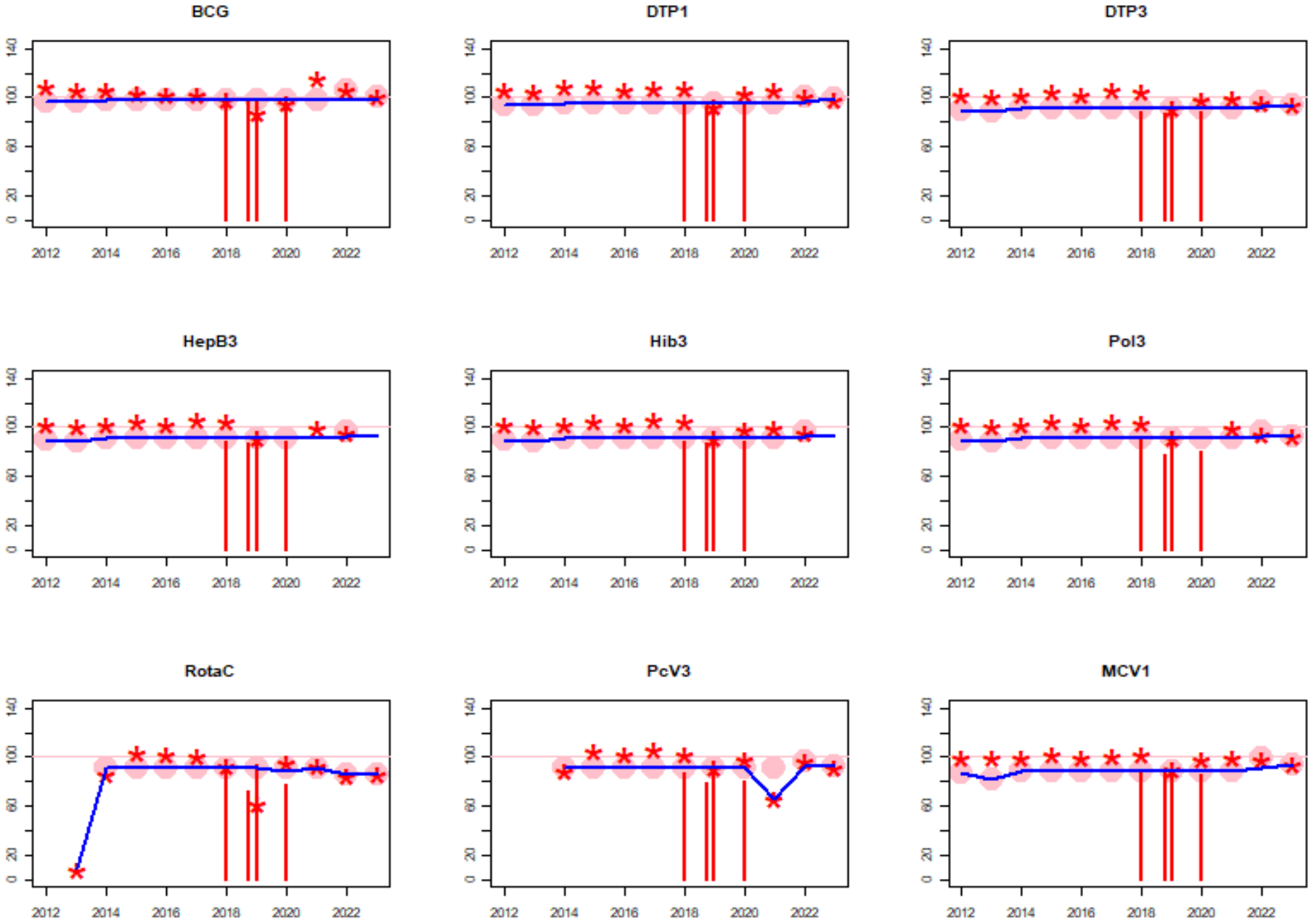

BCG
DTP1
DTP3
HepB3
Hib3
Pol3
RotaC
PcV3
MCV1
0
20
60
100
140
2012
2014
2016
2018
2020
2022

BACKGROUND NOTE: Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where available empirical data accurately reflect immunization system performance and those where the data are likely compromised and present a misleading view of coverage.

WHO and UNICEF estimates are country-specific; that is to say, each country's data are reviewed individually, and data are not borrowed from other countries in the absence of data. Estimates are not based on ad hoc adjustments to reported data; in some instances empirical data are available from a single source, usually the nationally reported coverage data. In cases where no data are available for a given country/vaccine/year combination, data are considered from earlier and later years and interpolated to estimate coverage for the missing year(s). In cases where data sources are mixed and show large variation, an attempt is made to identify the most likely estimate with consideration of the possible biases in available data. For methods see:

*Burton et al. 2009. Bull World Health Organ.
*Burton et al. 2012. PLoS One.
*Danovaro-Holliday et al. 2021. Gates Open Res.

DATA SOURCES.

ADMINISTRATIVE coverage: Reported by national authorities and based on aggregated administrative reports from health service providers on the number of vaccinations administered during a given period (numerator data) and reported target population data (denominator data). May be biased by inaccurate numerator and/or denominator data.

OFFICIAL coverage: Estimated coverage reported by national authorities that reflects their assessment of the most likely coverage based on any combination of administrative coverage, survey-based estimates or other data sources or adjustments. Approaches to determine OFFICIAL coverage may differ across countries.

SURVEY coverage: Based on estimated coverage from population-based household surveys among children aged 12-23 or 24-35 months following a review of survey methods and results. Information is based on the combination of vaccination history from documented evidence or caregiver recall. Survey results are considered for the appropriate birth cohort based on data collection period.

ABBREVIATIONS

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. For countries utilizing IPV containing vaccine only, i.e., no recommended dose of OPV, 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.

IPV2: percentage of surviving infants who received a 2nd dose of inactivated polio vaccine. IPV2 coverage estimates produced for OPV using countries.

MCV1: percentage of surviving infants who received the 1st dose of measles containing vaccine. In countries where the national schedule recommends the 1st dose of MCV at 12 months or later based on the epidemiology of disease in the country, coverage estimates reflect the percentage of children who received the 1st dose of MCV as recommended.

MCV2: percentage of children who received the 2nd dose of measles containing vaccine according to the nationally recommended schedule.

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. Co verage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration nor are the data represented in the accompanying graph and data table.

HepBB: percentage of births which received a dose of hepatitis B vaccine within 24 hours of delivery. Estimates of hepatitis B birth dose coverage are produced only for countries with a universal birth dose policy. Estimates are not produced for countries that recommend a birth dose to infants born to HepB virus-infected mothers only or where there is insufficient information to determine whether vaccination is within 24 hours of birth.

HepB3: percentage of surviving infants who received the 3rd dose of hepatitis B containing vaccine following the birth dose.

Hib3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

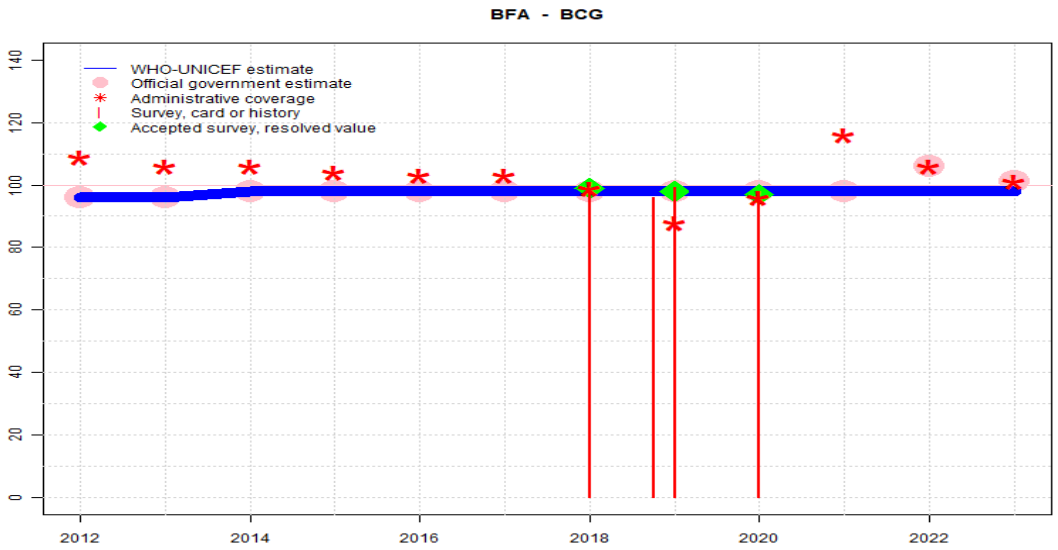
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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

YFV: percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

MengA: percentage of children who received one dose of meningococcal A conjugate vaccine. MengA coverage estimates produced for countries in the meningitis belt of sub-Saharan Africa.

