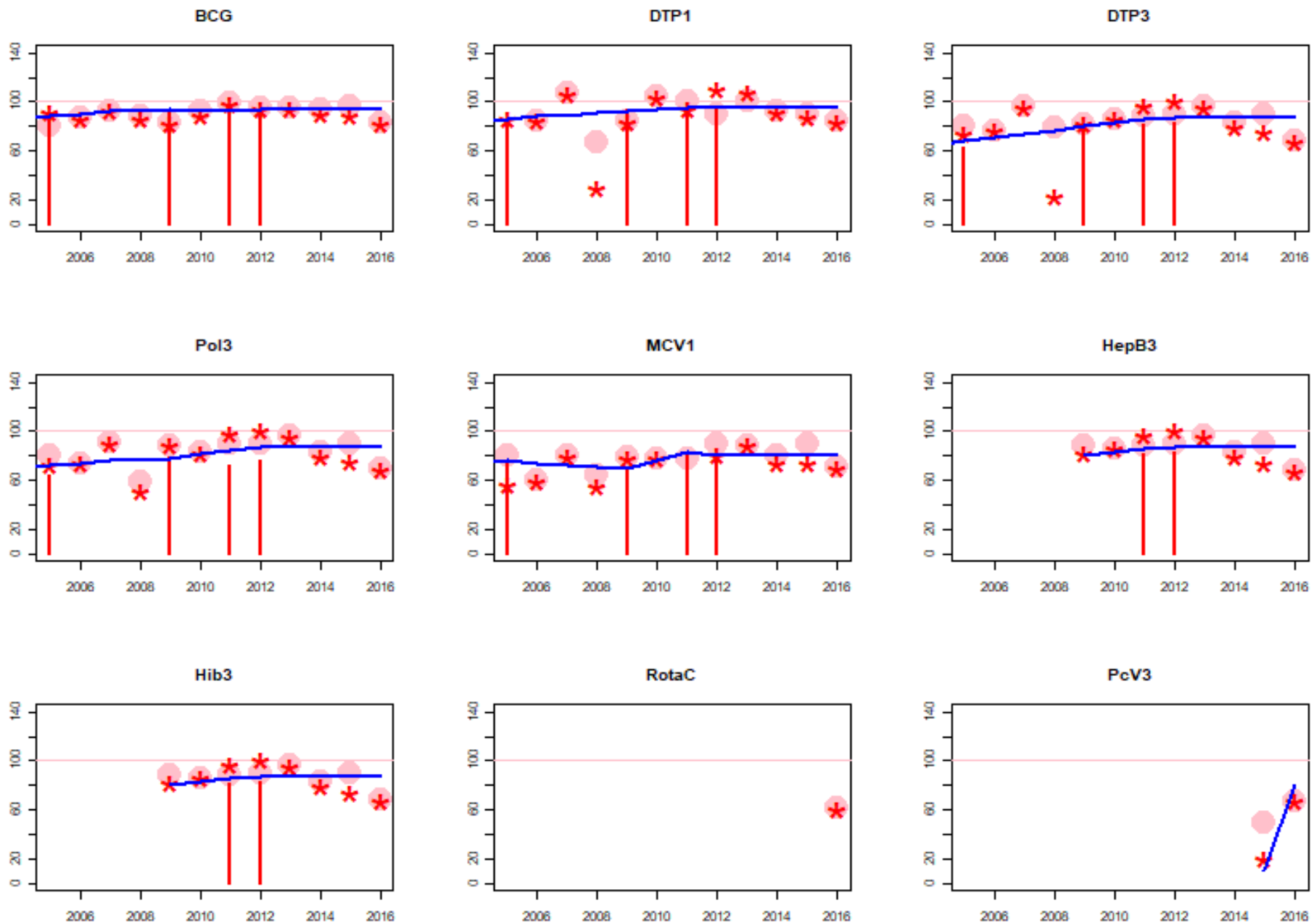


Guinea-Bissau: WHO and UNICEF estimates of immunization coverage: 2016 revision



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. 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.

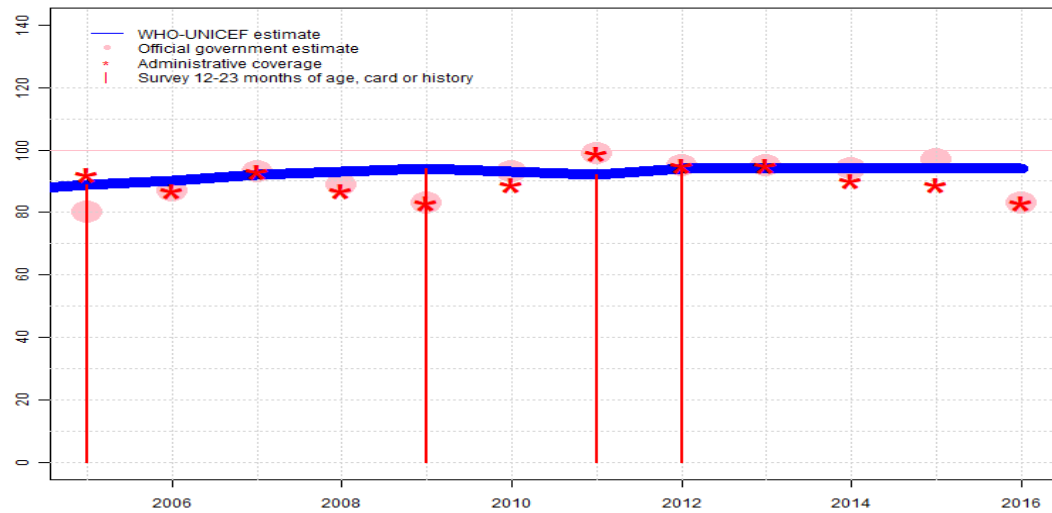
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

Disclaimer: All reasonable precautions have been taken by the World Health Organization and United Nations Children's Fund to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization or United Nations Children's Fund be liable for damages arising from its use.

