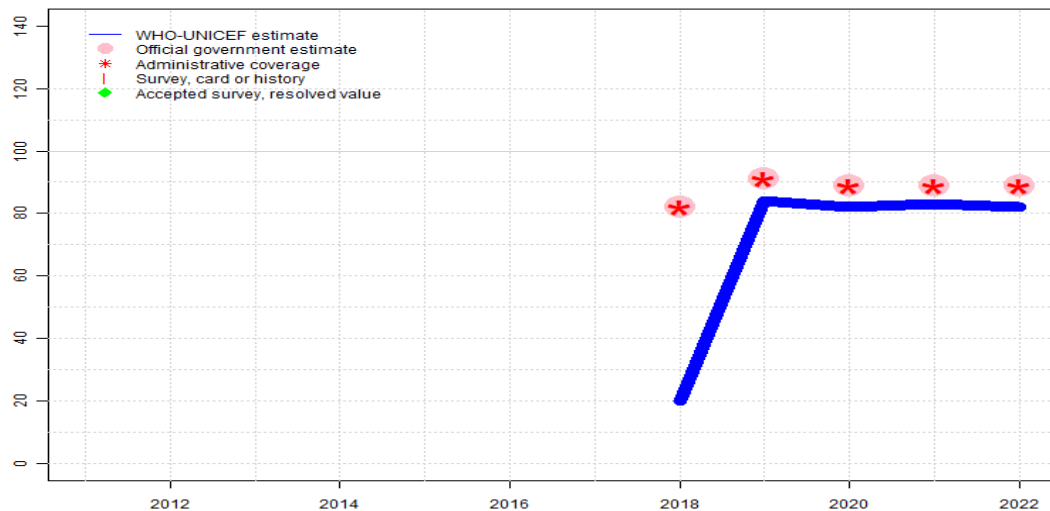
Togo - Pol3

birth cohort. Estimate challenged by: D-

2011: Estimate of 85 percent assigned by working group. Estimate is based on survey results for the 2011 birth cohort, adjusted for recall bias. Togo EPI Review 2012 card or history results of 84 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 71 percent and 3rd dose card only coverage of 64 percent. Estimate challenged by: D-R-

Togo - IPV1

TGO - IPV1



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 estimated DTP3 coverage level. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2021: Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-

2020: Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-

2019: Estimate is based on estimated DTP3 level. Estimate challenged by: D-R-

2018: Programme reports 82 percent coverage achieved in 25 percent of the target population.

Estimate reflects annualized coverage for the national target population. Inactivated polio vaccine introduced in October 2018. Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	20	84	82	83	82
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	82	91	89	89	89
Administrative	NA	NA	NA	NA	NA	NA	NA	82	91	89	89	89
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

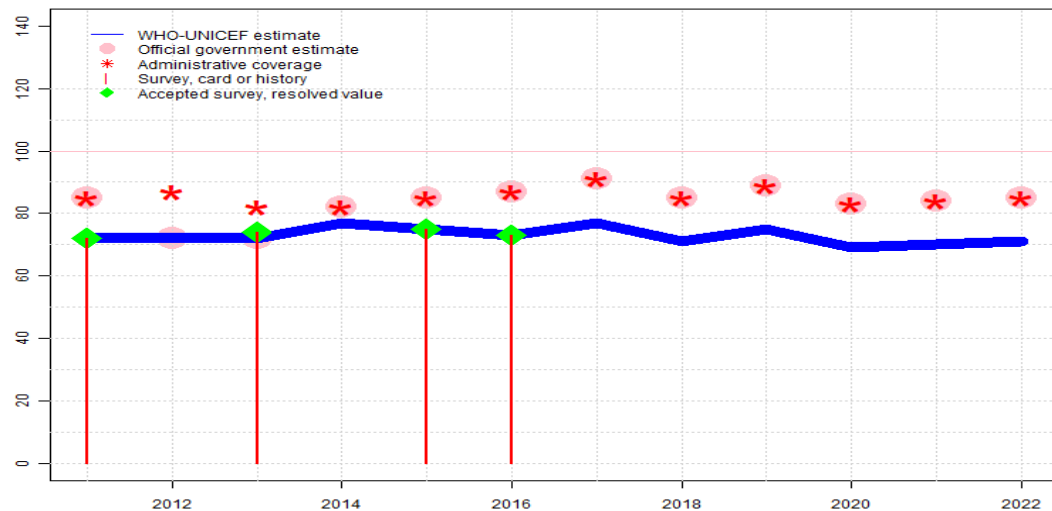
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

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Togo - MCV1

TGO - MCV1



Description:

- 2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Estimate challenged by: D-R-
- 2015: Estimate of 75 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 74 percent based on 1 survey(s). Official government estimate is based on results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.
- 2012: Estimate is based on official government estimate reflecting the survey results for the 2011 birth cohort. Estimate challenged by: D-
- 2011: Estimate of 72 percent assigned by working group. Estimate is based on survey results for the 2011 birth cohort. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	72	72	72	77	75	73	77	71	75	69	70	71
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	72	72	82	85	87	91	85	89	83	84	85
Administrative	85	87	82	82	85	87	91	85	89	83	84	85
Survey	72	NA	74	NA	75	73	NA	NA	NA	NA	NA	NA

