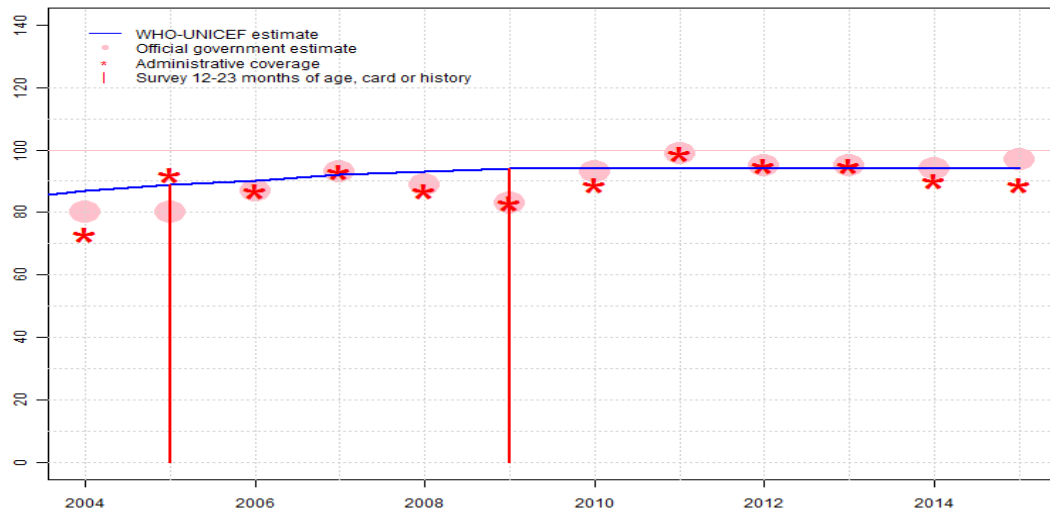


Guinea-Bissau - BCG

GNB - BCG



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	87	89	90	92	93	94	94	94	94	94	94	94
Estimate GoC	•	•	•	••	•	•	•	••	••	••	••	••
Official	80	80	87	93	89	83	93	99	95	95	94	97
Administrative	73	92	87	93	87	83	89	99	95	95	90	89
Survey	NA	89	NA	NA	NA	94	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.

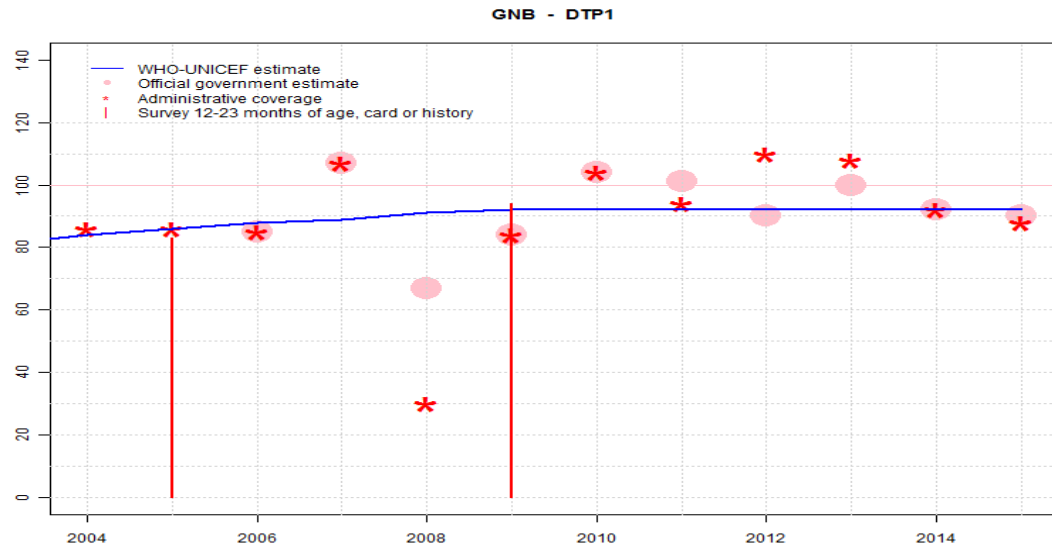
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.