Guinea-Bissau - BCG

GNB - BCG



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	89	90	92	93	94	93	92	94	94	94	94	94
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	87	93	89	83	93	99	95	95	94	97	83
Administrative	92	87	93	87	83	89	99	95	95	90	89	83
Survey	89	NA	NA	NA	94	NA	92	94	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: 2015 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:

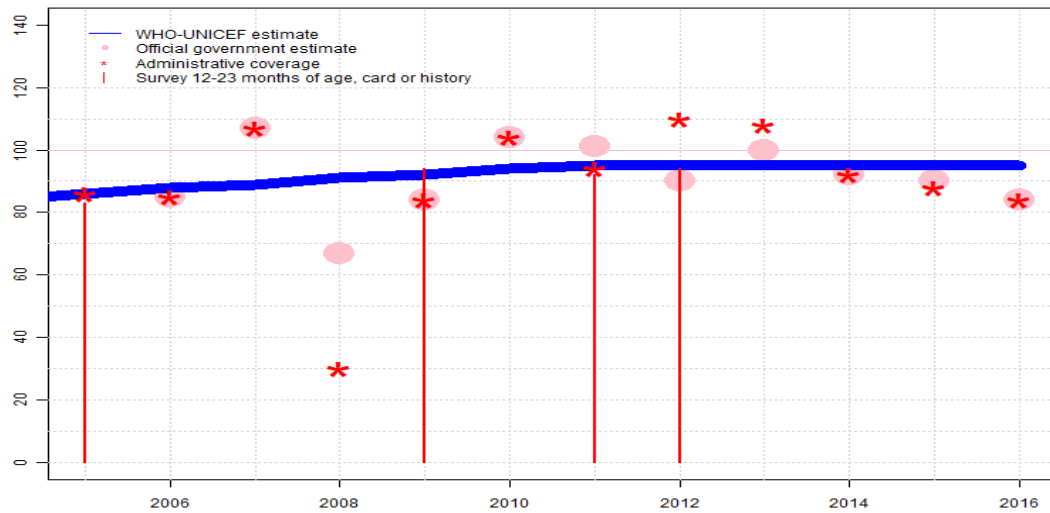
- 2016: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to unexplained sudden change in coverage from 97 level to 83 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Preliminary results from the 2014 MICS survey suggest coverage of 91 percent. Estimate challenged by: R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 94 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 92 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 92 percent changed from previous revision value of 94 percent. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 93 percent changed from previous revision value of 94 percent. Estimate challenged by: D-R-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 94 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2008: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

Guinea-Bissau - BCG

2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 89 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

Guinea-Bissau - DTP1

GNB - DTP1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	86	88	89	91	92	94	95	95	95	95	95	95
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA	85	107	67	84	104	101	90	100	92	90	84
Administrative	86	85	107	30	84	104	94	110	108	92	88	84
Survey	83	NA	NA	NA	94	NA	92	94	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: 2015 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:

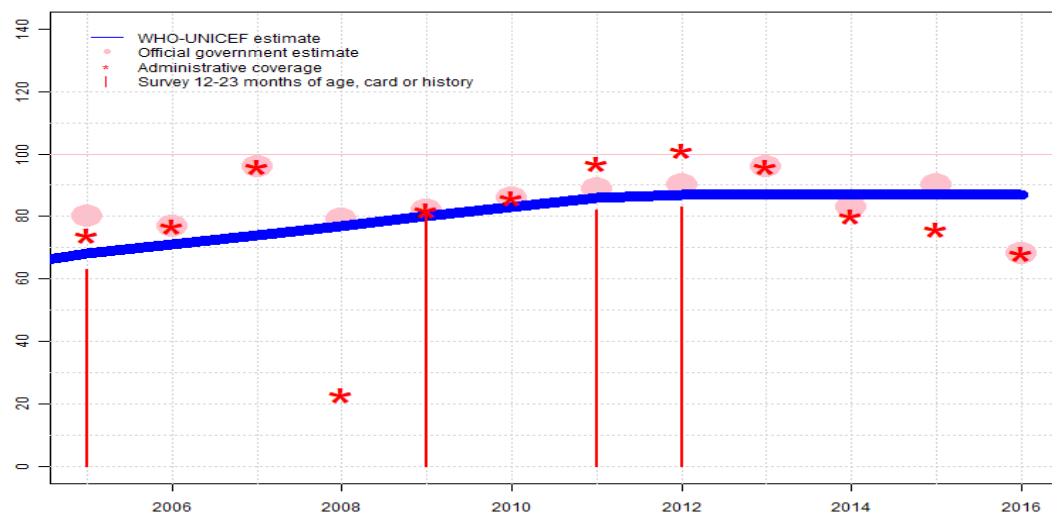
- 2016: Estimate based on DTP3 coverage of 87. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: R-
- 2015: Estimate based on DTP3 coverage of 87. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: R-
- 2014: Estimate based on DTP3 coverage of 87. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: R-
- 2013: Estimate based on DTP3 coverage of 87. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Preliminary results from the 2014 MICS survey suggest coverage of 92 percent. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: R-
- 2012: Estimate based on DTP3 coverage of 87. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: R-
- 2011: Estimate based on DTP3 coverage of 86. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded because 101 percent greater than 100 percent. Estimate of 95 percent changed from previous revision value of 92 percent. Estimate challenged by: R-
- 2010: Estimate based on DTP3 coverage of 83. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded because 104 percent greater than 100 percent. Estimate of 94 percent changed from previous revision value of 92 percent. Estimate challenged by: R-
- 2009: Estimate based on DTP3 coverage of 80. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-
- 2008: Estimate based on DTP3 coverage of 77. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 107 percent to 67 percent with increase to 84 percent. Estimate challenged by: D-R-
- 2007: Estimate based on DTP3 coverage of 74. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded because 107 percent greater than 100 percent. Reported data excluded due to an unexplained increase from 85 percent to 107 percent with decrease 67 percent. Estimate challenged by: R-
- 2006: Estimate based on DTP3 coverage of 71. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