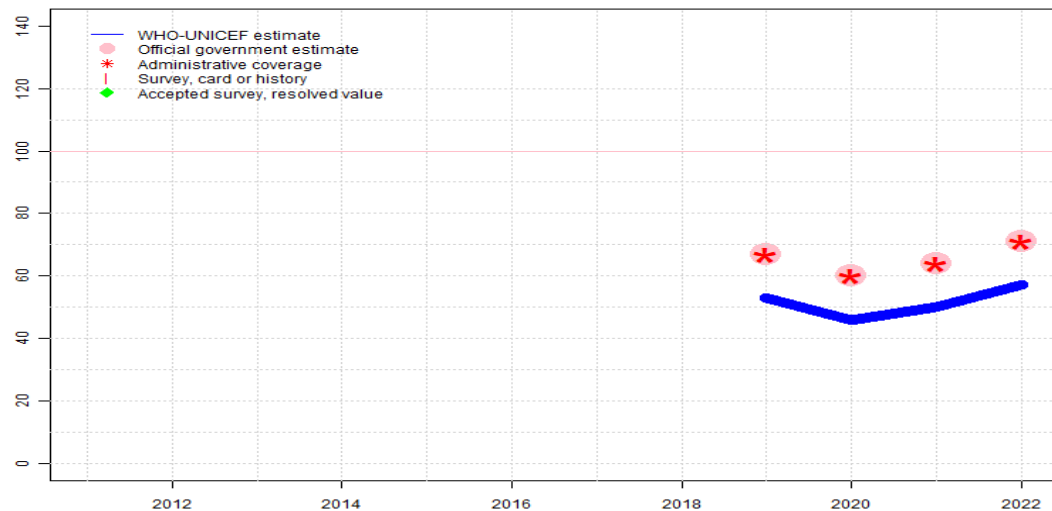
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Togo - MCV2

TGO - MCV2



Description:

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

- 2022: Estimate informed by difference between MCV1 to MCV2 reported data applied to estimated MCV1 coverage. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-
- 2021: Estimate based on difference between MCV1 to MCV2 reported data applied to estimated MCV1 coverage. Estimate challenged by: D-R-
- 2020: Estimate based on difference between MCV1 to MCV2 reported data applied to estimated MCV1 coverage. Estimate challenged by: D-R-
- 2019: Estimate based on difference between MCV1 to MCV2 reported data applied to estimated MCV1 coverage. Second dose of measles containing vaccine introduced in January 2019. Estimate challenged by: D-R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	53	46	50	57
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	67	60	64	71
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	67	60	64	71
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

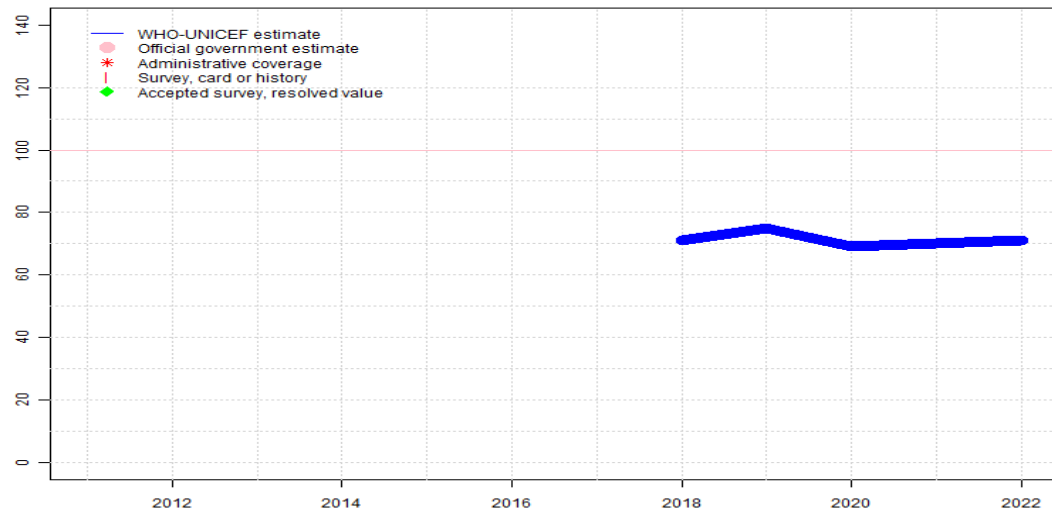
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Togo - RCV1

TGO - RCV1



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. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

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

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

2019: Estimate based on estimated MCV1. Estimate challenged by: D-R-

2018: Programme reports 88 percent coverage achieved in 83 percent of the target population. Estimated based on estimated MCV1 coverage level. Rubella containing vaccine introduced in 2018. Estimate challenged by: D-R-

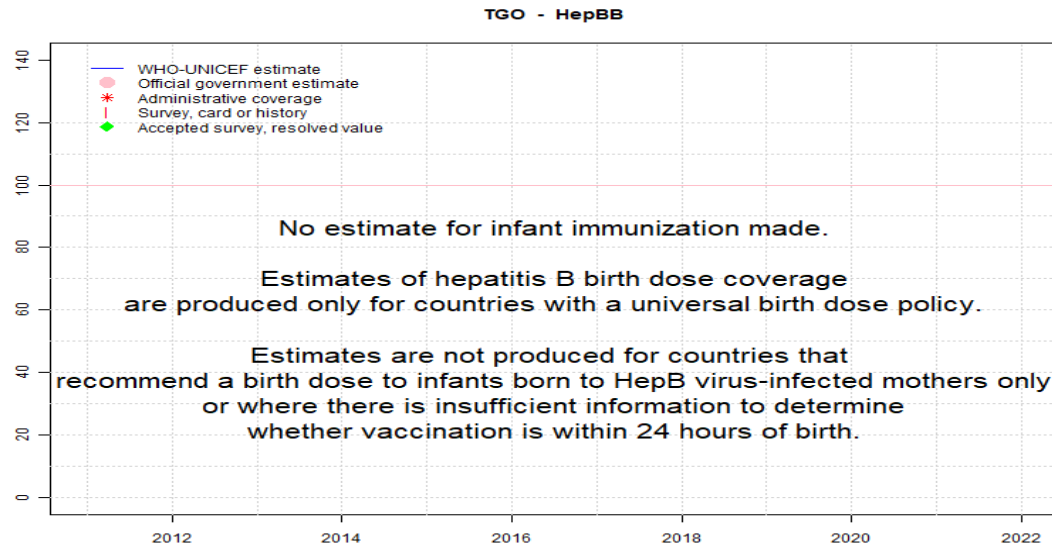
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	71	75	69	70	71
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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.