Description:

- 2004: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-
- 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-
- 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-
- 2007: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 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-
- 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-
- 2010: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-
- 2011: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 2012: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=D+
- 2013: Reported data calibrated to 2009 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. GoC=D+
- 2014: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=D+
- 2015: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. WHO and UNICEF are aware of the 2014 Multiple Indicator Cluster Survey and await the final results. GoC=D+

Guinea-Bissau - DTP1



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	84	86	88	89	91	92	92	92	92	92	92	92
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	85	107	67	84	104	101	90	100	92	90
Administrative	86	86	85	107	30	84	104	94	110	108	92	88
Survey	NA	83	NA	NA	NA	94	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.

Description:

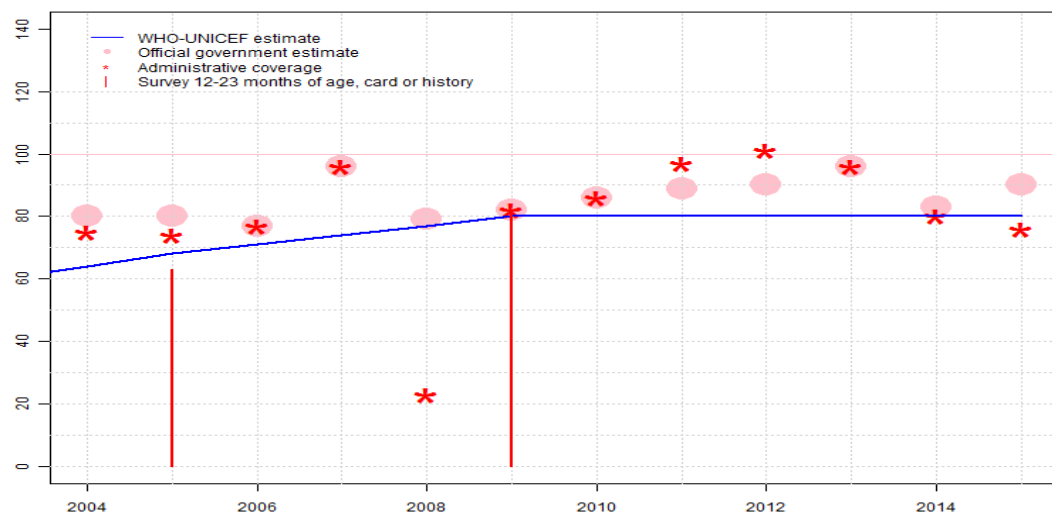
- 2004: Estimate based on DTP3 coverage of 64. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2005: Estimate based on DTP3 coverage of 68. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 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-
- 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. 107 percent greater than 100 percent. Reported data excluded. Unexplained increase from 85 percent to 107 percent with decrease 67 percent. Estimate challenged by: 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. Decline in reported coverage from 107 percent to 67 percent with increase to 84 percent. Estimate challenged by: D-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-
- 2010: Estimate based on DTP3 coverage of 80. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded. 104 percent greater than 100 percent. Estimate challenged by: R-
- 2011: Estimate based on DTP3 coverage of 80. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded. 101 percent greater than 100 percent. Estimate challenged by: R-
- 2012: Estimate based on DTP3 coverage of 80. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2013: Estimate based on DTP3 coverage of 80. 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 challenged by: R-
- 2014: Estimate based on DTP3 coverage of 80. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2015: Estimate based on DTP3 coverage of 80. Reported data excluded. Fluctu-

Guinea-Bissau - DTP1

ations in reported data suggest poor quality administrative recording and reporting. WHO and UNICEF are aware of the 2014 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: R-

Guinea-Bissau - DTP3

GNB - DTP3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	64	68	71	74	77	80	80	80	80	80	80	80
Estimate GoC	••	•	••	•	•	•	••	••	••	••	••	••
Official	80	80	77	96	79	82	86	89	90	96	83	90
Administrative	75	74	77	96	23	82	86	97	101	96	80	76
Survey	NA	63	NA	NA	NA	81	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.

Description:

- 2004: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 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-
- 2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 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. Unexplained increase from 77 percent to 96 percent with decrease 79 percent. Estimate challenged by: D-
- 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-
- 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 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-
- 2010: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 2011: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 2012: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=D+
- 2013: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and