Guinea-Bissau - DTP1

2005: Estimate based on DTP3 coverage of 68. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

Guinea-Bissau - DTP3

GNB - DTP3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	68	71	74	77	80	83	86	87	87	87	87	87
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	77	96	79	82	86	89	90	96	83	90	68
Administrative	74	77	96	23	82	86	97	101	96	80	76	68
Survey	63	NA	NA	NA	81	NA	82	83	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: 2015 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:

- 2016: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to unexplained sudden change in coverage from 90 level to 68 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Preliminary results from the 2014 MICS survey suggest coverage inconsistent with reported data. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 87 percent based on 1 survey(s). Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 82 percent and 3d dose card only coverage of 76 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 86 percent based on 1 survey(s). Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 82 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3d dose card only coverage of 69 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 86 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 83 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 80 percent based on 1 survey(s). Guinea-Bissau 4th Multiple Indicator Cluster Survey 2010 card or history results of 81 percent modified for recall bias to 80 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only

Guinea-Bissau - DTP3

coverage of 80 percent and 3d dose card only coverage of 68 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

2008: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

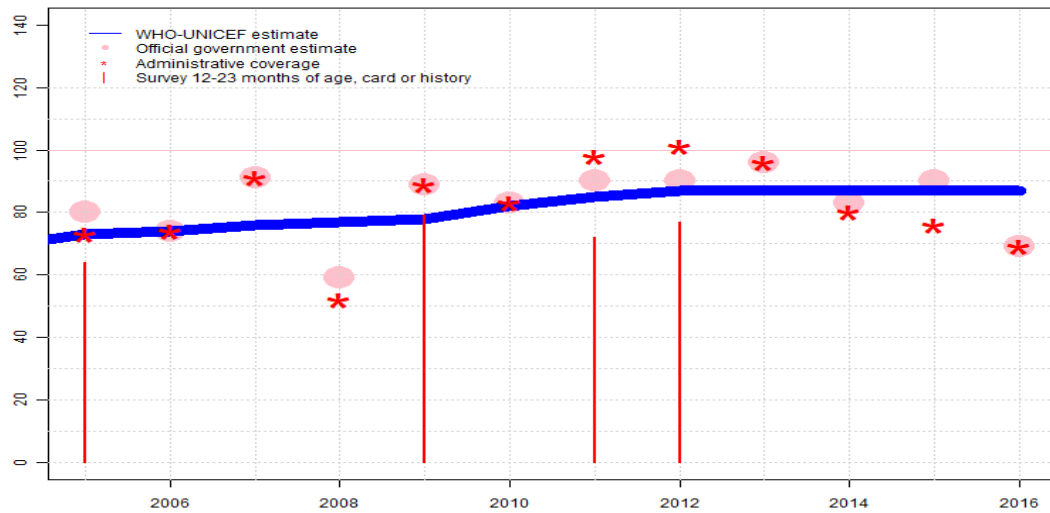
2007: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an unexplained increase from 77 percent to 96 percent with decrease 79 percent. Estimate challenged by: D-R-

2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 68 percent based on 1 survey(s). Guinea-Bissau Multiple Indicator Cluster Survey 2006 card or history results of 63 percent modified for recall bias to 68 percent based on 1st dose card or history coverage of 83 percent, 1st dose card only coverage of 70 percent and 3d dose card only coverage of 57 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

Guinea-Bissau - Pol3

GNB - Pol3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	73	74	76	77	78	82	85	87	87	87	87	87
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	80	74	91	59	89	83	90	90	96	83	90	69
Administrative	73	74	91	52	89	83	98	101	96	80	76	69
Survey	64	NA	NA	NA	79	NA	72	77	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: 2015 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:

- 2016: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to unexplained sudden change in coverage from 90 level to 69 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 78 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 78 percent. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Preliminary results from the 2014 MICS survey suggest coverage inconsistent with reported data. Estimate of 87 percent changed from previous revision value of 78 percent. Estimate challenged by: R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 87 percent based on 1 survey(s). Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 77 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 82 percent and 3d dose card only coverage of 76 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 78 percent. Estimate challenged by: R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 85 percent based on 1 survey(s). Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 72 percent modified for recall bias to 85 percent based on 1st dose card or history coverage of 91 percent, 1st dose card only coverage of 74 percent and 3d dose card only coverage of 69 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 85 percent changed from previous revision value of 78 percent. Estimate challenged by: R-
- 2010: Reported data calibrated to 2009 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 82 percent changed from previous revision value of 78 percent. Estimate challenged by: D-R-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 78 percent based on 1 survey(s). Guinea-Bissau 4th Multiple Indicator Cluster Survey 2010 card or history results of 79 percent modified for recall bias to 78 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only

Guinea-Bissau - Pol3

coverage of 80 percent and 3d dose card only coverage of 66 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

2008: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 91 percent to 59 percent with increase to 89 percent. Estimate challenged by: D-R-

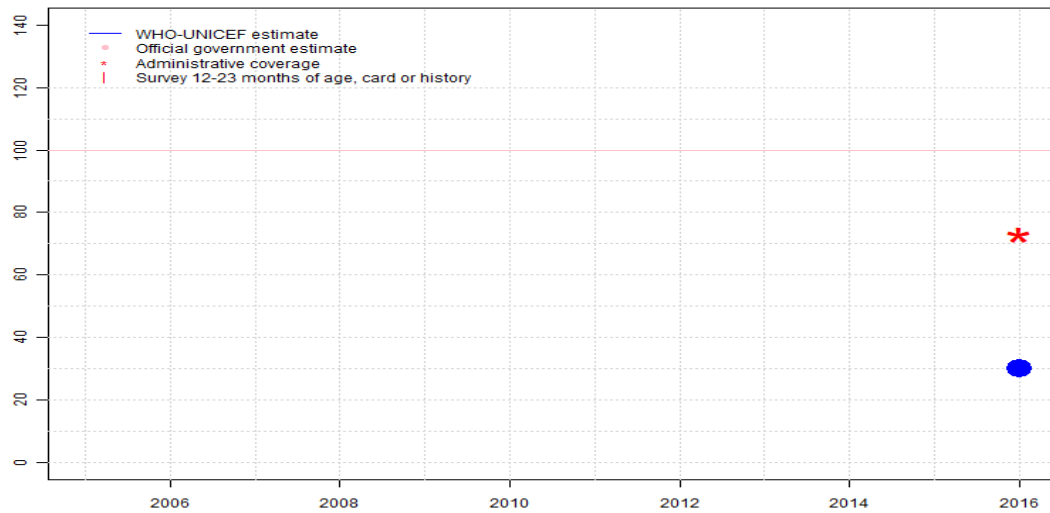
2007: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an unexplained increase from 74 percent to 91 percent with decrease 59 percent. Estimate challenged by: R-