Togo - HepBB



	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	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

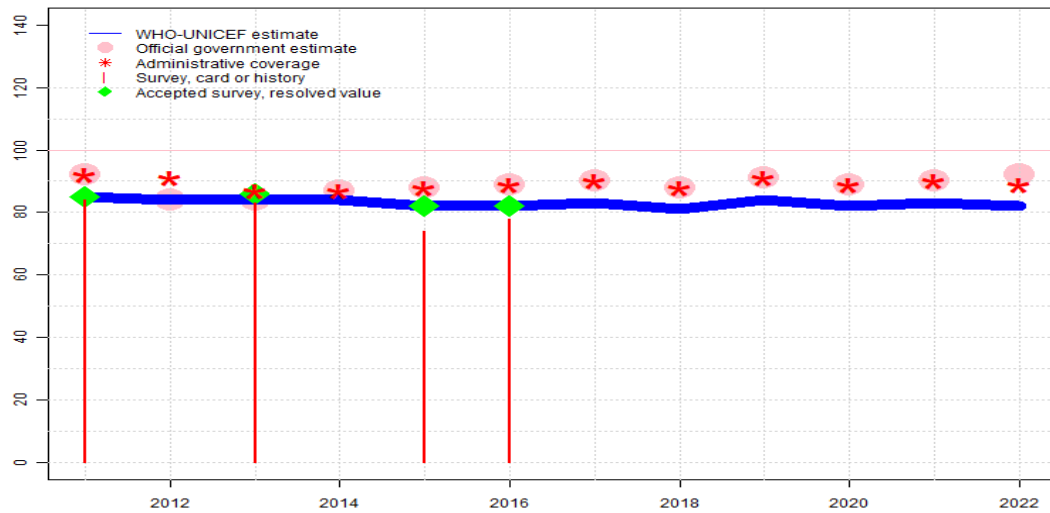
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

Togo - HepB3

TGO - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	85	84	84	84	82	82	83	81	84	82	83	82
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	92	84	84	87	88	89	90	88	91	89	90	92
Administrative	92	91	87	87	88	89	90	88	91	89	90	89
Survey	84	NA	83	NA	74	78	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: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Unexplained adjustment of official coverage from administrative coverage. Estimate challenged by: D-R-

2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2016: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 78 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 66 percent. Estimate challenged by: D-R-

2015: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 74 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 53 percent. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Togo Demographic and Health Survey 2013-2014 card or history results of 83 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 63 percent. Official government estimate is based on results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.

2012: Estimate is based on official government estimate reflecting survey results for the 2011 birth cohort. Estimate challenged by: D-

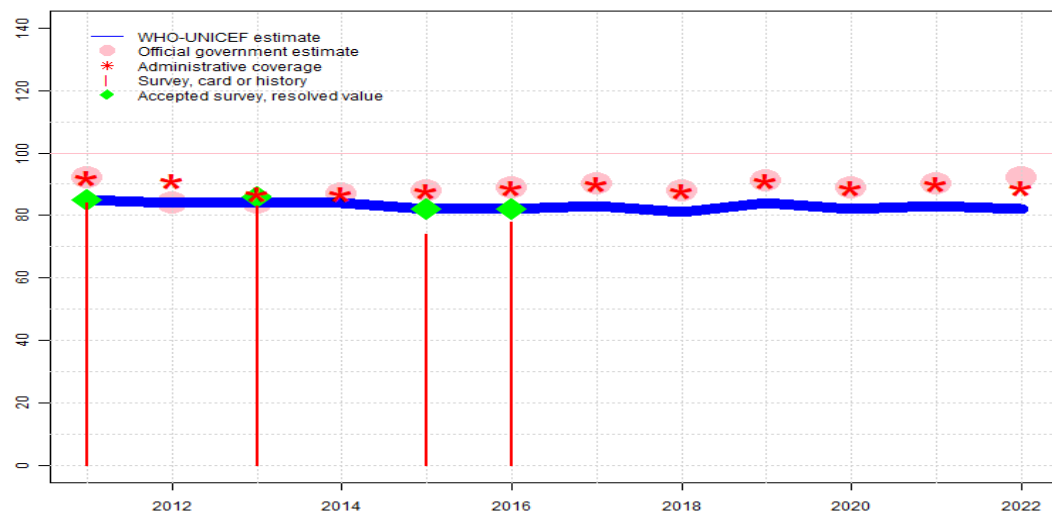
2011: Estimate of 85 percent assigned by working group. Estimate is based on survey results for the 2011 birth cohort, adjusted for recall bias. Togo EPI Review 2012 card or history results of 84 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 71 percent and 3rd dose

Togo - HepB3

card only coverage of 64 percent. Estimate challenged by: D-R-S-

Togo - Hib3

TGO - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	85	84	84	84	82	82	83	81	84	82	83	82
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	92	84	84	87	88	89	90	88	91	89	90	92
Administrative	92	91	87	87	88	89	90	88	91	89	90	89
Survey	84	NA	83	NA	74	78	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: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Unexplained adjustment of official coverage from administrative coverage. Estimate challenged by: D-R-

2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2016: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 78 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 66 percent. Estimate challenged by: D-R-

2015: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 74 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 57 percent and 3rd dose card only coverage of 53 percent. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Togo Demographic and Health Survey 2013-2014 card or history results of 83 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 63 percent. Official government estimate is based on results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.