Guinea-Bissau - DTP3

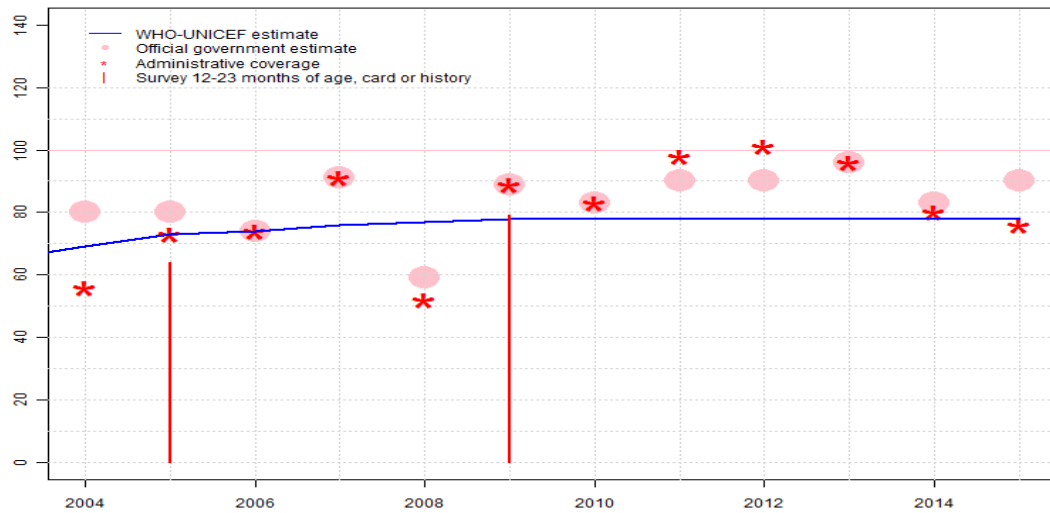
reporting. Preliminary results from the 2014 MICS survey suggest coverage inconsistent with reported data. GoC=D+

2014: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=D+

2015: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. WHO and UNICEF are aware of the 2014 Multiple Indicator Cluster Survey and await the final results. GoC=D+

Guinea-Bissau - Pol3

GNB - Pol3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	69	73	74	76	77	78	78	78	78	78	78	78
Estimate GoC	●	●	●●	●●	●	●	●●	●●	●●	●●	●●	●●
Official	80	80	74	91	59	89	83	90	90	96	83	90
Administrative	56	73	74	91	52	89	83	98	101	96	80	76
Survey	NA	64	NA	NA	NA	79	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.

Description:

- 2004: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-
- 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-
- 2006: Reported data calibrated to 2005 and 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 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. Unexplained increase from 74 percent to 91 percent with decrease 59 percent. GoC=S+ D+
- 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. Decline in reported coverage from 91 percent to 59 percent with increase to 89 percent. Estimate challenged by: D-
- 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 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-
- 2010: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 2011: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 2012: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=D+
- 2013: Reported data calibrated to 2009 levels. Reported data excluded. Fluctu-

Guinea-Bissau - Pol3

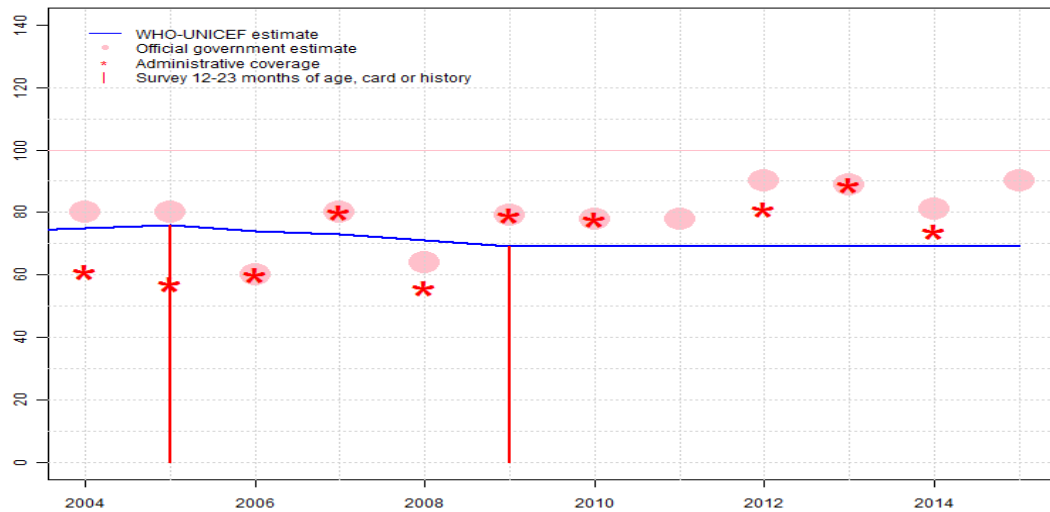
ations in reported data suggest poor quality administrative recording and reporting. Preliminary results from the 2014 MICS survey suggest coverage inconsistent with reported data. GoC=D+