2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Guinea-Bissau Multiple Indicator Cluster Survey 2006 card or history results of 64 percent modified for recall bias to 73 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 73 percent and 3d dose card only coverage of 61 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-

Guinea-Bissau - IPV1

GNB - IPV1



Description:

2016: Programme reports coverage of 73 percent in 42 percent of the target population. Estimate based on annualized coverage for target population. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	30
Estimate GoC	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	73
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

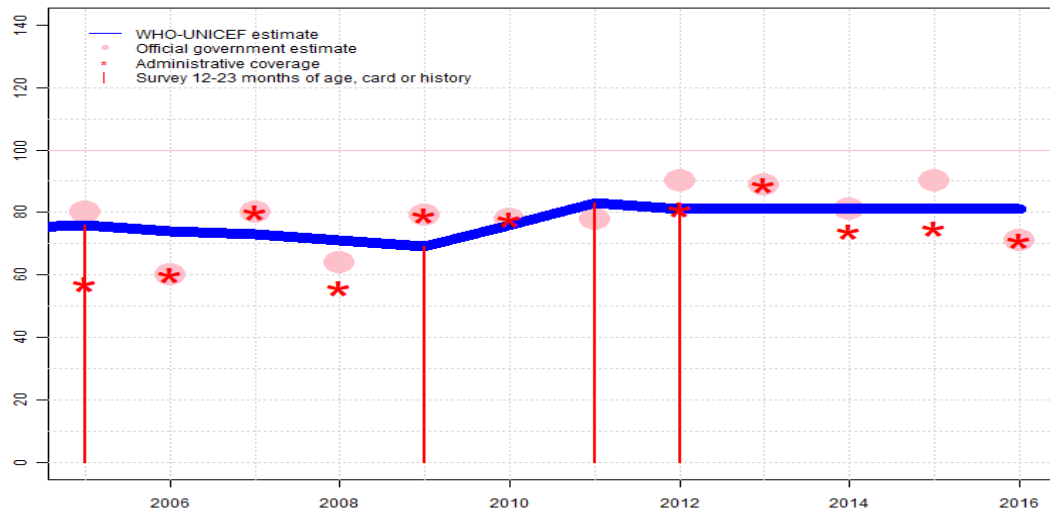
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2015 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.

Guinea-Bissau - MCV1

GNB - MCV1



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	76	74	73	71	69	76	83	81	81	81	81	81
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	80	60	80	64	79	78	78	90	89	81	90	71
Administrative	57	60	80	56	79	78	NA	81	89	74	75	71
Survey	76	NA	NA	NA	69	NA	83	81	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: 2015 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:

- 2016: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to unexplained sudden change in coverage from 90 level to 71 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: R-
- 2015: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 81 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2014: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 81 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2013: Reported data calibrated to 2012 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Preliminary results from the 2014 MICS survey suggest coverage of 64 percent. Estimate of 81 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 81 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 81 percent changed from previous revision value of 69 percent. Estimate challenged by: D-R-
- 2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 83 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 83 percent changed from previous revision value of 69 percent. Estimate challenged by: R-S-
- 2010: Reported data calibrated to 2009 and 2011 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 76 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2009: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 69 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-S-
- 2008: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 80 percent to 64 percent with increase to 79 percent. Estimate challenged by: D-R-
- 2007: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an unexplained increase from 60 percent to 80 percent with decrease

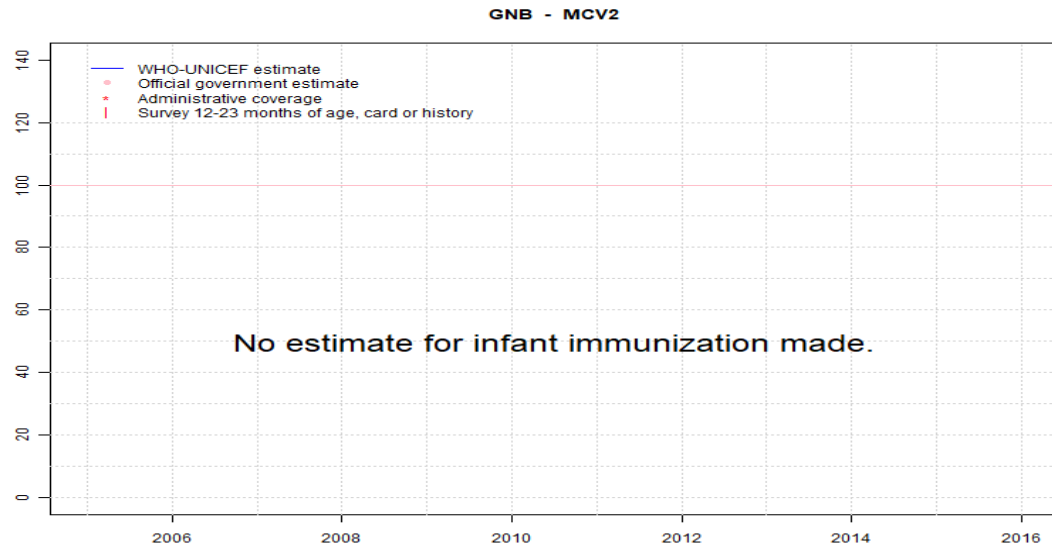
Guinea-Bissau - MCV1

64 percent. Estimate challenged by: R-

2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to decline in reported coverage from 80 percent to 60 percent with increase to 80 percent. Estimate challenged by: D-R-