2012: Estimate is based on official government estimate reflecting the survey results for the 2011 birth cohort. Estimate challenged by: D-

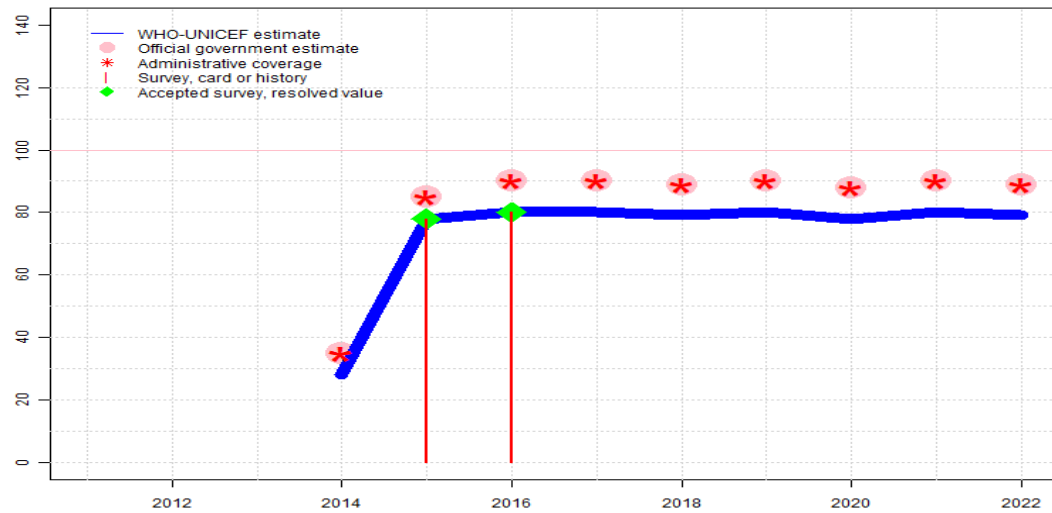
2011: Estimate of 85 percent assigned by working group. Estimate is based on survey results for the 2011 birth cohort, adjusted for recall bias. Togo EPI Review 2012 card or history results of 84 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 71 percent and 3rd dose

Togo - Hib3

card only coverage of 64 percent. Estimate challenged by: D-R-

Togo - RotaC

TGO - RotaC



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	28	78	80	80	79	80	78	80	79
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	35	85	90	90	89	90	88	90	89
Administrative	NA	NA	NA	35	85	90	90	89	90	88	90	89
Survey	NA	NA	NA	NA	78	80	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: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

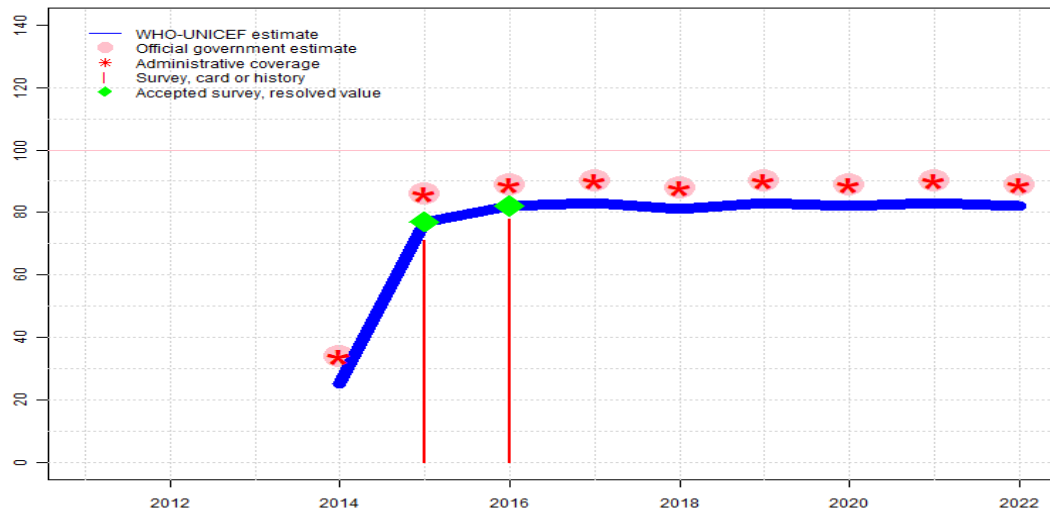
2016: Estimate of 80 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Estimate challenged by: D-R-

2015: Estimate of 78 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Estimate challenged by: D-R-

2014: Reported data calibrated to 2015 levels. Rotavirus vaccine introduced during June 2014. Estimate challenged by: D-R-S-

Togo - PcV3

TGO - PcV3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	25	77	82	83	81	83	82	83	82
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	34	86	89	90	88	90	89	90	89
Administrative	NA	NA	NA	34	86	89	90	88	90	89	90	89
Survey	NA	NA	NA	NA	71	78	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.