2014: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=D+

2015: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. WHO and UNICEF are aware of the 2014 Multiple Indicator Cluster Survey and await the final results. GoC=D+

Guinea-Bissau - MCV1

GNB - MCV1



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	75	76	74	73	71	69	69	69	69	69	69	69
Estimate GoC	•	•	•	••	•	•	••	••	••	••	••	•
Official	80	80	60	80	64	79	78	78	90	89	81	90
Administrative	61	57	60	80	56	79	78	NA	81	89	74	NA
Survey	NA	76	NA	NA	NA	69	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.

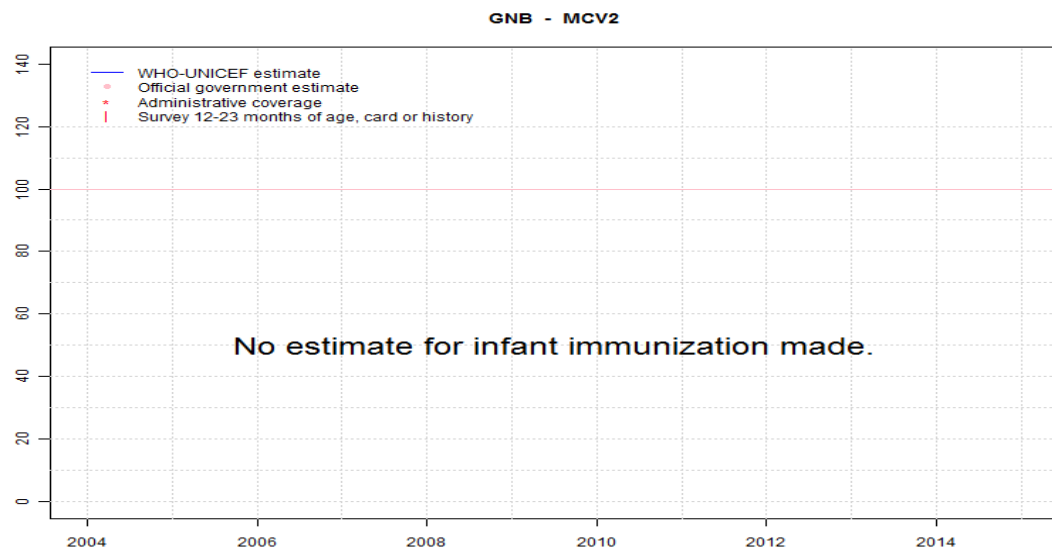
Description:

- 2004: Reported data calibrated to 1999 and 2005 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: D-
- 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-
- 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. Decline in reported coverage from 80 percent to 60 percent with increase to 80 percent. Estimate challenged by: D-
- 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. Unexplained increase from 60 percent to 80 percent with decrease 64 percent. GoC=S+ D+
- 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. Decline in reported coverage from 80 percent to 64 percent with increase to 79 percent. Estimate challenged by: D-
- 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-
- 2010: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 2011: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=S+ D+
- 2012: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=D+
- 2013: Reported data calibrated to 2009 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. GoC=D+
- 2014: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. GoC=D+

Guinea-Bissau - MCV1

2015: Reported data calibrated to 2009 levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. WHO and UNICEF are aware of the 2014 Multiple Indicator Cluster Survey and await the final results. GoC=No accepted empirical data