2005: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 76 percent based on 1 survey(s). Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-R-

Guinea-Bissau - MCV2



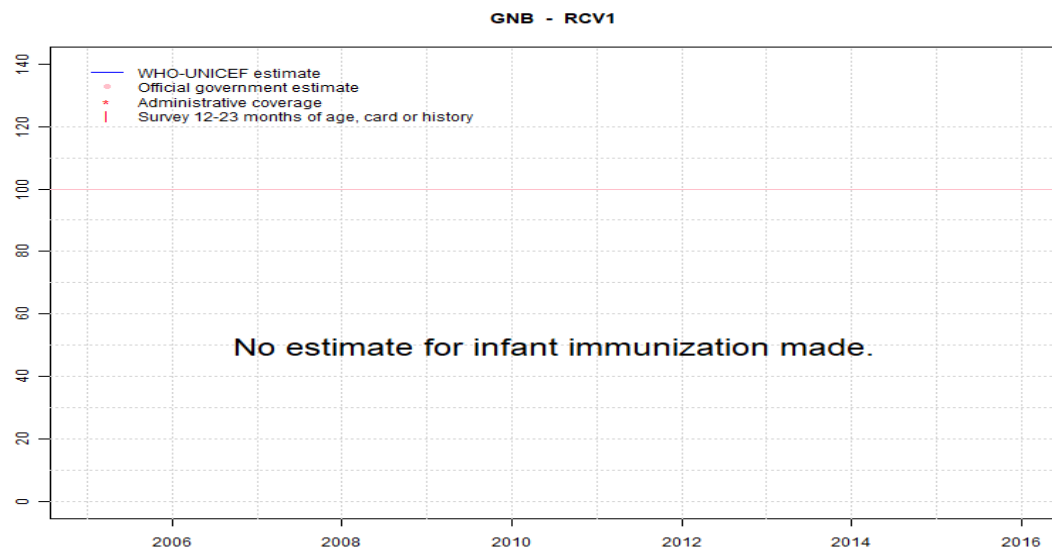
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2015 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.

Guinea-Bissau - RCV1



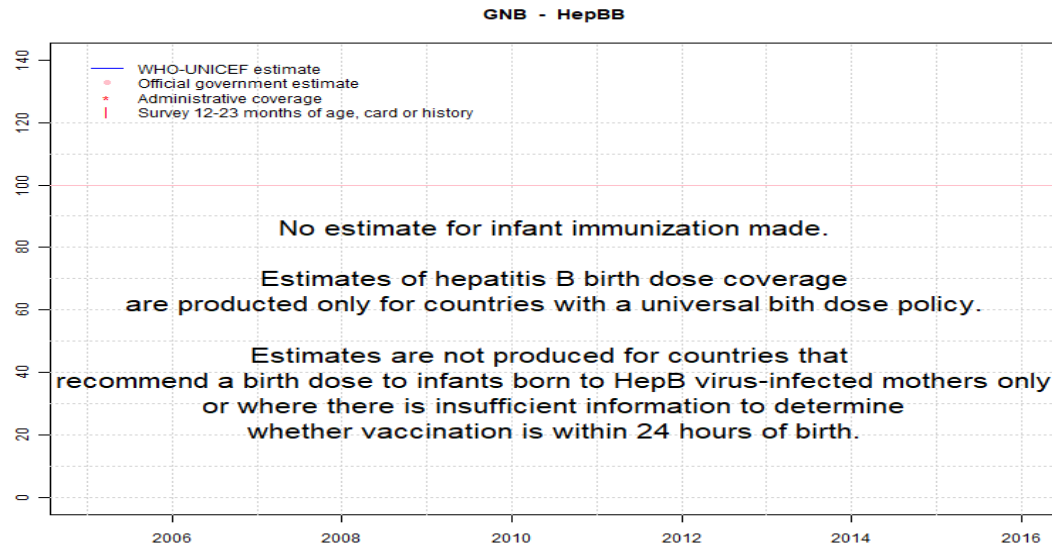
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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: 2015 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.

Guinea-Bissau - HepBB



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
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

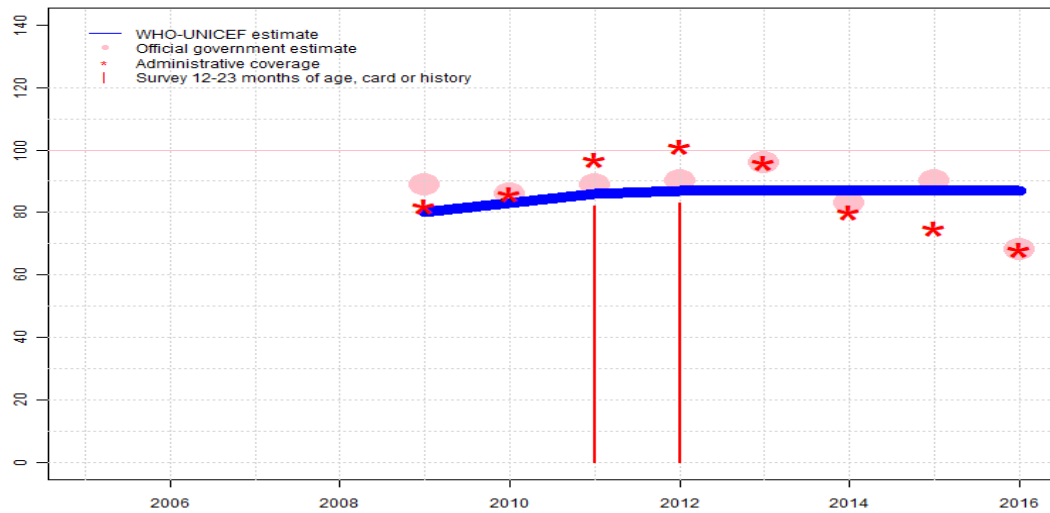
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2015 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.