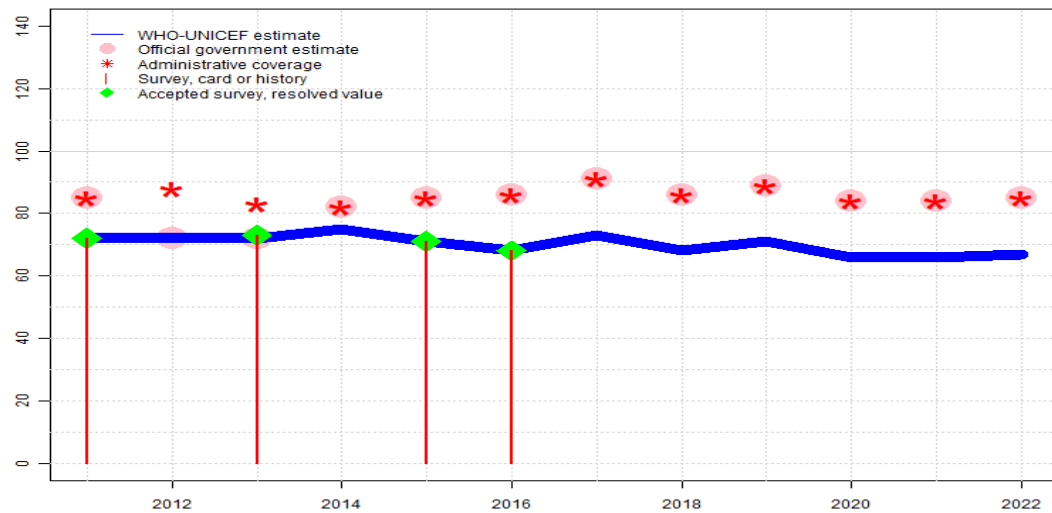
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-
- 2016: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 78 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 89 percent, 1st dose card only coverage of 72 percent and 3rd dose card only coverage of 66 percent. Estimate challenged by: D-R-
- 2015: Estimate of 77 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is based on survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 71 percent modified for recall bias to 77 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 56 percent and 3rd dose card only coverage of 51 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2015 levels. Pneumococcal conjugate vaccine introduced during June 2014. Estimate challenged by: D-R-S-

Togo - YFV

TGO - YFV



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	72	72	72	75	71	68	73	68	71	66	66	67
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	85	72	72	82	85	86	91	86	89	84	84	85
Administrative	85	88	83	82	85	86	91	86	89	84	84	85
Survey	72	NA	73	NA	71	68	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: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2019: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 68 percent based on 1 survey(s). Estimate challenged by: D-R-

2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 71 percent based on 1 survey(s). Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 73 percent based on 1 survey(s). Official government estimate is based on results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.

2012: Estimate is based on official government estimate reflecting the survey results for the 2011 birth cohort. Estimate challenged by: D-

2011: Estimate of 72 percent assigned by working group. Estimate is based on survey results for the 2011 birth cohort. Estimate challenged by: D-R-

Togo - survey details

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.

2016 Togo Multiple Indicator Cluster Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	91.9	12-23 m	1012	75
BCG	Card	72.4	12-23 m	1012	75
BCG	Card or History	92.8	12-23 m	1012	75
BCG	History	20.4	12-23 m	1012	75
DTP1	C or H <12 months	87.9	12-23 m	1012	75
DTP1	Card	72.1	12-23 m	1012	75
DTP1	Card or History	89	12-23 m	1012	75
DTP1	History	16.9	12-23 m	1012	75
DTP3	C or H <12 months	76.5	12-23 m	1012	75
DTP3	Card	65.7	12-23 m	1012	75
DTP3	Card or History	77.9	12-23 m	1012	75
DTP3	History	12.3	12-23 m	1012	75
HepB1	C or H <12 months	87.9	12-23 m	1012	75
HepB1	Card	72.1	12-23 m	1012	75
HepB1	Card or History	89	12-23 m	1012	75
HepB1	History	16.9	12-23 m	1012	75
HepB3	C or H <12 months	76.5	12-23 m	1012	75
HepB3	Card	65.7	12-23 m	1012	75
HepB3	Card or History	77.9	12-23 m	1012	75
HepB3	History	12.3	12-23 m	1012	75
Hib1	C or H <12 months	87.9	12-23 m	1012	75
Hib1	Card	72.1	12-23 m	1012	75
Hib1	Card or History	89	12-23 m	1012	75
Hib1	History	16.9	12-23 m	1012	75

Hib3	C or H <12 months	76.5	12-23 m	1012	75
Hib3	Card	65.7	12-23 m	1012	75
Hib3	Card or History	77.9	12-23 m	1012	75
Hib3	History	12.3	12-23 m	1012	75
MCV1	C or H <12 months	67.5	12-23 m	1012	75
MCV1	Card	59.1	12-23 m	1012	75
MCV1	Card or History	73.3	12-23 m	1012	75
MCV1	History	14.2	12-23 m	1012	75
PCV1	C or H <12 months	87.9	12-23 m	1012	75
PCV1	Card	72.1	12-23 m	1012	75
PCV1	Card or History	89	12-23 m	1012	75
PCV1	History	16.9	12-23 m	1012	75
PCV3	C or H <12 months	76.5	12-23 m	1012	75
PCV3	Card	65.7	12-23 m	1012	75
PCV3	Card or History	77.9	12-23 m	1012	75
PCV3	History	12.3	12-23 m	1012	75
Pol1	C or H <12 months	87.9	12-23 m	1012	75
Pol1	Card	71.1	12-23 m	1012	75
Pol1	Card or History	89.8	12-23 m	1012	75
Pol1	History	18.7	12-23 m	1012	75
Pol3	C or H <12 months	65.8	12-23 m	1012	75
Pol3	Card	63.7	12-23 m	1012	75
Pol3	Card or History	66.6	12-23 m	1012	75
Pol3	History	2.9	12-23 m	1012	75
RotaC	C or H <12 months	79	12-23 m	1012	75
RotaC	Card	66.1	12-23 m	1012	75
RotaC	Card or History	80.1	12-23 m	1012	75
RotaC	History	14	12-23 m	1012	75
YFV	C or H <12 months	62.8	12-23 m	1012	75
YFV	Card	54.9	12-23 m	1012	75
YFV	Card or History	68.5	12-23 m	1012	75
YFV	History	13.5	12-23 m	1012	75