Burkina Faso - BCG



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	96	96	98	98	98	98	98	98	98	98	98	98
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	96	96	98	98	98	98	98	98	98	98	106	101
Administrative	109	106	106	104	103	103	99	88	96	116	106	101
Survey	NA	NA	NA	NA	NA	NA	98.7	*	96.7	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimate based on extrapolation from data reported by national government. Reported data excluded because 101 percent greater than 100 percent. Programme reports a sub-national level vaccine stockout of unknown duration. Estimate challenged by: D-

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated.Reported data excluded because 106 percent greater than 100 percent. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-

2021: Estimate informed by reported data. Programme reports a national level vaccine stockout that appears to not impact reported coverage. Estimate challenged by: D-

2020: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Programme reports three months vaccine stockout at national and subnational levels. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 98 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 99 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a 1-month vaccine stockout. Estimate challenged by: D-

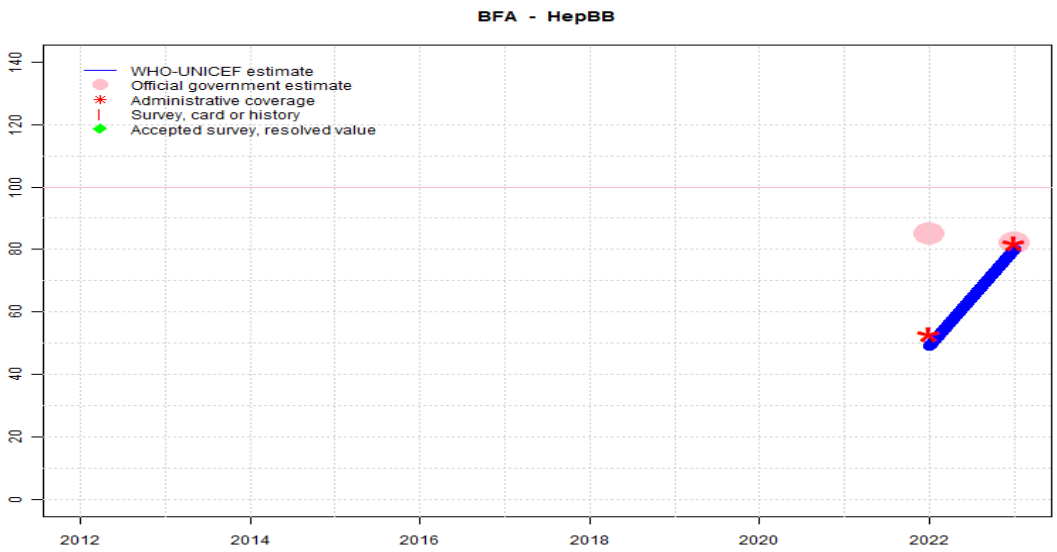
2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort). Estimate challenged by: D-

Burkina Faso - HepBB



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	49	80
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	85	82
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	53	82
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

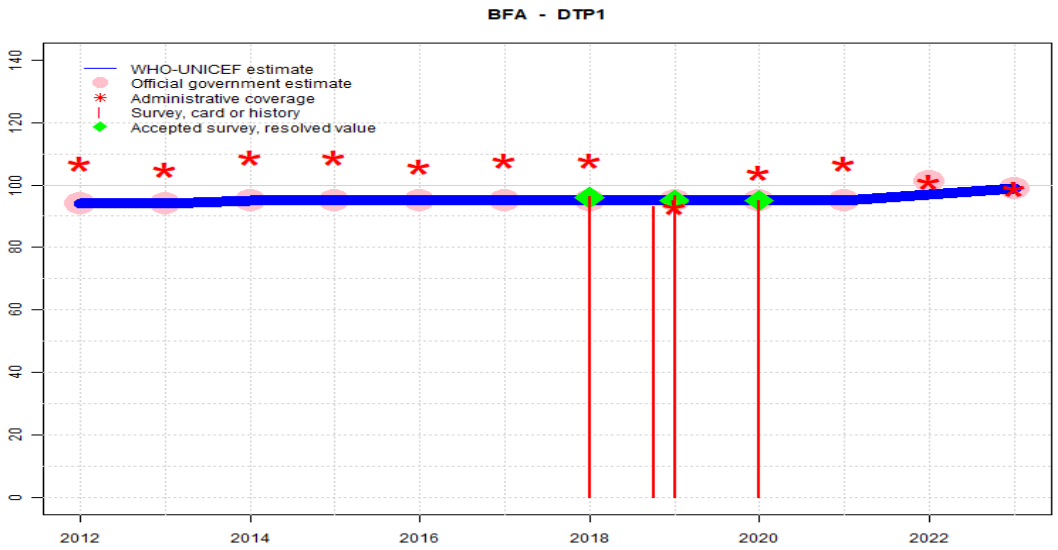
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

2023: Estimate based on the relationship between administered doses of BCG and HepB birth and the estimated BCG coverage. Reported data excluded due to sudden change in coverage from 53 level to 82 percent. Estimate challenged by: D-R-

2022: Hepatitis B birth dose introduced in 2022. Estimate based on the relationship between administered doses of BCG and HepB birth and the estimated BCG coverage. Unexplained change in approach to estimate official coverage.. Estimate of 49 percent changed from previous revision value of 53 percent. Estimate challenged by: D-R-

Burkina Faso - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	94	95	95	95	95	95	95	95	95	97	99
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	94	94	95	95	95	95	95	95	95	95	101	99
Administrative	107	105	109	109	106	108	108	93	104	107	101	99
Survey	NA	NA	NA	NA	NA	NA	96.3	*	94.9	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate informed by interpolation between reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated.Reported data excluded because 101 percent greater than 100 percent. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate of 97 percent changed from previous revision value of 95 percent. Estimate challenged by: D-

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

2020: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reported a one month vaccine stockout at the national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

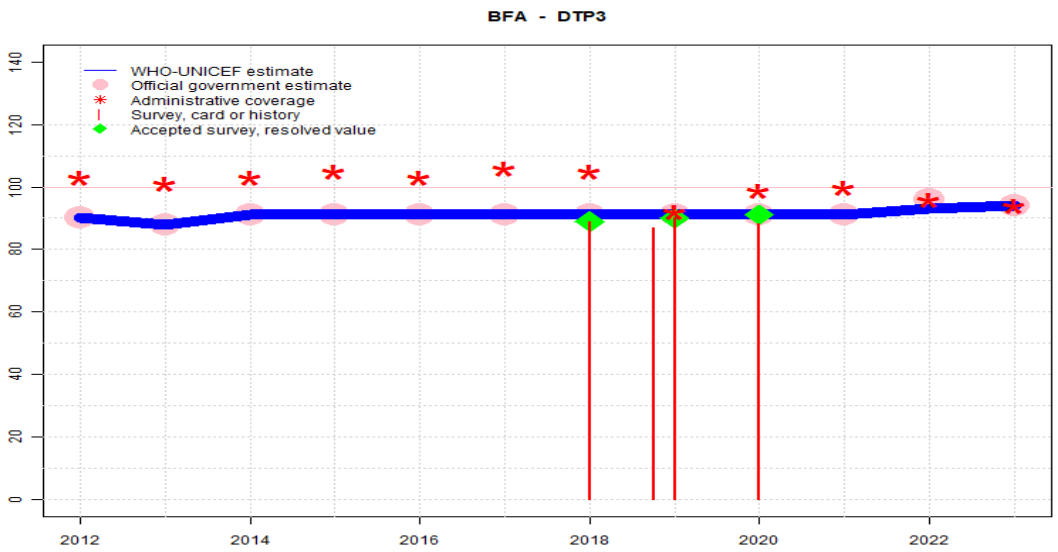
2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort). Estimate challenged by: D-

Burkina Faso - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	88	91	91	91	91	91	91	91	91	93	94
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	88	91	91	91	91	91	91	91	91	96	94
Administrative	103	101	103	105	103	106	105	92	99	100	96	94
Survey	NA	NA	NA	NA	NA	NA	88.8	*	88.3	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate informed by interpolation between reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate of 93 percent changed from previous revision value of 91 percent. Estimate challenged by: D-

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

2020: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 88 percent modifed for recall bias to 91 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 81 percent. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 2 survey(s). Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso card or history results of 90 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 86 percent. Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 87 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 75 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso card or history results of 89 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 90 percent and 3rd dose card only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a one month vaccine stockout at the national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

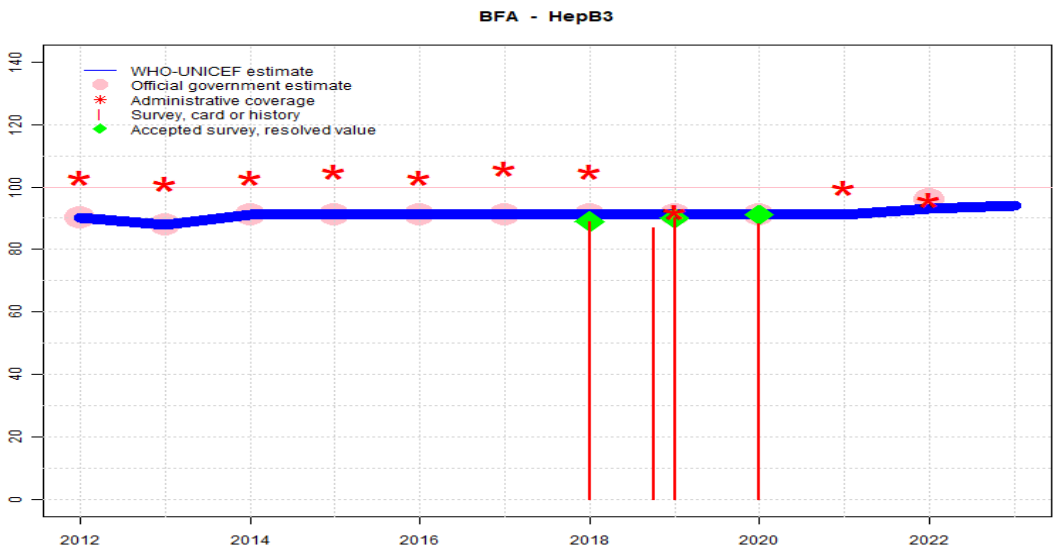
Burkina Faso - DTP3

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort). Estimate challenged by: D-

Burkina Faso - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	88	91	91	91	91	91	91	91	91	93	94
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	88	91	91	91	91	91	91	91	NA	96	NA
Administrative	103	101	103	105	103	106	105	92	NA	100	96	NA
Survey	NA	NA	NA	NA	NA	NA	88.8	*	88.3	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimated informed by estimated DTP3 coverage. GoC=No accepted empirical data

2022: Estimated informed by estimated DTP3 coverage. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate of 93 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-

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

2020: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 88 percent modifed for recall bias to 91 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 81 percent. GoC=Assigned by working group. Consistency with other vaccine doses.