Guinea-Bissau - MCV2



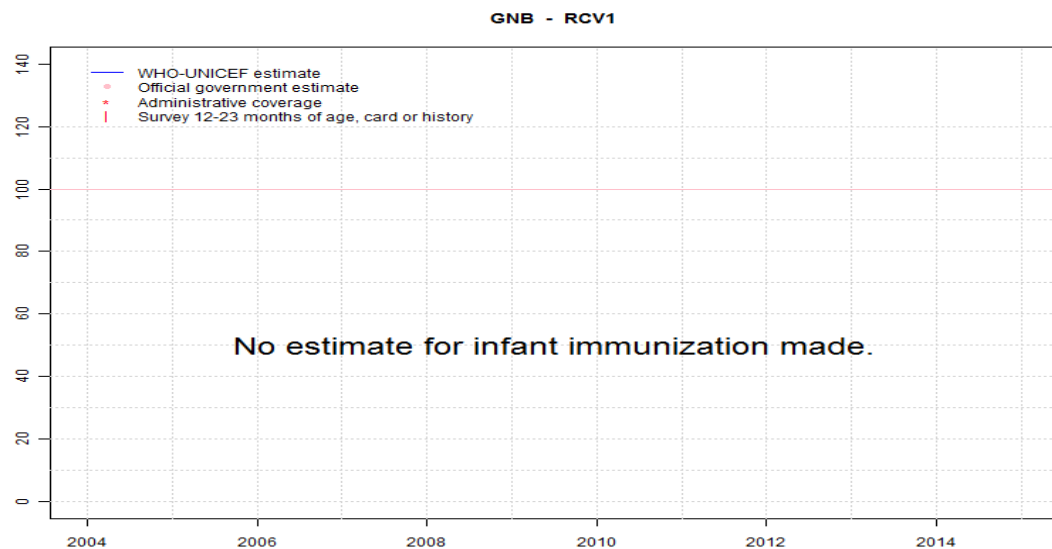
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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



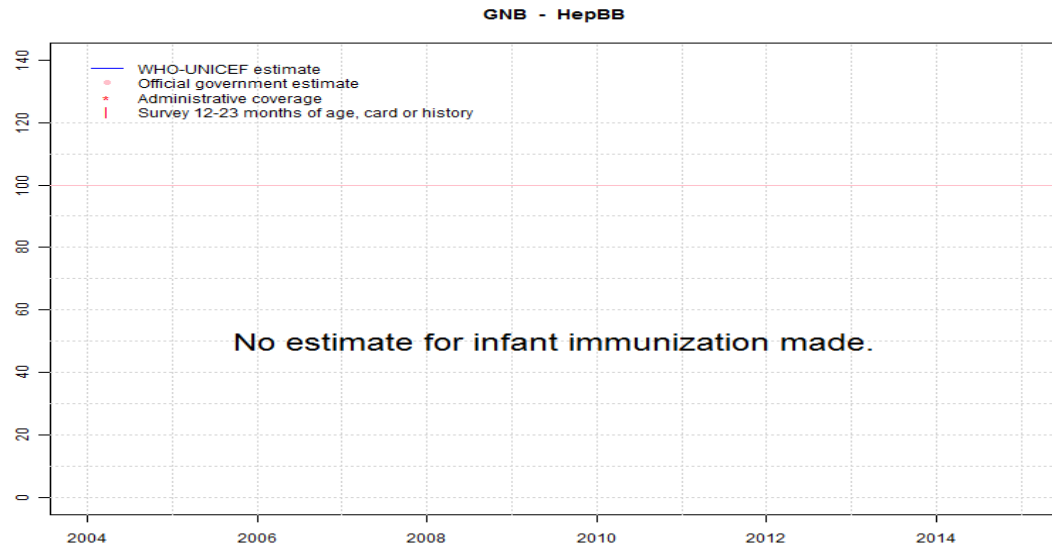
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
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

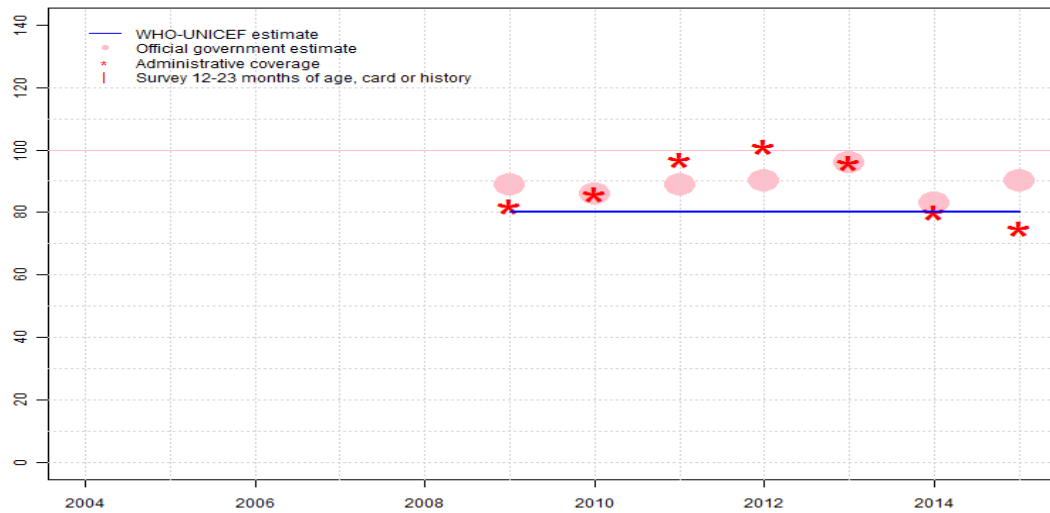
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	80	80	80	80	80	80	80
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	89	86	89	90	96	83	90
Administrative	NA	NA	NA	NA	NA	82	86	97	101	96	80	75
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.