2015 Togo Multiple Indicator Cluster Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92.4	24-35 m	987	75
BCG	Card	58.4	24-35 m	987	75
BCG	Card or History	92.6	24-35 m	987	75

Togo - survey details

BCG	History	34.2	24-35 m	987	75
DTP1	C or H <12 months	87.1	24-35 m	987	75
DTP1	Card	57.2	24-35 m	987	75
DTP1	Card or History	87.6	24-35 m	987	75
DTP1	History	30.4	24-35 m	987	75
DTP3	C or H <12 months	72.2	24-35 m	987	75
DTP3	Card	53.3	24-35 m	987	75
DTP3	Card or History	74.5	24-35 m	987	75
DTP3	History	21.2	24-35 m	987	75
HepB1	C or H <12 months	87.1	24-35 m	987	75
HepB1	Card	57.2	24-35 m	987	75
HepB1	Card or History	87.6	24-35 m	987	75
HepB1	History	30.4	24-35 m	987	75
HepB3	C or H <12 months	72.2	24-35 m	987	75
HepB3	Card	53.3	24-35 m	987	75
HepB3	Card or History	74.5	24-35 m	987	75
HepB3	History	21.2	24-35 m	987	75
Hib1	C or H <12 months	87.1	24-35 m	987	75
Hib1	Card	57.2	24-35 m	987	75
Hib1	Card or History	87.6	24-35 m	987	75
Hib1	History	30.4	24-35 m	987	75
Hib3	C or H <12 months	72.2	24-35 m	987	75
Hib3	Card	53.3	24-35 m	987	75
Hib3	Card or History	74.5	24-35 m	987	75
Hib3	History	21.2	24-35 m	987	75
MCV1	C or H <12 months	63.9	24-35 m	987	75
MCV1	Card	48.4	24-35 m	987	75
MCV1	Card or History	74.7	24-35 m	987	75
MCV1	History	26.3	24-35 m	987	75
PCV1	C or H <12 months	84.3	24-35 m	987	75
PCV1	Card	56.1	24-35 m	987	75
PCV1	Card or History	85.1	24-35 m	987	75
PCV1	History	29.1	24-35 m	987	75
PCV3	C or H <12 months	68.5	24-35 m	987	75
PCV3	Card	51.4	24-35 m	987	75
PCV3	Card or History	71.1	24-35 m	987	75
PCV3	History	19.7	24-35 m	987	75
Pol1	C or H <12 months	86.4	24-35 m	987	75
Pol1	Card	54.9	24-35 m	987	75
Pol1	Card or History	87.1	24-35 m	987	75

Pol1	History	32.1	24-35 m	987	75
Pol3	C or H <12 months	56.3	24-35 m	987	75
Pol3	Card	52	24-35 m	987	75
Pol3	Card or History	58.2	24-35 m	987	75
Pol3	History	6.2	24-35 m	987	75
RotaC	C or H <12 months	76.7	24-35 m	987	75
RotaC	Card	53	24-35 m	987	75
RotaC	Card or History	78.2	24-35 m	987	75
RotaC	History	25.3	24-35 m	987	75
YFV	C or H <12 months	60.4	24-35 m	987	75
YFV	Card	45.1	24-35 m	987	75
YFV	Card or History	71.1	24-35 m	987	75
YFV	History	26	24-35 m	987	75

2013 Togo Enquête Démographique et de Santé 2013-2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	95	12-23 m	1395	70
BCG	Card	69.5	12-23 m	971	70
BCG	Card or History	95.3	12-23 m	1395	70
BCG	History	25.8	12-23 m	423	70
DTP1	C or H <12 months	93.1	12-23 m	1395	70
DTP1	Card	68.1	12-23 m	971	70
DTP1	Card or History	93.2	12-23 m	1395	70
DTP1	History	25.1	12-23 m	423	70
DTP3	C or H <12 months	81.6	12-23 m	1395	70
DTP3	Card	63.4	12-23 m	971	70
DTP3	Card or History	82.8	12-23 m	1395	70
DTP3	History	19.4	12-23 m	423	70
HepB1	C or H <12 months	93.1	12-23 m	1395	70
HepB1	Card	68.1	12-23 m	971	70
HepB1	Card or History	93.2	12-23 m	1395	70
HepB1	History	25.1	12-23 m	423	70
HepB3	C or H <12 months	81.6	12-23 m	1395	70
HepB3	Card	63.4	12-23 m	971	70
HepB3	Card or History	82.8	12-23 m	1395	70
HepB3	History	19.4	12-23 m	423	70
Hib1	C or H <12 months	93.1	12-23 m	1395	70
Hib1	Card	68.1	12-23 m	971	70

Togo - survey details

Hib1	Card or History	93.2	12-23 m	1395	70
Hib1	History	25.1	12-23 m	423	70
Hib3	C or H <12 months	81.6	12-23 m	1395	70
Hib3	Card	63.4	12-23 m	971	70
Hib3	Card or History	82.8	12-23 m	1395	70
Hib3	History	19.4	12-23 m	423	70
MCV1	C or H <12 months	66.2	12-23 m	1395	70
MCV1	Card	56.2	12-23 m	971	70
MCV1	Card or History	74.3	12-23 m	1395	70
MCV1	History	18.1	12-23 m	423	70
Pol1	C or H <12 months	93.9	12-23 m	1395	70
Pol1	Card	68.4	12-23 m	971	70
Pol1	Card or History	94	12-23 m	1395	70
Pol1	History	25.6	12-23 m	423	70
Pol3	C or H <12 months	73	12-23 m	1395	70
Pol3	Card	63.7	12-23 m	971	70
Pol3	Card or History	74.2	12-23 m	1395	70
Pol3	History	10.5	12-23 m	423	70
YFV	C or H <12 months	64.8	12-23 m	1395	70
YFV	Card	55.5	12-23 m	971	70
YFV	Card or History	72.9	12-23 m	1395	70
YFV	History	17.5	12-23 m	423	70