2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 2 survey(s). Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso card or history results of 90 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 86 percent. Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 87 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 75 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso card or history results of 89 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 90 percent and 3rd dose card only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reported a one month vaccine stockout at the national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF

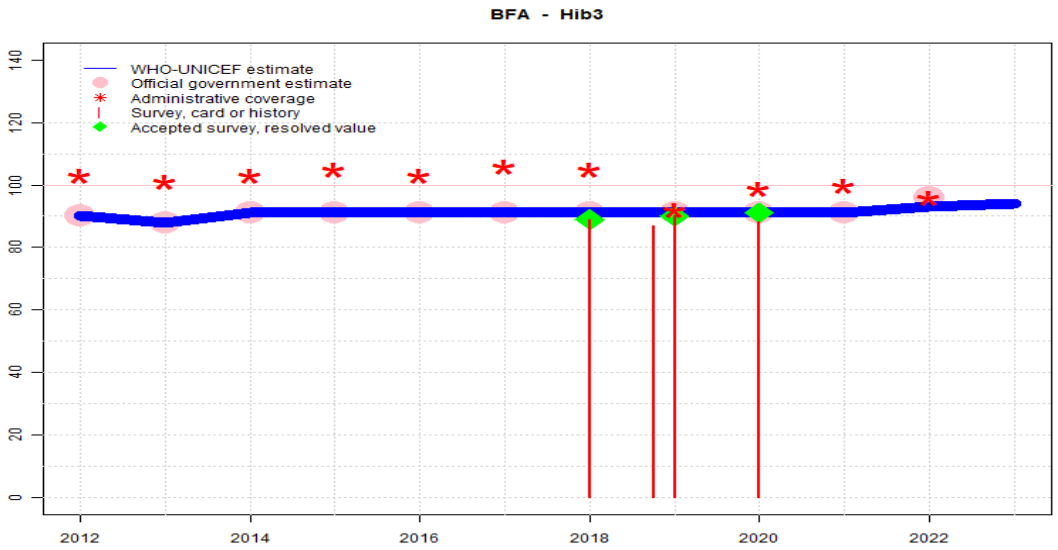
estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort).. Estimate challenged by: D-

Burkina Faso - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	88	91	91	91	91	91	91	91	91	93	94
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	88	91	91	91	91	91	91	91	91	96	NA
Administrative	103	101	103	105	103	106	105	92	99	100	96	NA
Survey	NA	NA	NA	NA	NA	NA	88.8	*	88.3	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimated informed by estimated DTP3 coverage. GoC=No accepted empirical data

2022: Estimated informed by estimated DTP3 coverage. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Programme reports less than one month vaccine stockout at national level. Estimate of 93 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-

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

2020: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 88 percent modifed for recall bias to 91 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 81 percent. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 2 survey(s). Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso card or history results of 90 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 86 percent. Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 87 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 77 percent and 3rd dose card only coverage of 75 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso card or history results of 89 percent modifed for recall bias to 89 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 90 percent and 3rd dose card only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a one month vaccine stockout at the national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

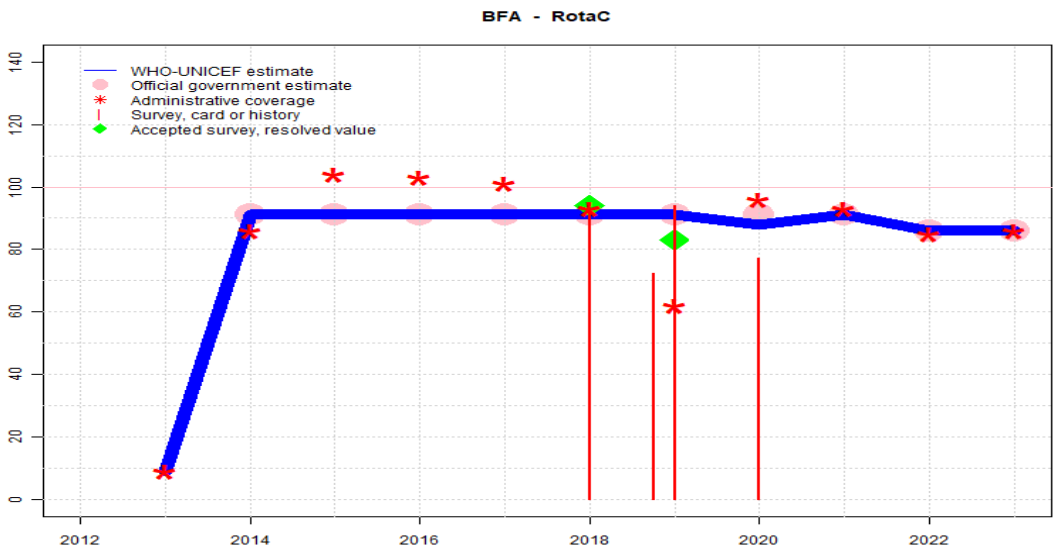
Burkina Faso - Hib3

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS survey results (data for 2009 birth cohort).. Estimate challenged by: D-

Burkina Faso - RotaC



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	9	91	91	91	91	91	91	88	91	86	86
Estimate GoC	NA	•	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	91	91	91	91	91	91	91	91	86	86
Administrative	NA	9	86	104	103	101	93	62	96	93	85	86
Survey	NA	NA	NA	NA	NA	NA	93.5	*	77.2	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimate informed by reported data. Programme reports a 13-day vaccine stockout at national and subnational levels. Estimate challenged by: D-

2022: Estimate based on reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate of 86 percent changed from previous revision value of 85 percent. Estimate challenged by: D-R-

2021: Estimate informed by reported data. Programme reports a six month national level vaccine stockout with no apparent impact on reported coverage. Estimate challenged by: D-

2020: Estimated informed by difference between DTP3 and RotaC administrative coverage applied to estimated DTP3 coverage. Enquête Démographique et de Santé, Burkina Faso, 2021 results ignored by working group. Survey ignored as results are inconsistent with previous year survey results. Estimate of 88 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-

2019: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Programme reports one month national level vaccine stockout. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a four months vaccine stockout at the national level. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports one month stockout. Estimate challenged by: D-

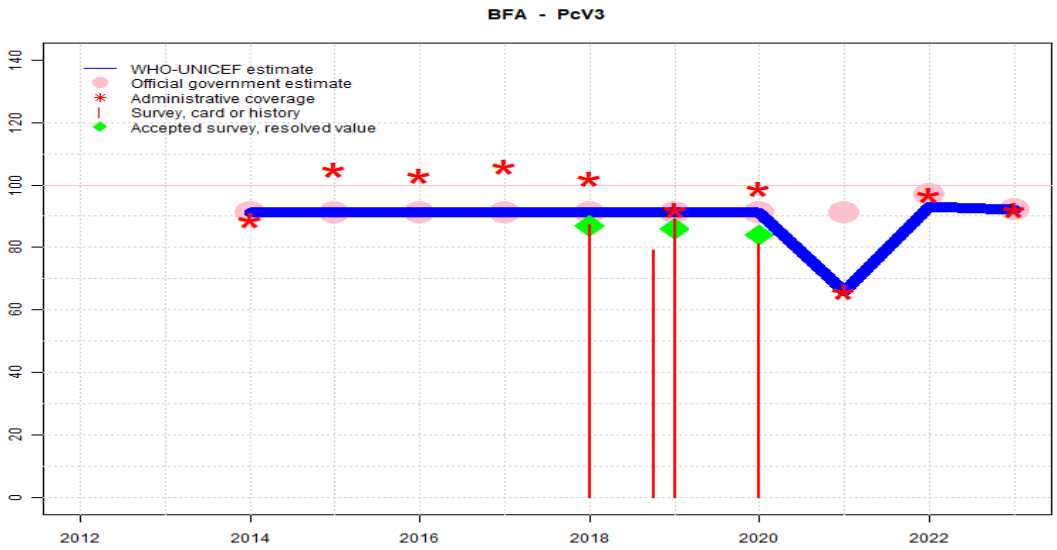
2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2013: Estimate informed by reported data. Rotavirus introduced during 2013. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Burkina Faso - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	91	91	91	91	91	91	91	66	93	92
Estimate GoC	NA	NA	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	91	91	91	91	91	91	91	91	97	92
Administrative	NA	NA	89	105	103	106	102	92	99	66	97	92
Survey	NA	NA	NA	NA	NA	NA	87.1	*	81	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate informed by estimated DTP3 coverage following recovery from prior year stock-out. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate of 93 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-

2021: Estimate informed by reported administrative data. . Estimate is based on reported administrative coverage reflecting a reported seven months vaccine stockout. Estimate challenged by: D-S-