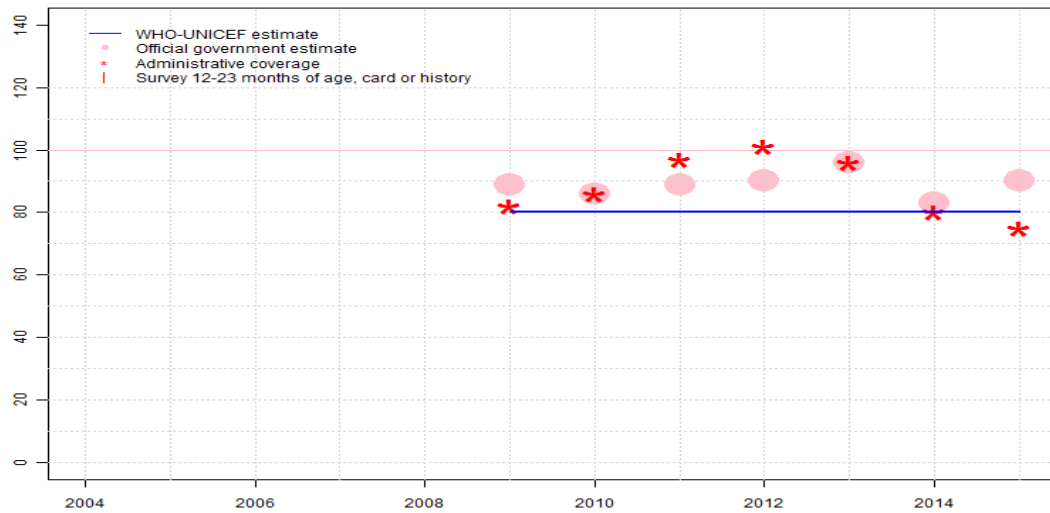
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 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-
- 2010: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2011: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2012: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. 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 challenged by: R-
- 2014: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2015: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. WHO and UNICEF are aware of the 2014 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: R-

Guinea-Bissau - Hib3

GNB - Hib3



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	80	80	80	80	80	80	80
Estimate GoC	NA	NA	NA	NA	NA	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	89	86	89	90	96	83	90
Administrative	NA	NA	NA	NA	NA	82	86	97	101	96	80	75
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.

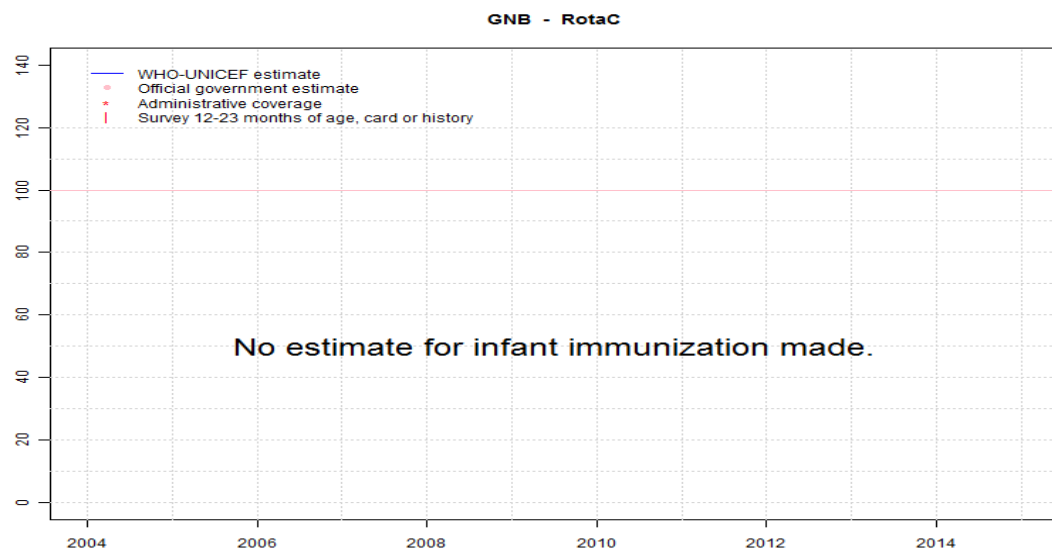
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2015 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.