2012 Togo Enquête Démographique et de Santé 2013-2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	93.1	24-35 m	1234	70
DTP1	C or H <12 months	91.2	24-35 m	1234	70
DTP3	C or H <12 months	76.6	24-35 m	1234	70
HepB1	C or H <12 months	91.2	24-35 m	1234	70
HepB3	C or H <12 months	76.6	24-35 m	1234	70
Hib1	C or H <12 months	91.2	24-35 m	1234	70
Hib3	C or H <12 months	76.6	24-35 m	1234	70
MCV1	C or H <12 months	63.4	24-35 m	1234	70
Pol1	C or H <12 months	92.7	24-35 m	1234	70
Pol3	C or H <12 months	61.6	24-35 m	1234	70
YFV	C or H <12 months	61.9	24-35 m	1234	70

2011 Revue du Programme Elargi de Vaccination (PEV) du Togo en 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	96.9	12-23 m	4118	79
DTP1	Card	71.4	12-23 m	4118	79
DTP1	Card or History	93.5	12-23 m	4118	79
DTP3	Card	64.5	12-23 m	4118	79
DTP3	Card or History	84.1	12-23 m	4118	79
HepB1	Card	71.4	12-23 m	4118	79
HepB1	Card or History	93.5	12-23 m	4118	79
HepB3	Card	64.5	12-23 m	4118	79
HepB3	Card or History	84.1	12-23 m	4118	79
Hib1	Card	71.4	12-23 m	4118	79
Hib1	Card or History	93.5	12-23 m	4118	79
Hib3	Card	64.5	12-23 m	4118	79
Hib3	Card or History	84.1	12-23 m	4118	79
MCV1	Card	54	12-23 m	4118	79
MCV1	Card or History	71.7	12-23 m	4118	79
Pol1	Card	71.3	12-23 m	-	79
Pol1	Card or History	93.5	12-23 m	4118	79
Pol3	Card	64.4	12-23 m	-	79
Pol3	Card or History	83.8	12-23 m	4118	79
YFV	Card	54	12-23 m	-	79
YFV	Card or History	71.6	12-23 m	4118	79

2011 Togo Enquête Démographique et de Santé 2013-2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	92	36-47 m	1220	70
DTP1	C or H <12 months	90.1	36-47 m	1220	70
DTP3	C or H <12 months	77.2	36-47 m	1220	70
HepB1	C or H <12 months	90.1	36-47 m	1220	70
HepB3	C or H <12 months	77.2	36-47 m	1220	70
Hib1	C or H <12 months	90.1	36-47 m	1220	70
Hib3	C or H <12 months	77.2	36-47 m	1220	70
MCV1	C or H <12 months	68.3	36-47 m	1220	70
Pol1	C or H <12 months	92.1	36-47 m	1220	70
Pol3	C or H <12 months	58.9	36-47 m	1220	70

Togo - survey details

YFV C or H <12 months 66.7 36-47 m 1220 70

2010 Togo Enquête Démographique et de Santé 2013-2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.6	48-59 m	1172	70
DTP1	C or H <12 months	87.2	48-59 m	1172	70
DTP3	C or H <12 months	75.1	48-59 m	1172	70
HepB1	C or H <12 months	87.2	48-59 m	1172	70
HepB3	C or H <12 months	75.1	48-59 m	1172	70
Hib1	C or H <12 months	87.2	48-59 m	1172	70
Hib3	C or H <12 months	75.1	48-59 m	1172	70
MCV1	C or H <12 months	64.8	48-59 m	1172	70
Pol1	C or H <12 months	89.2	48-59 m	1172	70
Pol3	C or H <12 months	55.4	48-59 m	1172	70
YFV	C or H <12 months	63.2	48-59 m	1172	70

2009 Togo, Enquête par grappes à indicateurs multiples, 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.7	12-23 m	900	73
BCG	Card	71.4	12-23 m	900	73
BCG	Card or History	90.8	12-23 m	900	73
BCG	History	19.4	12-23 m	900	73
DTP1	C or H <12 months	72	12-23 m	900	73
DTP1	Card	71	12-23 m	900	73
DTP1	Card or History	87	12-23 m	900	73
DTP1	History	16	12-23 m	900	73
DTP3	C or H <12 months	59.1	12-23 m	900	73
DTP3	Card	64.5	12-23 m	900	73
DTP3	Card or History	72.4	12-23 m	900	73
DTP3	History	7.9	12-23 m	900	73
HepB1	C or H <12 months	18	12-23 m	900	73
HepB1	Card	16.2	12-23 m	900	73
HepB1	Card or History	21.7	12-23 m	900	73
HepB1	History	5.5	12-23 m	900	73
HepB3	C or H <12 months	14.2	12-23 m	900	73