2020: Estimate informed by reported data supported by survey. Survey evidence of 84 percent based on 1 survey(s). Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 81 percent modifed for recall bias to 84 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 74 percent. Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 2 survey(s). Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 79 percent modifed for recall bias to 83 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 71 percent and 3rd dose card only coverage of 68 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

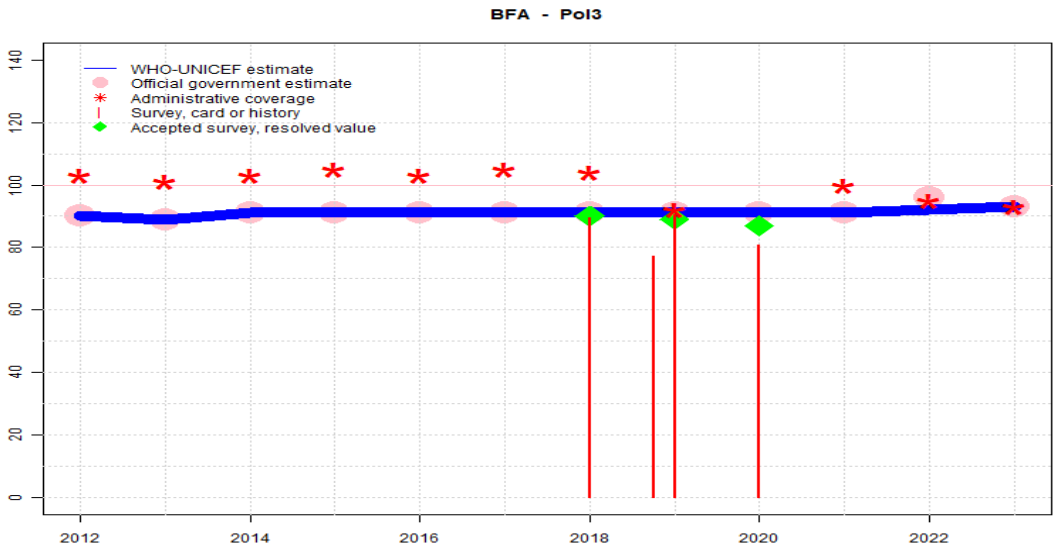
2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Pneumococcal conjugate vaccine introduced during 2013 and reporting started during 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Burkina Faso - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	90	89	91	91	91	91	91	91	91	91	92	93
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	90	89	91	91	91	91	91	91	91	91	96	93
Administrative	103	101	103	105	103	105	104	92	NA	100	95	93
Survey	NA	NA	NA	NA	NA	NA	89.4	*	80.7	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate informed by interpolation between reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate of 92 percent changed from previous revision value of 91 percent. Estimate challenged by: D-

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

2020: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 81 percent modifed for recall bias to 87 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 85 percent and 3rd dose card only coverage of 79 percent. GoC=Assigned by working group. Consistency with other vaccine doses.

2019: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 2 survey(s). Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso card or history results of 90 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 92 percent and 3rd dose card only coverage of 86 percent. Enquête Démographique et de Santé, Burkina Faso, 2021 card or history results of 77 percent modifed for recall bias to 88 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 78 percent and 3rd dose card only coverage of 74 percent. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Programme reports one month national level vaccine stockout. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso card or history results of 89 percent modifed for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 91 percent and 3rd dose card only coverage of 84 percent. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

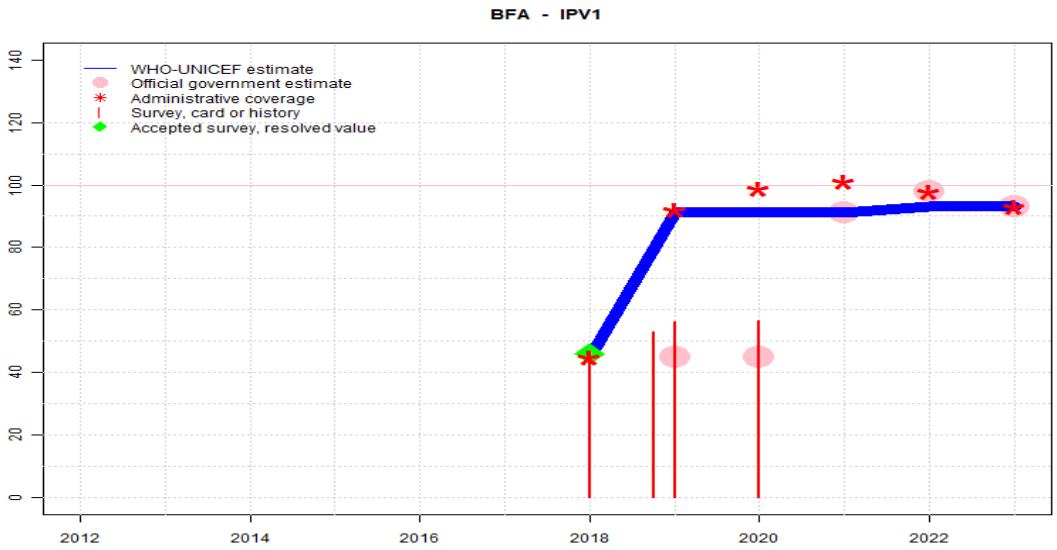
2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

Burkina Faso - Pol3

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-
2013: Estimate informed by reported data. Estimate challenged by: D-
2012: Estimate informed by reported data. Reported official coverage based on 2010 MIC survey results (data for 2009 birth cohort). Estimate challenged by: D-

Burkina Faso - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	45	91	91	91	93	93
Estimate GoC	NA	NA	NA	NA	NA	NA	●●●	●	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	45	45	91	98	93
Administrative	NA	NA	NA	NA	NA	NA	45	92	99	101	98	93
Survey	NA	NA	NA	NA	NA	NA	46.4	*	56.4	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

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

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate is based on estimated DTP3 level. Reported administrative data for IPV1 reflects service delivery patterns similar to DTP3. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate of 93 percent changed from previous revision value of 91 percent. Estimate challenged by: D-R-

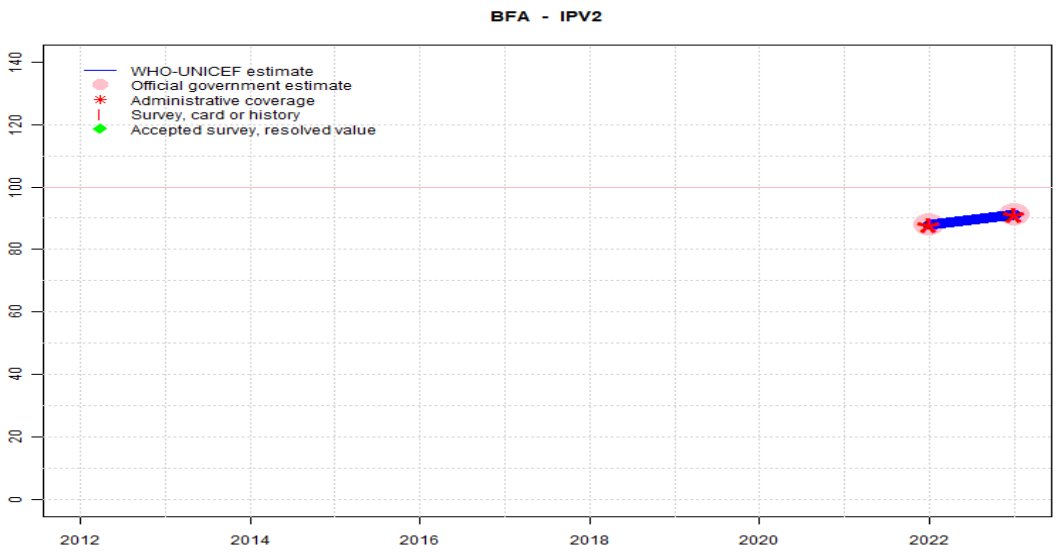
2021: Estimate informed by reported data. Estimate challenged by: D-

2020: Estimate is based on estimated DTP3 level. Reported administrative data for IPV1 reflects service delivery patterns similar to DTP3. Programme reports a one month vaccine stockout at the national level. Enquête Démographique et de Santé, Burkina Faso, 2021 results ignored by working group. Survey results not consistent with DTP3 levels. Estimate challenged by: D-R-S-

2019: Estimate is based on estimated DTP3 level. Reported administrative data for IPV1 reflects service delivery patterns similar to DTP3. Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso results ignored by working group. Survey results not consistent with DTP3 levels.Enquête Démographique et de Santé, Burkina Faso, 2021 results ignored by working group. Survey results not consistent with DTP3 levels. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Programme reports national level vaccine stockout of less than one month. Estimate challenged by: D-R-S-

2018: Estimate informed by reported administrative data supported by survey. Survey evidence of 46 percent based on 1 survey(s). Inactivated polio vaccine introduced in July 2018. GoC=R+ S+ D+

Burkina Faso - IPV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	88	91
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	88	91
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	88	91
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