Guinea-Bissau - HepB3

GNB - HepB3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	80	83	86	87	87	87	87	87
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	89	86	89	90	96	83	90	68
Administrative	NA	NA	NA	NA	82	86	97	101	96	80	75	68
Survey	NA	NA	NA	NA	NA	NA	82	83	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: 2015 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.

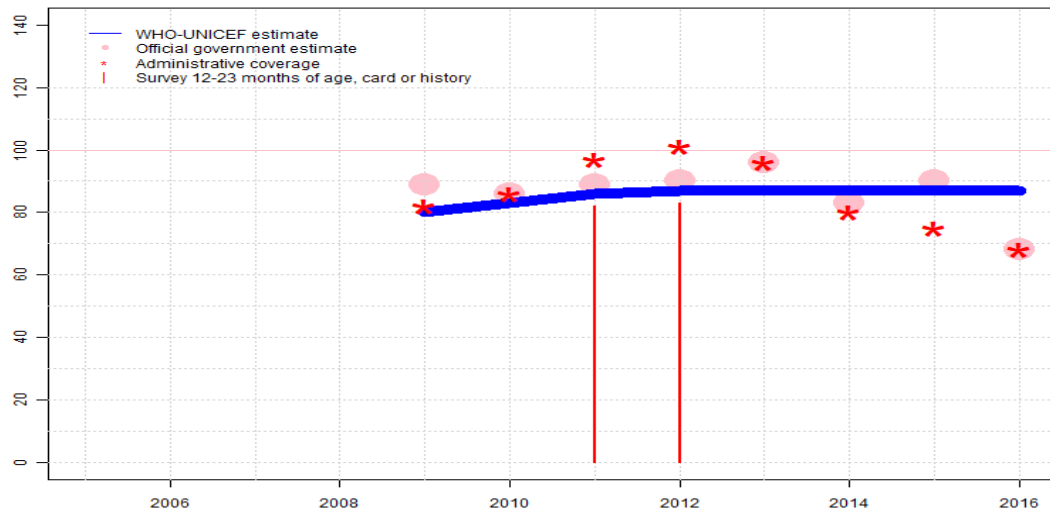
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to unexplained sudden change in coverage from 90 level to 68 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: D-R-
- 2015: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: D-R-
- 2014: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2013: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2012: Estimate follows DTP3 coverage levels. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 82 percent and 3d dose card only coverage of 76 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2011: Estimate follows DTP3 coverage levels. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 82 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3d dose card only coverage of 69 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 86 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2010: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 83 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2009: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. HepB vaccine introduced in 2008. Reporting started in 2009. Vaccine presentation is DTP-HepB-Hib. Estimate challenged by: D-R-

Guinea-Bissau - Hib3

GNB - Hib3



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	80	83	86	87	87	87	87	87
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	89	86	89	90	96	83	90	68
Administrative	NA	NA	NA	NA	82	86	97	101	96	80	75	68
Survey	NA	NA	NA	NA	NA	NA	82	83	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: 2015 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.

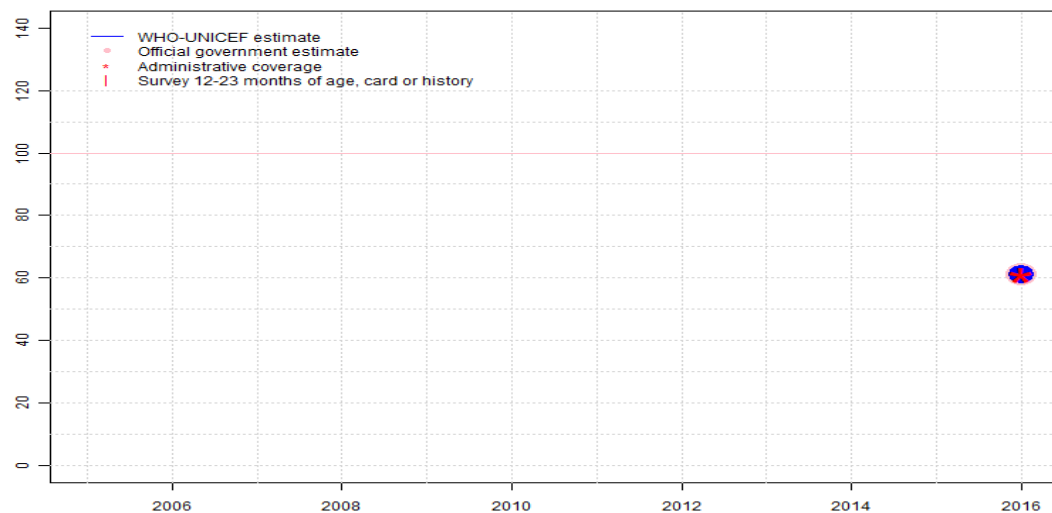
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2016: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to unexplained sudden change in coverage from 90 level to 68 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: D-R-
- 2015: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: D-R-
- 2014: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2013: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2012: Estimate follows DTP3 coverage levels. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 83 percent modified for recall bias to 87 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 82 percent and 3d dose card only coverage of 76 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 87 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2011: Estimate follows DTP3 coverage levels. Guinea-Bissau Multiple Indicator Cluster Survey 2014 card or history results of 82 percent modified for recall bias to 86 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 74 percent and 3d dose card only coverage of 69 percent. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 86 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2010: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 83 percent changed from previous revision value of 80 percent. Estimate challenged by: R-
- 2009: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Hib vaccine introduced in 2008. Reporting started in 2009. Vaccine presentation is DTP-HepB-Hib. Estimate challenged by: D-R-

Guinea-Bissau - RotaC

GNB - RotaC



Description:

2016: Estimate is exceptionally based on reported data. Rotavirus vaccine introduction in 2016. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	61
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	61
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	61
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