HepB3	Card	14.2	12-23 m	900	73
HepB3	Card or History	16.3	12-23 m	900	73
HepB3	History	2.1	12-23 m	900	73
HepBB	C or H <12 months	5.1	12-23 m	900	73
HepBB	Card	1.4	12-23 m	900	73
HepBB	Card or History	5.1	12-23 m	900	73
HepBB	History	3.7	12-23 m	900	73
MCV1	C or H <12 months	65.4	12-23 m	900	73
MCV1	Card	59.9	12-23 m	900	73
MCV1	Card or History	66.2	12-23 m	900	73
MCV1	History	6.3	12-23 m	900	73
Pol1	C or H <12 months	87.5	12-23 m	900	73
Pol1	Card	66.3	12-23 m	900	73
Pol1	Card or History	88.1	12-23 m	900	73
Pol1	History	21.8	12-23 m	900	73
Pol3	C or H <12 months	65.4	12-23 m	900	73
Pol3	Card	59.9	12-23 m	900	73
Pol3	Card or History	66.2	12-23 m	900	73
Pol3	History	6.3	12-23 m	900	73
YFV	C or H <12 months	60.3	12-23 m	900	73
YFV	Card	49.3	12-23 m	900	73
YFV	Card or History	64	12-23 m	900	73
YFV	History	14.7	12-23 m	900	73

2005 Enquête par grappe à indicateurs multiples de Togo, 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	86.6	12-23 m	888	70
BCG	Card	67.6	12-23 m	888	70
BCG	Card or History	88	12-23 m	888	70
BCG	History	20.5	12-23 m	888	70
DTP1	C or H <12 months	83.7	12-23 m	888	70
DTP1	Card	68.2	12-23 m	888	70
DTP1	Card or History	85.2	12-23 m	888	70
DTP1	History	17	12-23 m	888	70
DTP3	C or H <12 months	63.2	12-23 m	888	70
DTP3	Card	58.1	12-23 m	888	70
DTP3	Card or History	65	12-23 m	888	70
DTP3	History	6.8	12-23 m	888	70

Togo - survey details

HepB1	C or H <12 months	15.5	12-23 m	888	70
HepB1	Card	1.8	12-23 m	888	70
HepB1	Card or History	18.6	12-23 m	888	70
HepB1	History	16.9	12-23 m	888	70
HepB3	C or H <12 months	1.4	12-23 m	888	70
HepB3	Card	1.5	12-23 m	888	70
HepB3	Card or History	1.5	12-23 m	888	70
HepB3	History	0	12-23 m	888	70
MCV1	C or H <12 months	57.7	12-23 m	888	70
MCV1	Card	50.5	12-23 m	888	70
MCV1	Card or History	63.1	12-23 m	888	70
MCV1	History	12.6	12-23 m	888	70
Pol1	C or H <12 months	90.5	12-23 m	888	70
Pol1	Card	68.6	12-23 m	888	70
Pol1	Card or History	92.1	12-23 m	888	70
Pol1	History	23.5	12-23 m	888	70
Pol3	C or H <12 months	68.7	12-23 m	888	70
Pol3	Card	60.5	12-23 m	888	70
Pol3	Card or History	70.6	12-23 m	888	70
Pol3	History	10.1	12-23 m	888	70
YFV	C or H <12 months	43.5	12-23 m	888	70
YFV	Card	40.4	12-23 m	888	70
YFV	Card or History	49.5	12-23 m	888	70
YFV	History	9.2	12-23 m	888	70

2000 Togo, Revue Externe du Programme Elargi de Vaccination, Rapport Préliminaire, 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	84	12-23 m	1308	79
DTP1	Card or History	80	12-23 m	1308	79
DTP3	Card or History	64	12-23 m	1308	79
MCV1	Card or History	58	12-23 m	1308	79
Pol1	Card or History	83	12-23 m	1308	79
Pol3	Card or History	63	12-23 m	1308	79

1999 Togo MICS 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	81.4	12-23 m	638	66
DTP1	Card or History	81.4	12-23 m	638	66
DTP3	Card or History	56.6	12-23 m	638	66
MCV1	Card or History	56.7	12-23 m	638	66
Pol1	Card or History	87.1	12-23 m	638	66
Pol3	Card or History	57.2	12-23 m	638	66

1997 Enquête Démographique et de Santé Togo 1998, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	73	12-23 m	1134	58
BCG	Card	56.9	12-23 m	1134	58
BCG	Card <12 months	56	12-23 m	1134	58
BCG	Card or History	75.7	12-23 m	1134	58
BCG	History	18.8	12-23 m	1134	58
DTP1	C or H <12 months	63.6	12-23 m	1134	58
DTP1	Card	52.5	12-23 m	1134	58
DTP1	Card <12 months	51.7	12-23 m	1134	58
DTP1	Card or History	66.7	12-23 m	1134	58
DTP1	History	14.2	12-23 m	1134	58
DTP3	C or H <12 months	36.5	12-23 m	1134	58
DTP3	Card	37.6	12-23 m	1134	58
DTP3	Card <12 months	36.7	12-23 m	1134	58
DTP3	Card or History	42	12-23 m	1134	58
DTP3	History	4.4	12-23 m	1134	58
MCV1	C or H <12 months	31.8	12-23 m	1134	58
MCV1	Card	35.1	12-23 m	1134	58
MCV1	Card <12 months	33.6	12-23 m	1134	58
MCV1	Card or History	42.6	12-23 m	1134	58
MCV1	History	7.5	12-23 m	1134	58
Pol1	C or H <12 months	74.4	12-23 m	1134	58
Pol1	Card	53.8	12-23 m	1134	58
Pol1	Card <12 months	52.6	12-23 m	1134	58
Pol1	Card or History	77.7	12-23 m	1134	58
Pol1	History	23.9	12-23 m	1134	58
Pol3	C or H <12 months	40.8	12-23 m	1134	58
Pol3	Card	38.6	12-23 m	1134	58

Togo - survey details

Pol3	Card <12 months	37.4	12-23 m	1134	58
Pol3	Card or History	46.6	12-23 m	1134	58

Pol3	History	8	12-23 m	1134	58
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Togo - survey details

Further information and estimates for previous years are available at:

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

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