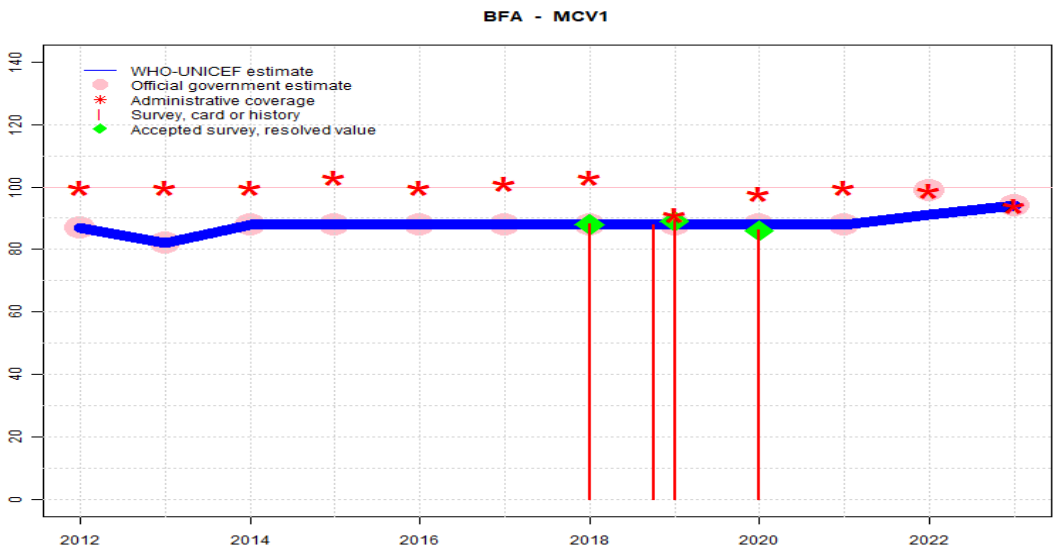
Description:

Estimates for a second dose of inactivated polio vaccine (IPV) begin in 2021 following a Strategic Advisory Group of Experts on Immunization (SAGE) recommendation in October 2020 that a second IPV dose increases protection against all polioviruses, including protection against paralysis caused by vaccine derived polio virus (type 2) (VDPV2). The addition of IPV2 is the next step towards complete OPV withdrawal. IPV2 coverage estimates produced for OPV using countries.

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate informed by reported data. Unexplained change in approach to estimate official coverage. Second dose of inactivated polio vaccine introduced during 2021 and reporting began in 2022. Estimate is based on reported data during introduction. GoC=Assigned by working group. Consistency across antigens.

Burkina Faso - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	87	82	88	88	88	88	88	88	88	88	91	94
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	87	82	88	88	88	88	88	88	88	88	99	94
Administrative	100	100	100	103	100	101	103	91	98	100	99	94
Survey	NA	NA	NA	NA	NA	NA	88.2	*	86.2	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimate informed by reported data. Estimate challenged by: D-

2022: Estimate informed by interpolation between reported data. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate of 91 percent changed from previous revision value of 88 percent. Estimate challenged by: D-

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

2020: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2017: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2016: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

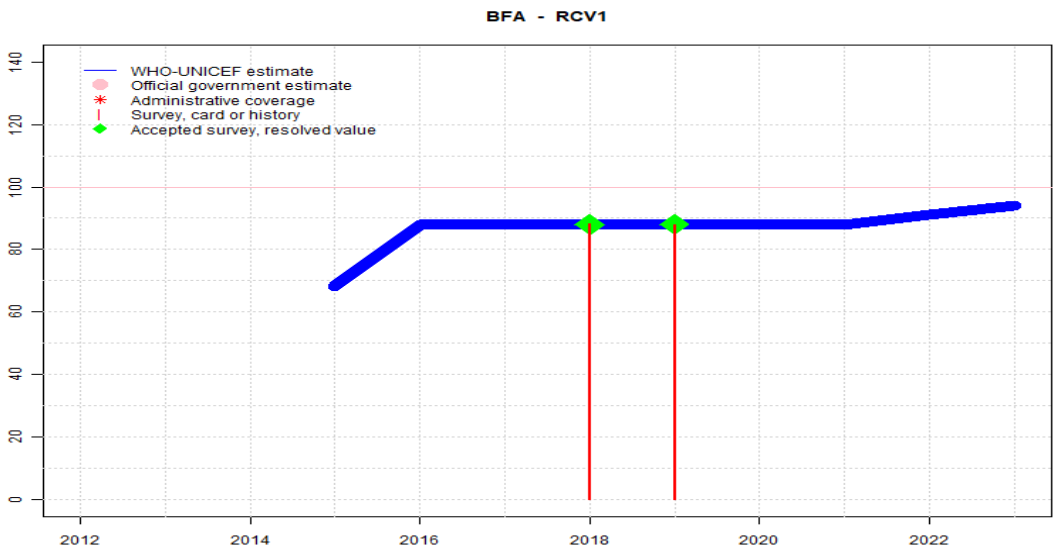
2015: Estimate informed by reported data. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

2013: Estimate informed by reported data. Estimate challenged by: D-

2012: Estimate informed by reported data. Reported official coverage based on 2010 MICS results (data for 2009 birth cohort).. Estimate challenged by: D-

Burkina Faso - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	68	88	88	88	88	88	88	91	94
Estimate GoC	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	88.2	87.8	NA	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

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

2023: Estimate based on estimated MCV1. Estimate challenged by: D-

2022: Estimate based on estimated MCV1. Unexplained change in approach to estimate official coverage. Estimate of 91 percent changed from previous revision value of 88 percent. Estimate challenged by: D-

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

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

2019: Estimate based on estimated MCV1. Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

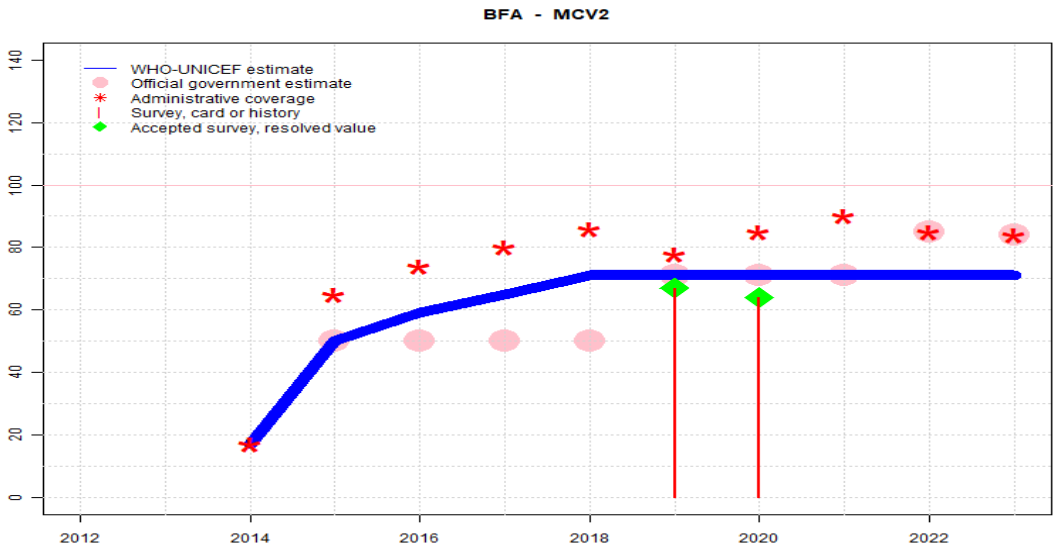
2018: Estimate based on estimated MCV1. Estimate challenged by: D-

2017: Estimate based on estimated MCV1. Estimate challenged by: D-

2016: Estimate based on estimated MCV1. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2015: Programme reports 102 percent coverage in 67 percent of the national target population. Estimated coverage is based on total annual birth cohort. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Measles-rubella vaccine introduced in April 2015. Estimate challenged by: D-

Burkina Faso - MCV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	17	50	59	65	71	71	71	71	71	71
Estimate GoC	NA	NA	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	50	50	50	50	71	71	71	85	84
Administrative	NA	NA	17	65	74	80	86	78	85	90	85	84
Survey	NA	NA	NA	NA	NA	NA	NA	67	63.9	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

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

2023: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported number of doses suggests a similar number of children vaccinated compared to the previous year. Estimate challenged by: D-

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-

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

2020: Estimate informed by reported data supported by survey. Survey evidence of 64 percent based on 1 survey(s). Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 67 percent based on 1 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate of 71 percent assigned by working group. Estimate is based on reported numerator data in 2018 which is similar to reported levels for 2020 and consistent with survey results. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-

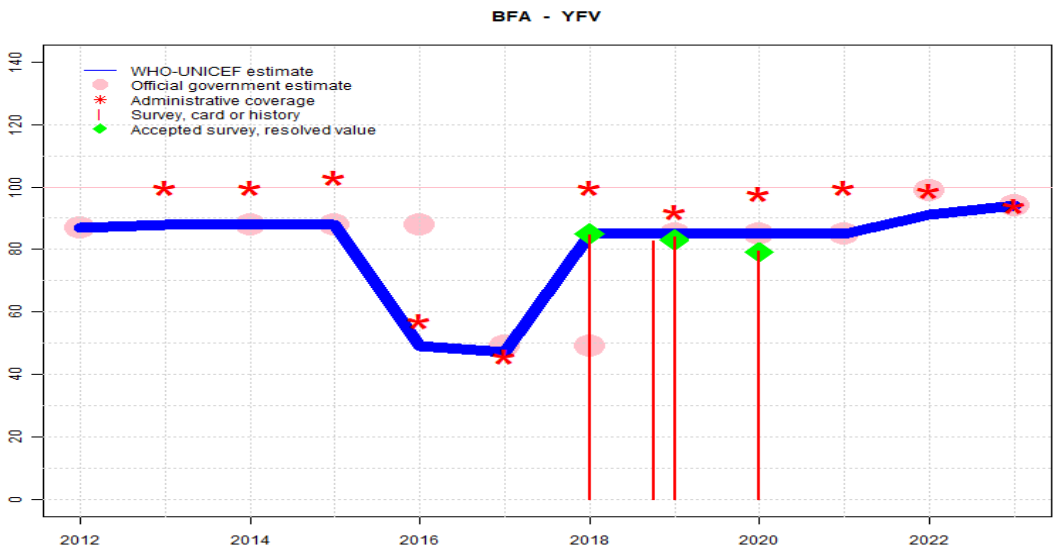
2017: Reported data calibrated to 2015 and 2018 levels. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-