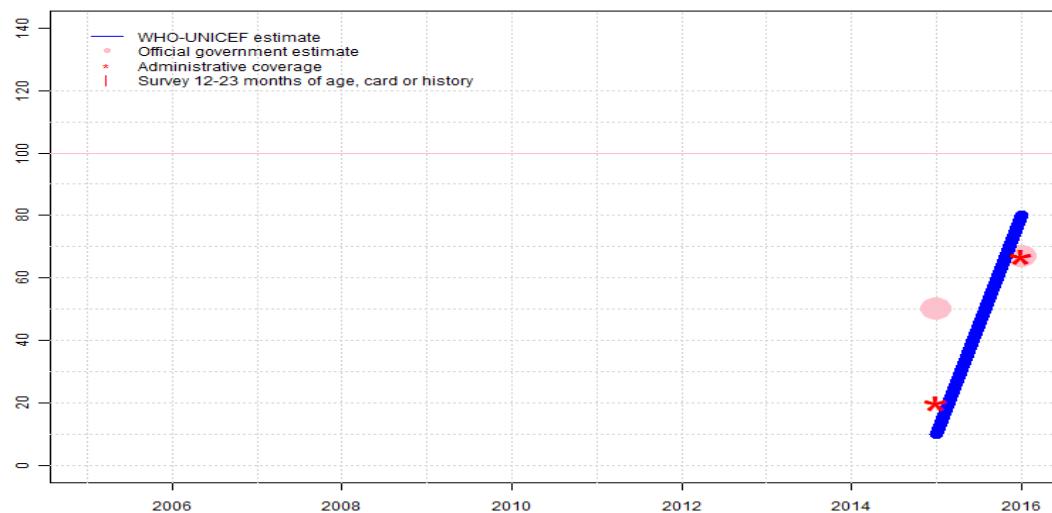
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2015 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.

Guinea-Bissau - PcV3

GNB - PcV3



Description:

2016: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: D-R-

2015: Programme reports 20 percent coverage in 50 percent of the national target population. Estimate is based on coverage achieved in total national annual birth cohort. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Pneumococcal conjugate vaccine introduced during 2015. Estimate challenged by: R-

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	10	80
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	●	●
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	50	67
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20	67
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

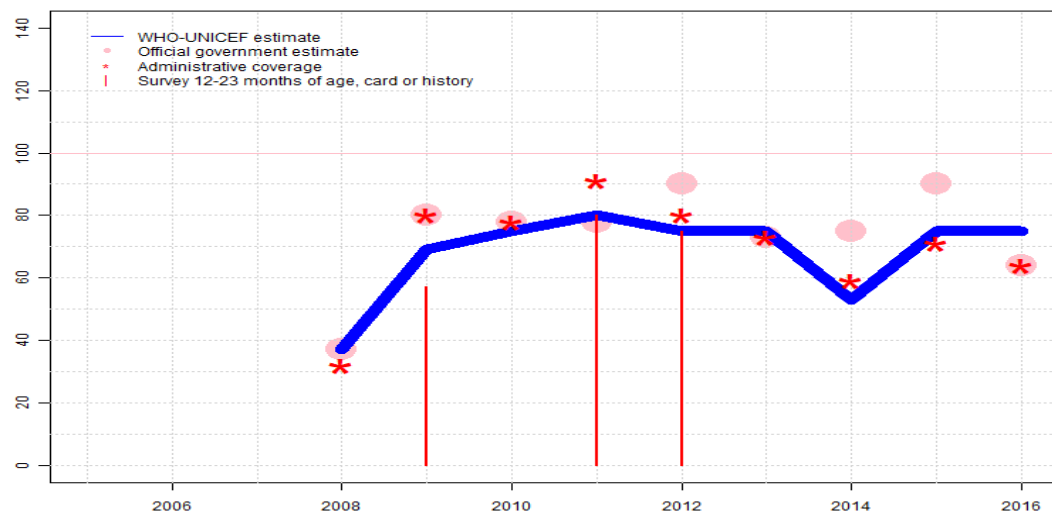
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2015 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.

Guinea-Bissau - YFV

GNB - YFV



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Estimate	NA	NA	NA	37	69	75	80	75	75	53	75	75
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	37	80	78	78	90	73	75	90	64
Administrative	NA	NA	NA	32	80	78	91	80	73	59	71	64
Survey	NA	NA	NA	NA	57	NA	80	75	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: 2015 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:

- 2016: Estimate based on survey results. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to unexplained sudden change in coverage from 90 level to 64 percent. Data reported show an unexplained decrease in number of children vaccinated since 2014 and an increase in denominator between 2013 and 2014. WHO and UNICEF encourages activities to improve the recording and reporting practices. Estimate challenged by: R-
- 2015: Estimate is based on 2013 coverage level. Reported number of children vaccinated during 2015 suggests recovery from stock-out reported in 2014. However, programme also reports a stock-out of YFV vaccine during 2015. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an unexplained increase from 75 percent to 90 percent with decrease 64 percent. Estimate of 75 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2014: Programme reports a two month stock-out of yellow fever vaccine at the national level. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-S-
- 2013: Estimate based on survey results. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 75 percent changed from previous revision value of 69 percent. Estimate challenged by: D-R-
- 2012: Estimate based on survey results. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded due to an unexplained increase from 78 percent to 90 percent with decrease 73 percent. Estimate of 75 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2011: Estimate based on survey results. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 80 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2010: Estimate based on interpolation between 2009 and 2011. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate of 75 percent changed from previous revision value of 69 percent. Estimate challenged by: R-
- 2009: Estimate is based on estimated measles coverage Guinea-Bissau 4th Multiple Indicator Cluster Survey 2010 results ignored by working group. Survey results ignored. Survey conducted shortly after vaccine introduction. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-S-
- 2008: Estimate is based on reported data. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. YFV introduced in 2008 Estimate challenged by: R-