Description:

- 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-
- 2010: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2011: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2012: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. 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 challenged by: R-
- 2014: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-
- 2015: Estimate follows DTP3 coverage levels. Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. WHO and UNICEF are aware of the 2014 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: R-

Guinea-Bissau - RotaC



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
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

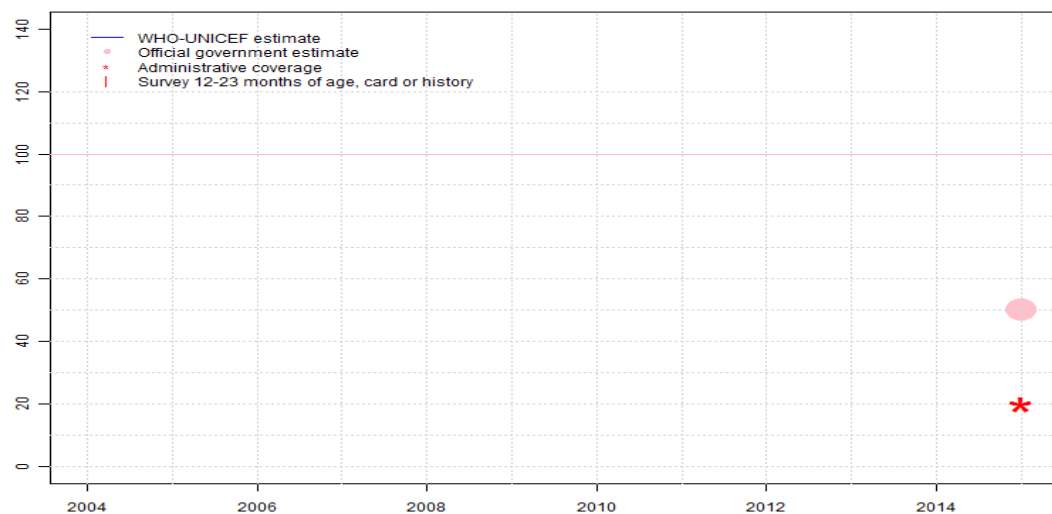
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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 - PcV3

GNB - PcV3



Description:

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. WHO and UNICEF are aware of the 2014 Multiple Indicator Cluster Survey and await the final results. Pneumococcal conjugate vaccine introduced during 2015. Estimate challenged by: R-

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	10
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	50
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	20
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

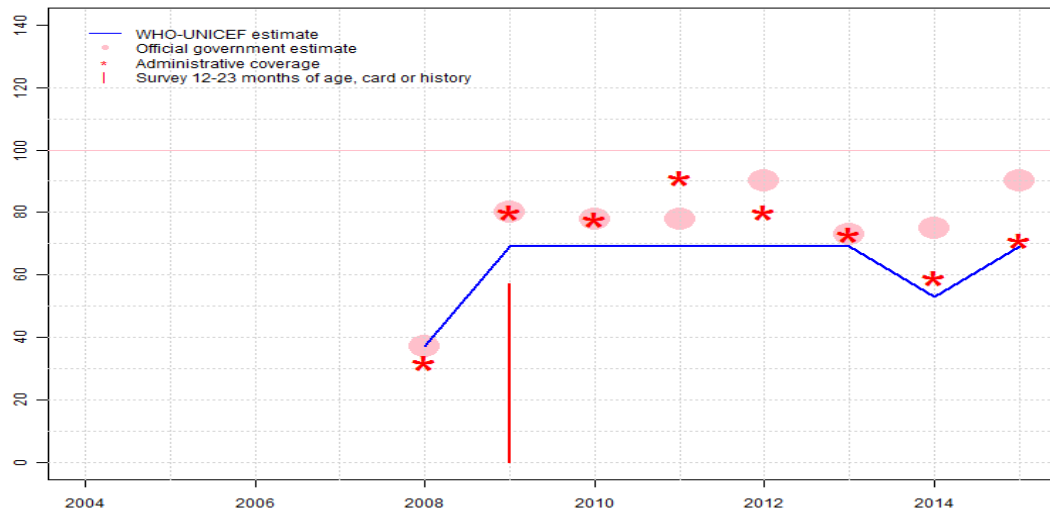
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Estimate	NA	NA	NA	NA	37	69	69	69	69	69	53	69
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	37	80	78	78	90	73	75	90
Administrative	NA	NA	NA	NA	32	80	78	91	80	73	59	71
Survey	NA	NA	NA	NA	NA	57	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.