2016: Reported data calibrated to 2015 and 2018 levels. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-

2015: Estimate of 50 percent assigned by working group. Estimate reflects increase in coverage following introduction. Estimate is based on estimated MCV1 coverage adjusted for the difference between reported administrative and official coverage for MCV1. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes.. Estimate based on the trend of the reported administrative coverage. Estimate challenged by: D-R-

2014: Estimate based on reported coverage during introduction year. Second dose of MCV introduced during 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Burkina Faso - YFV



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	87	88	88	88	49	47	85	85	85	85	91	94
Estimate GoC	••	•	•	•	•	•	•	•	•	•	•	•
Official	87	NA	88	88	88	49	49	85	85	85	99	94
Administrative	NA	100	100	103	57	46	100	92	98	100	99	94
Survey	NA	NA	NA	NA	NA	NA	84.8	*	79.4	NA	NA	NA

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

••• Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

2023: Estimate based on estimated MCV1 coverage. Programme reports a 7 day vaccine stockout at national and subnational levels. Estimate challenged by: D-

2022: Estimate based on estimated MCV1 coverage. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate of 91 percent changed from previous revision value of 85 percent. Estimate challenged by: D-R-S-

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

2020: Estimate informed by reported data supported by survey. Survey evidence of 79 percent based on 1 survey(s). Estimate challenged by: D-

2019: Estimate informed by reported data supported by survey. Survey evidence of 83 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate of 85 percent assigned by working group. Estimate based on the difference between reported administrative coverage for MCV1 and YFV. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Programme reports a two months vaccine stockout at the national level. Estimate challenged by: D-R-

2017: Reported data calibrated to 2016 and 2018 levels. Programme reports five month vaccine stockout. Estimate challenged by: R-S-

2016: Estimate of 49 percent assigned by working group. Estimate based on the relative relationship between estimated coverage and reported number of doses of Yellow Fever Vaccine from previous years. Programme reports a 7-month vaccine stockout at the national level. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-R-S-

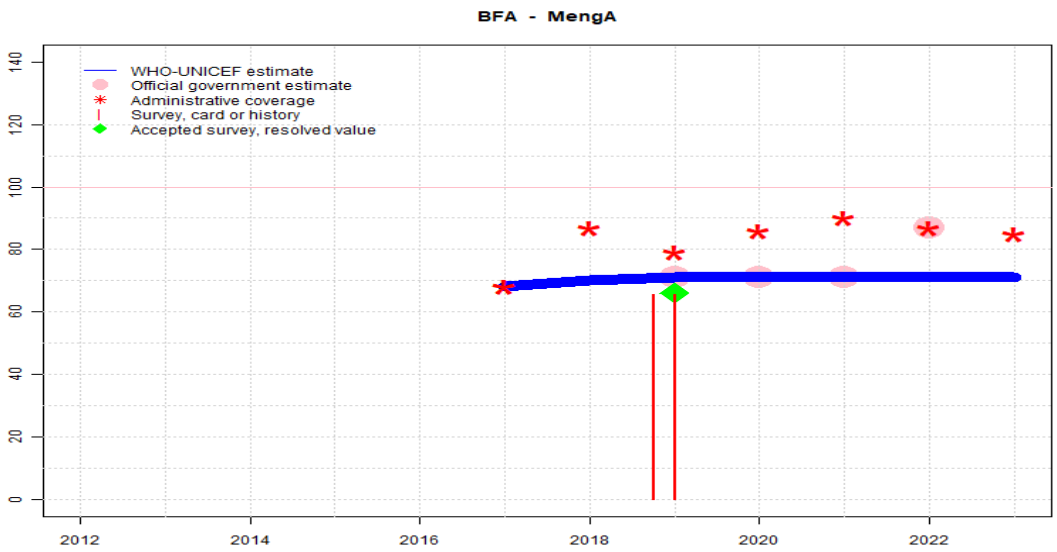
2015: Estimate based on reported official reflecting 2010 MICS results. Official estimates based on prior year WHO-UNICEF estimate and do not reflect programmatic changes. Estimate challenged by: D-

2014: Estimate based on reported official reflecting 2010 MICS results. Estimate challenged by: D-

2013: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 87 percent to 100 percent with decrease 88 percent. Estimate challenged by: D-

2012: Estimate informed by reported data. GoC=R+

Burkina Faso - MengA



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	68	70	71	71	71	71	71
Estimate GoC	NA	NA	NA	NA	NA	●●●	●	●	●	●	●	●
Official	NA	NA	NA	NA	NA	NA	NA	71	71	71	87	NA
Administrative	NA	NA	NA	NA	NA	68	87	79	86	90	87	85
Survey	NA	NA	NA	NA	NA	NA	NA	*	NA	NA	NA	NA

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

●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.

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

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

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

Description:

Estimates for one dose of meningococcal A conjugate (MengA) vaccine begin with the year that the vaccine was first delivered through routine immunization servces and data were reported among countries in the meningitis belt of sub-Saharan Africa.

2023: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Estimate challenged by: D-

2022: Estimate based on extrapolation from data reported by national government. Reported data excluded. Reported coverage suggests increase in coverage from 2021 to 2022 while reported number of doses suggests fewer children vaccinated. Unexplained change in approach to estimate official coverage. Estimate challenged by: D-

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

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

2019: Estimate informed by reported data supported by survey. Survey evidence of 66 percent based on 2 survey(s). Official estimates based on prior year WHO-UNICEF estimates. Reported administrative data reflect partial reporting from across the country, missing roughly 35 percent of expected reports, due to healthcare worker strikes which resulted in data being withheld. Estimate challenged by: D-

2018: Estimate informed by interpolation between reported data. Reported data excluded due to an increase from 68 percent to 87 percent with decrease 71 percent. Estimate challenged by: D-

2017: Estimate informed by reported data. Meningitis A vaccine introduced during 2017. GoC=R+ S+ D+

Burkina Faso - survey details

NOTE: A survey to measure vaccination coverage for infants (i.e., children aged 0-11 months) will sample children aged 12-23 months at the time of survey to capture the youngest annual cohort of children who should have completed the vaccination schedule. Because WUENIC are for infant vaccinations, survey data in this report are presented to reflect the birth year of the youngest survey cohort. For example, results for a survey conducted during December 2020 among children aged 12-23 months at the time of the survey reflect the immunization experience of children born in 2019. Depending on the timing of survey field work, results may reflect the immunization experience of children born and vaccinated 1 or 2 years prior to the survey field work.

2020 Enquête Démographique et de Santé, Burkina Faso, 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	96.5	12-23 m	2299	88
BCG	Card	86.1	12-23 m	2027	88
BCG	Card or History	96.7	12-23 m	2299	88
BCG	History	10.6	12-23 m	273	88
DTP1	C or H <12 months	94.8	12-23 m	2299	88
DTP1	Card	85.1	12-23 m	2027	88
DTP1	Card or History	94.9	12-23 m	2299	88
DTP1	History	9.8	12-23 m	273	88
DTP3	C or H <12 months	87.4	12-23 m	2299	88
DTP3	Card	81.4	12-23 m	2027	88
DTP3	Card or History	88.3	12-23 m	2299	88
DTP3	History	6.9	12-23 m	273	88
HepB1	C or H <12 months	94.8	12-23 m	2299	88
HepB1	Card	85.1	12-23 m	2027	88
HepB1	Card or History	94.9	12-23 m	2299	88
HepB1	History	9.8	12-23 m	273	88
HepB3	C or H <12 months	87.4	12-23 m	2299	88
HepB3	Card	81.4	12-23 m	2027	88
HepB3	Card or History	88.3	12-23 m	2299	88
HepB3	History	6.9	12-23 m	273	88
Hib1	C or H <12 months	94.8	12-23 m	2299	88
Hib1	Card	85.1	12-23 m	2027	88
Hib1	Card or History	94.9	12-23 m	2299	88
Hib1	History	9.8	12-23 m	273	88
Hib3	C or H <12 months	87.4	12-23 m	2299	88
Hib3	Card	81.4	12-23 m	2027	88
Hib3	Card or History	88.3	12-23 m	2299	88
Hib3	History	6.9	12-23 m	273	88
IPV1	C or H <12 months	55.1	12-23 m	2299	88
IPV1	Card	48.2	12-23 m	2027	88
IPV1	Card or History	56.4	12-23 m	2299	88
IPV1	History	8.2	12-23 m	273	88
MCV1	C or H <12 months	81.5	12-23 m	2299	88
MCV1	Card	78.7	12-23 m	2027	88
MCV1	Card or History	86.2	12-23 m	2299	88
MCV1	History	7.5	12-23 m	273	88
MCV2	Card	56.2	24-35 m	1616	81
MCV2	Card or History	63.9	24-35 m	1988	81
MCV2	History	7.7	24-35 m	372	81
PcV1	C or H <12 months	88	12-23 m	2299	88
PcV1	Card	78.2	12-23 m	2027	88
PcV1	Card or History	88.2	12-23 m	2299	88
PcV1	History	10	12-23 m	273	88
PcV3	C or H <12 months	80.3	12-23 m	2299	88
PcV3	Card	74.2	12-23 m	2027	88
PcV3	Card or History	81	12-23 m	2299	88
PcV3	History	6.8	12-23 m	273	88
Pol1	C or H <12 months	93.1	12-23 m	2299	88
Pol1	Card	84.7	12-23 m	2027	88
Pol1	Card or History	93.3	12-23 m	2299	88
Pol1	History	8.6	12-23 m	273	88
Pol3	C or H <12 months	79.8	12-23 m	2299	88
Pol3	Card	79.4	12-23 m	2027	88
Pol3	Card or History	80.7	12-23 m	2299	88
Pol3	History	1.3	12-23 m	273	88
RotaC	C or H <12 months	76.2	12-23 m	2299	88
RotaC	Card	70.8	12-23 m	2027	88
RotaC	Card or History	77.2	12-23 m	2299	88
RotaC	History	6.4	12-23 m	273	88
YFV	C or H <12 months	74.8	12-23 m	2299	88
YFV	Card	72.4	12-23 m	2027	88
YFV	Card or History	79.4	12-23 m	2299	88
YFV	History	6.9	12-23 m	273	88