Guinea-Bissau - survey details

2012 Guine-Bissau: Inquerito aos Indicadores Multiplos 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90	12-23 m	1612	83
BCG	Card	80	12-23 m	1612	83
BCG	Card or History	94	12-23 m	1612	83
DTP1	C or H <12 months	92	12-23 m	1612	83
DTP1	Card	82	12-23 m	1612	83
DTP1	Card or History	94	12-23 m	1612	83
DTP3	C or H <12 months	74	12-23 m	1612	83
DTP3	Card	76	12-23 m	1612	83
DTP3	Card or History	83	12-23 m	1612	83
HepB1	C or H <12 months	92	12-23 m	1612	83
HepB1	Card	82	12-23 m	1612	83
HepB1	Card or History	94	12-23 m	1612	83
HepB3	C or H <12 months	74	12-23 m	1612	83
HepB3	Card	76	12-23 m	1612	83
HepB3	Card or History	83	12-23 m	1612	83
Hib1	C or H <12 months	92	12-23 m	1612	83
Hib1	Card	82	12-23 m	1612	83
Hib1	Card or History	94	12-23 m	1612	83
Hib3	C or H <12 months	74	12-23 m	1612	83
Hib3	Card	76	12-23 m	1612	83
Hib3	Card or History	83	12-23 m	1612	83
MCV1	C or H <12 months	65	12-23 m	1612	83
MCV1	Card	69	12-23 m	1612	83
MCV1	Card or History	81	12-23 m	1612	83
Pol1	C or H <12 months	93	12-23 m	1612	83
Pol1	Card	82	12-23 m	1612	83
Pol1	Card or History	94	12-23 m	1612	83
Pol3	C or H <12 months	70	12-23 m	1612	83
Pol3	Card	76	12-23 m	1612	83
Pol3	Card or History	77	12-23 m	1612	83
YFV	C or H <12 months	54	12-23 m	1612	83
YFV	Card	63	12-23 m	1612	83
YFV	Card or History	75	12-23 m	1612	83

2009 Guiné-Bissau 2010 4º Inquérito por amostragem aos Indicadores Múltiplos

2011 Guine-Bissau: Inquerito aos Indicadores Multiplos 2014

Guinea-Bissau - survey details

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94	12-23 m	2695	83
BCG	Card	80	12-23 m	2695	83
BCG	Card or History	94	12-23 m	2695	83
BCG	History	15	12-23 m	2695	83
DTP1	C or H <12 months	92	12-23 m	2695	83
DTP1	Card	80	12-23 m	2695	83
DTP1	Card or History	94	12-23 m	2695	83
DTP1	History	14	12-23 m	2695	83
DTP3	C or H <12 months	76	12-23 m	2695	83
DTP3	Card	68	12-23 m	2695	83
DTP3	Card or History	81	12-23 m	2695	83
DTP3	History	13	12-23 m	2695	83
MCV1	C or H <12 months	61	12-23 m	2695	83
MCV1	Card	54	12-23 m	2695	83
MCV1	Card or History	69	12-23 m	2695	83
MCV1	History	15	12-23 m	2695	83
Pol1	C or H <12 months	92	12-23 m	2695	83
Pol1	Card	80	12-23 m	2695	83
Pol1	Card or History	94	12-23 m	2695	83
Pol1	History	14	12-23 m	2695	83
Pol3	C or H <12 months	73	12-23 m	2695	83
Pol3	Card	66	12-23 m	2695	83
Pol3	Card or History	79	12-23 m	2695	83
Pol3	History	13	12-23 m	2695	83
YFV	C or H <12 months	49	12-23 m	2695	83
YFV	Card	44	12-23 m	2695	83
YFV	Card or History	57	12-23 m	2695	83
YFV	History	13	12-23 m	2695	83

2005 Guinée-Bissau, Enquête par Grappes à Indicateurs Multiples, 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	87	12-23 m	1275	78
BCG	Card	76	12-23 m	1275	78
BCG	Card or History	89	12-23 m	1275	78
BCG	History	13	12-23 m	1275	78
DTP1	C or H <12 months	80	12-23 m	1275	78
DTP1	Card	70	12-23 m	1275	78
DTP1	Card or History	83	12-23 m	1275	78

DTP1	History	12	12-23 m	1275	78
DTP3	C or H <12 months	59	12-23 m	1275	78
DTP3	Card	57	12-23 m	1275	78
DTP3	Card or History	63	12-23 m	1275	78
DTP3	History	5	12-23 m	1275	78
MCV1	C or H <12 months	71	12-23 m	1275	78
MCV1	Card	64	12-23 m	1275	78
MCV1	Card or History	76	12-23 m	1275	78
MCV1	History	12	12-23 m	1275	78
Pol1	C or H <12 months	85	12-23 m	1275	78
Pol1	Card	73	12-23 m	1275	78
Pol1	Card or History	87	12-23 m	1275	78
Pol1	History	14	12-23 m	1275	78
Pol3	C or H <12 months	60	12-23 m	1275	78
Pol3	Card	61	12-23 m	1275	78
Pol3	Card or History	64	12-23 m	1275	78
Pol3	History	3	12-23 m	1275	78

1999 Multiple Indicator Cluster Survey Guinea Bissau, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	42	12-23 m	1119	63
BCG	Card or History	74	12-23 m	1119	63
BCG	History	32	12-23 m	1119	63
DTP1	Card	38	12-23 m	1119	63
DTP1	Card or History	68	12-23 m	1119	63
DTP1	History	31	12-23 m	1119	63
DTP3	Card	25	12-23 m	1119	63
DTP3	Card or History	38	12-23 m	1119	63
DTP3	History	12	12-23 m	1119	63
MCV1	Card	38	12-23 m	1119	63
MCV1	Card or History	70	12-23 m	1119	63
MCV1	History	32	12-23 m	1119	63
Pol1	Card	44	12-23 m	1119	63
Pol1	Card or History	76	12-23 m	1119	63
Pol1	History	33	12-23 m	1119	63
Pol3	Card	28	12-23 m	1119	63
Pol3	Card or History	42	12-23 m	1119	63
Pol3	History	14	12-23 m	1119	63

Guinea-Bissau - survey details

Further information and estimates for previous years are available at:

<http://www.data.unicef.org/child-health/immunization>

http://www.who.int/immunization/monitoring_surveillance/routine/coverage/en/index4.html