Description:

- 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-S-
- 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-
- 2010: Estimate is based on estimated measles coverage Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-S-
- 2011: Estimate is based on estimated measles coverage Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Estimate challenged by: R-S-
- 2012: Estimate is based on estimated measles coverage Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. Reported data excluded. Unexplained increase from 78 percent to 90 percent with decrease 73 percent. Estimate challenged by: R-
- 2013: Estimate is based on estimated measles coverage Reported data excluded. Fluctuations in reported data suggest poor quality administrative recording and reporting. 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-
- 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. Change in reported coverage from 75 level to 90 percent. WHO and UNICEF are aware of the 2014 Multiple Indicator Cluster Survey and await the final results. Estimate challenged by: R-

Guinea-Bissau - survey details

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

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	36
BCG	Card or History	74	12-23 m	1119	36
BCG	History	32	12-23 m	1119	36
DTP1	Card	38	12-23 m	1119	36
DTP1	Card or History	68	12-23 m	1119	36
DTP1	History	31	12-23 m	1119	36
DTP3	Card	25	12-23 m	1119	36
DTP3	Card or History	38	12-23 m	1119	36
DTP3	History	12	12-23 m	1119	36
MCV1	Card	38	12-23 m	1119	36
MCV1	Card or History	70	12-23 m	1119	36
MCV1	History	32	12-23 m	1119	36

Guinea-Bissau - survey details

Pol1	Card	44	12-23 m	1119	36
Pol1	Card or History	76	12-23 m	1119	36
Pol1	History	33	12-23 m	1119	36
Pol3	Card	28	12-23 m	1119	36

Pol3	Card or History	42	12-23 m	1119	36
Pol3	History	14	12-23 m	1119	36

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

Guinea-Bissau

WHO/UNICEF Estimates of Protection at Birth (PAB) against tetanus

In countries where tetanus is recommended for girls and women coverage is usually reported as "TT2+", i.e. the proportion of (pregnant) women who have received their second or superior TT dose in a given year. TT2 + coverage, however, can under-represent the actual proportion of births that are protected against tetanus as it does not include women who have previously received protective doses, women who received one dose without documentation of previous doses, and women who received doses in TT (or Td) supplemental immunization activities (SIA). In addition, girls who have received DTP in their childhood and are entering childbearing age, may be protected with TT booster doses.

WHO and UNICEF have developed a model that takes into account the above scenarios, and calculates the proportion of births in a given year that can be considered as having been protected against tetanus - "Protection at Birth".

In this model, annual cohorts of women are followed from infancy through their life. A proportion receives DTP in infancy (estimated based on the WHO-UNICEF estimates of DTP3 coverage). In addition some of these women also receive TT through routine services when they are pregnant and may also receive TT during SIAs. The model also adjusts reported data, taking into account coverage patterns in other years, and/or results available through surveys. The duration of protection is then calculated, based on WHO estimates of the duration of protection by doses ever received. The proportion of births that are protected against tetanus as a result of maternal immunization reflects the tetanus immunization received by the mother throughout her life rather than simply the TT immunizations received during the current pregnancy.

The model was used in the mid to late 2000. Currently, the coverage series developed by the model is used as the baseline, and efforts are made to obtain data from all sources that include the JRF and reported trend over the years, routine PAB reporting and its trend over the years, data from surveys (DHS, MICS, EPI), whether countries have been validated for the attainment of maternal and neonatal tetanus elimination and what the TT coverage figures are from the survey etc and all the information is used to arrive at an estimate of the protection-at-birth from TT vaccination.

Year	PAB coverage estimate (%)
2004	64
2005	65
2006	69
2007	92
2008	94
2009	94
2010	78
2011	80
2012	80
2013	80
2014	80
2015	80

¹ This model is described in: Griffiths U., Wolfson L., Quddus A., Younus M., Hafiz R.. Incremental cost-effectiveness of supplementary immunization activities to prevent neo-natal tetanus in Pakistan. Bulletin of the World Health Organization 2004; 82:643-651.