Burkina Faso - survey details

2019 Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	98.7	12-23 m	2814	93
BCG	Card or History	99.3	12-23 m	2814	93
BCG	History	0.6	12-23 m	2814	93
DTP1	Card	92.4	12-23 m	2814	93
DTP1	Card or History	96.5	12-23 m	2814	93
DTP1	History	4.1	12-23 m	2814	93
DTP3	Card	86.2	12-23 m	2814	93
DTP3	Card or History	90	12-23 m	2814	93
DTP3	History	3.7	12-23 m	2814	93
HepB1	Card	92.4	12-23 m	2814	93
HepB1	Card or History	96.5	12-23 m	2814	93
HepB1	History	4.1	12-23 m	2814	93
HepB3	Card	86.2	12-23 m	2814	93
HepB3	Card or History	90	12-23 m	2814	93
HepB3	History	3.7	12-23 m	2814	93
Hib1	Card	92.4	12-23 m	2814	93
Hib1	Card or History	96.5	12-23 m	2814	93
Hib1	History	4.1	12-23 m	2814	93
Hib3	Card	86.2	12-23 m	2814	93
Hib3	Card or History	90	12-23 m	2814	93
Hib3	History	3.7	12-23 m	2814	93
IPV1	Card	50.2	12-23 m	2814	93
IPV1	Card or History	53.1	12-23 m	2814	93
IPV1	History	2.9	12-23 m	2814	93
MCV1	Card	83.8	12-23 m	2814	93
MCV1	Card or History	87.8	12-23 m	2814	93
MCV1	History	4	12-23 m	2814	93
MCV2	Card	63	24-35 m	2080	-
MCV2	Card or History	67	24-35 m	2080	-
MCV2	History	4	24-35 m	2080	-
MengA	Card	61.8	24-35 m	2080	-
MengA	Card or History	65.6	24-35 m	2080	-
MengA	History	3.8	24-35 m	2080	-
PcV3	Card	84.8	12-23 m	2814	93
PcV3	Card or History	89.1	12-23 m	2814	93
PcV3	History	4.3	12-23 m	2814	93
Pol1	Card	92.4	12-23 m	2814	93
Pol1	Card or History	96.9	12-23 m	2814	93
Pol1	History	4.5	12-23 m	2814	93
Pol3	Card	86.2	12-23 m	2814	93
Pol3	Card or History	90.4	12-23 m	2814	93
Pol3	History	4.2	12-23 m	2814	93
RotaC	Card	82.4	12-23 m	2814	93
RotaC	Card or History	94.1	12-23 m	2814	93
RotaC	History	4.2	12-23 m	2814	93
YFV	Card	78.5	12-23 m	2814	93
YFV	Card or History	83.9	12-23 m	2814	93
YFV	History	5.4	12-23 m	2814	93

2019 Enquête Démographique et de Santé, Burkina Faso, 2021

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	95.5	24-35 m	1988	81
BCG	Card	79.4	24-35 m	1616	81
BCG	Card or History	96	24-35 m	1988	81
BCG	History	16.6	24-35 m	372	81
DTP1	C or H <12 months	92.4	24-35 m	1988	81
DTP1	Card	77.3	24-35 m	1616	81
DTP1	Card or History	93	24-35 m	1988	81
DTP1	History	15.7	24-35 m	372	81
DTP3	C or H <12 months	84.4	24-35 m	1988	81
DTP3	Card	74.6	24-35 m	1616	81
DTP3	Card or History	86.8	24-35 m	1988	81
DTP3	History	12.2	24-35 m	372	81
HepB1	C or H <12 months	92.4	24-35 m	1988	81
HepB1	Card	77.3	24-35 m	1616	81
HepB1	Card or History	93	24-35 m	1988	81
HepB1	History	15.7	24-35 m	372	81
HepB3	C or H <12 months	84.4	24-35 m	1988	81
HepB3	Card	74.6	24-35 m	1616	81
HepB3	Card or History	86.8	24-35 m	1988	81
HepB3	History	12.2	24-35 m	372	81
Hib1	C or H <12 months	92.4	24-35 m	1988	81

Hib1	Card	77.3	24-35 m	1616	81
Hib1	Card or History	93	24-35 m	1988	81
Hib1	History	15.7	24-35 m	372	81
Hib3	C or H <12 months	84.4	24-35 m	1988	81
Hib3	Card	74.6	24-35 m	1616	81
Hib3	Card or History	86.8	24-35 m	1988	81
Hib3	History	12.2	24-35 m	372	81
IPV1	C or H <12 months	53	24-35 m	1988	81
IPV1	Card	42.4	24-35 m	1616	81
IPV1	Card or History	56.1	24-35 m	1988	81
IPV1	History	13.7	24-35 m	372	81
MCV1	C or H <12 months	81.8	24-35 m	1988	81
MCV1	Card	75.4	24-35 m	1616	81
MCV1	Card or History	89.5	24-35 m	1988	81
MCV1	History	14	24-35 m	372	81
MCV2	C or H <12 months	62.8	24-35 m	1988	81
MengA	C or H <12 months	64.6	24-35 m	1988	81
MengA	Card	53.9	24-35 m	1616	81
MengA	Card or History	65.5	24-35 m	1988	81
MengA	History	11.7	24-35 m	372	81
PcV1	C or H <12 months	86.3	24-35 m	1988	81
PcV1	Card	71.3	24-35 m	1616	81
PcV1	Card or History	86.9	24-35 m	1988	81
PcV1	History	15.6	24-35 m	372	81
PcV3	C or H <12 months	77	24-35 m	1988	81
PcV3	Card	67.7	24-35 m	1616	81
PcV3	Card or History	79.3	24-35 m	1988	81
PcV3	History	11.6	24-35 m	372	81
Pol1	C or H <12 months	91.8	24-35 m	1988	81
Pol1	Card	78.1	24-35 m	1616	81
Pol1	Card or History	92.4	24-35 m	1988	81
Pol1	History	14.3	24-35 m	372	81
Pol3	C or H <12 months	75.3	24-35 m	1988	81
Pol3	Card	74.2	24-35 m	1616	81
Pol3	Card or History	77.1	24-35 m	1988	81
Pol3	History	2.8	24-35 m	372	81
RotaC	C or H <12 months	70.5	24-35 m	1988	81
RotaC	Card	61	24-35 m	1616	81
RotaC	Card or History	72.5	24-35 m	1988	81
RotaC	History	11.4	24-35 m	372	81
YFV	C or H <12 months	75.2	24-35 m	1988	81
YFV	Card	70	24-35 m	1616	81
YFV	Card or History	82.8	24-35 m	1988	81
YFV	History	12.8	24-35 m	372	81

2018 Enquete de Couverture Vaccinale de Routine Couplee avec L'Enquette de Couverture Post-Campagne de Vaccination contre la Rougeole et la Rubeole (RR) de Novembre 2019 au Burkina Faso

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	96.9	24-35 m	2080	-
BCG	Card or History	98.7	24-35 m	2080	-
BCG	History	1.7	24-35 m	2080	-
DTP1	Card	90.4	24-35 m	2080	-
DTP1	Card or History	96.3	24-35 m	2080	-
DTP1	History	6	24-35 m	2080	-
DTP3	Card	83.6	24-35 m	2080	-
DTP3	Card or History	88.8	24-35 m	2080	-
DTP3	History	5.2	24-35 m	2080	-
HepB1	Card	90.4	24-35 m	2080	-
HepB1	Card or History	96.3	24-35 m	2080	-
HepB1	History	6	24-35 m	2080	-
HepB3	Card	83.6	24-35 m	2080	-
HepB3	Card or History	88.8	24-35 m	2080	-
HepB3	History	5.2	24-35 m	2080	-
Hib1	Card	90.4	24-35 m	2080	-
Hib1	Card or History	96.3	24-35 m	2080	-
Hib1	History	6	24-35 m	2080	-
Hib3	Card	83.6	24-35 m	2080	-
Hib3	Card or History	88.8	24-35 m	2080	-
Hib3	History	5.2	24-35 m	2080	-
IPV1	Card	42.7	24-35 m	2080	-
IPV1	Card or History	46.4	24-35 m	2080	-
IPV1	History	3.7	24-35 m	2080	-
MCV1	Card	82.2	24-35 m	2080	-
MCV1	Card or History	88.2	24-35 m	2080	-
MCV1	History	6.1	24-35 m	2080	-
PcV3	Card	81.4	24-35 m	2080	-

PcV3	Card or History	87.1	24-35 m	2080	-
PcV3	History	5.6	24-35 m	2080	-
Pol1	Card	90.7	24-35 m	2080	-
Pol1	Card or History	96.9	24-35 m	2080	-
Pol1	History	6.3	24-35 m	2080	-
Pol3	Card	84.1	24-35 m	2080	-
Pol3	Card or History	89.4	24-35 m	2080	-
Pol3	History	5.3	24-35 m	2080	-
RotaC	Card	79.8	24-35 m	2080	-
RotaC	Card or History	93.5	24-35 m	2080	-
RotaC	History	5.6	24-35 m	2080	-
YFV	Card	78	24-35 m	2080	-
YFV	Card or History	84.8	24-35 m	2080	-
YFV	History	6.8	24-35 m	2080	-

2009 Enquête Démographique et de Santé (EDS-IV) et à Indicateurs Multiples (MICS) EDSBF-MICS IV, 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	96.2	12-23 m	2822	83
BCG	Card	82.6	12-23 m	2344	83
BCG	Card or History	96.5	12-23 m	2822	83
BCG	History	13.8	12-23 m	478	83
DTP1	C or H <12 months	94	12-23 m	2822	83
DTP1	Card	80.9	12-23 m	2344	83
DTP1	Card or History	94.4	12-23 m	2822	83
DTP1	History	13.5	12-23 m	478	83
DTP3	C or H <12 months	88.2	12-23 m	2822	83
DTP3	Card	78.5	12-23 m	2344	83
DTP3	Card or History	89.5	12-23 m	2822	83
DTP3	History	11	12-23 m	478	83
HepB1	C or H <12 months	94	12-23 m	2822	83
HepB1	Card	80.9	12-23 m	2344	83
HepB1	Card or History	94.4	12-23 m	2822	83
HepB1	History	13.5	12-23 m	478	83
HepB3	C or H <12 months	88.2	12-23 m	2822	83
HepB3	Card	78.5	12-23 m	2344	83
HepB3	Card or History	89.5	12-23 m	2822	83
HepB3	History	11	12-23 m	478	83
Hib1	C or H <12 months	94	12-23 m	2822	83
Hib1	Card	80.9	12-23 m	2344	83
Hib1	Card or History	94.4	12-23 m	2822	83
Hib1	History	13.5	12-23 m	478	83
Hib3	C or H <12 months	88.2	12-23 m	2822	83
Hib3	Card	78.5	12-23 m	2344	83
Hib3	Card or History	89.5	12-23 m	2822	83
Hib3	History	11	12-23 m	478	83
MCV1	C or H <12 months	81.8	12-23 m	2822	83
MCV1	Card	75.8	12-23 m	2344	83
MCV1	Card or History	87.3	12-23 m	2822	83
MCV1	History	11.5	12-23 m	478	83
Pol1	C or H <12 months	96.9	12-23 m	2822	83
Pol1	Card	82.4	12-23 m	2344	83
Pol1	Card or History	97.4	12-23 m	2822	83
Pol1	History	15	12-23 m	478	83
Pol3	C or H <12 months	88.8	12-23 m	2822	83
Pol3	Card	79.7	12-23 m	2344	83
Pol3	Card or History	90.2	12-23 m	2822	83
Pol3	History	10.5	12-23 m	478	83

2008 Revue approfondie du PEV 2009 Burkina Faso

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	98.7	12-23 m	-	96
BCG	Card or History	99.1	12-23 m	13320	96
DTP1	Card	93.3	12-23 m	-	96
DTP1	Card or History	98.9	12-23 m	13320	96
DTP3	Card	91	12-23 m	-	96
DTP3	Card or History	96.6	12-23 m	13320	96
HepB1	Card	93.3	12-23 m	-	96
HepB3	Card	91	12-23 m	13320	96
Hib1	Card	93.3	12-23 m	-	96
Hib3	Card	91	12-23 m	-	96
MCV1	Card	87.6	12-23 m	-	96
MCV1	Card or History	93.9	12-23 m	13320	96
Pol1	Card	92.1	12-23 m	-	96
Pol1	Card or History	98.6	12-23 m	13320	96
Pol3	Card	90	12-23 m	-	96

Pol3	Card or History	96.5	12-23 m	13320	96
YFV	Card	87.5	12-23 m	-	96
YFV	Card or History	93.8	12-23 m	13320	96

2005 Burkina Faso, Enquête par grappes à indicateurs multiples 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	91.4	12-23 m	1112	79
BCG	Card	77.3	12-23 m	1112	79
BCG	Card or History	91.9	12-23 m	1112	79
BCG	History	14.6	12-23 m	1112	79
DTP1	C or H <12 months	89.3	12-23 m	1112	79
DTP1	Card	76.9	12-23 m	1112	79
DTP1	Card or History	90.2	12-23 m	1112	79
DTP1	History	13.3	12-23 m	1112	79
DTP3	C or H <12 months	76.5	12-23 m	1112	79
DTP3	Card	69.9	12-23 m	1112	79
DTP3	Card or History	78.5	12-23 m	1112	79
DTP3	History	8.6	12-23 m	1112	79
MCV1	C or H <12 months	70.3	12-23 m	1112	79
MCV1	Card	63.2	12-23 m	1112	79
MCV1	Card or History	75.3	12-23 m	1112	79
MCV1	History	12.1	12-23 m	1112	79
Pol1	C or H <12 months	92.3	12-23 m	1112	79
Pol1	Card	76.6	12-23 m	1112	79
Pol1	Card or History	93.2	12-23 m	1112	79
Pol1	History	16.6	12-23 m	1112	79
Pol3	C or H <12 months	77.4	12-23 m	1112	79
Pol3	Card	69.8	12-23 m	1112	79
Pol3	Card or History	79.4	12-23 m	1112	79
Pol3	History	9.6	12-23 m	1112	79
YFV	C or H <12 months	70.8	12-23 m	1112	79
YFV	Card	64.1	12-23 m	1112	79
YFV	Card or History	76.1	12-23 m	1112	79
YFV	History	11.9	12-23 m	1112	79

2002 Burkina Faso, Revue Approfondie du PEV, 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	90.3	12-23 m	11080	88
DTP1	Card or History	91.4	12-23 m	11080	88
DTP3	Card or History	77	12-23 m	11080	88
MCV1	Card or History	71.6	12-23 m	11080	88
Pol1	Card or History	91.8	12-23 m	11080	88
Pol3	Card or History	75.9	12-23 m	11080	88

2002 Enquête Démographique et de Santé 2003

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	80	12-23 m	1840	67
BCG	Card	63.2	12-23 m	1840	67
BCG	Card or history	80.9	12-23 m	1840	67
BCG	History	17.7	12-23 m	1840	67
DTP1	C or H <12 months	73.4	12-23 m	1840	67
DTP1	Card	61.8	12-23 m	1840	67
DTP1	Card or history	76.1	12-23 m	1840	67
DTP1	History	14.3	12-23 m	1840	67
DTP3	C or H <12 months	52	12-23 m	1840	67
DTP3	Card	50.3	12-23 m	1840	67
DTP3	Card or history	57	12-23 m	1840	67
DTP3	History	6.7	12-23 m	1840	67
MCV1	C or H <12 months	43.2	12-23 m	1840	67
MCV1	Card	46.8	12-23 m	1840	67
MCV1	Card or history	55.8	12-23 m	1840	67
MCV1	History	9	12-23 m	1840	67
Pol1	C or H <12 months	83.5	12-23 m	1840	67
Pol1	Card	63.5	12-23 m	1840	67
Pol1	Card or history	86.5	12-23 m	1840	67
Pol1	History	23	12-23 m	1840	67
Pol3	C or H <12 months	53.4	12-23 m	1840	67
Pol3	Card	51.6	12-23 m	1840	67
Pol3	Card or history	58.7	12-23 m	1840	67
Pol3	History	7.1	12-23 m	1840	67
YFV	C or H <12 months	34.6	12-23 m	1840	67
YFV	Card	44.9	12-23 m	1840	67
YFV	Card or history	44.9	12-23 m	1840	67

YFV	History	0	12-23 m	1840	67

1997 Enquête Démographique et de Santé Burkina Faso 1998-1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	69.9	12-23 m	1041	56
BCG	Card	52.8	12-23 m	1041	56
BCG	Card or History	72.3	12-23 m	1041	56
BCG	History	19.5	12-23 m	1041	56
DTP1	C or H <12 months	72.5	12-23 m	1041	56
DTP1	Card	47.6	12-23 m	1041	56
DTP1	Card or History	78.3	12-23 m	1041	56
DTP1	History	30.8	12-23 m	1041	56
DTP3	C or H <12 months	34.8	12-23 m	1041	56
DTP3	Card	32.3	12-23 m	1041	56
DTP3	Card or History	41	12-23 m	1041	56
DTP3	History	8.7	12-23 m	1041	56
MCV1	C or H <12 months	32.1	12-23 m	1041	56
MCV1	Card	36.8	12-23 m	1041	56
MCV1	Card or History	45.8	12-23 m	1041	56
MCV1	History	8.9	12-23 m	1041	56
Pol1	C or H <12 months	75.5	12-23 m	1041	56
Pol1	Card	50.6	12-23 m	1041	56
Pol1	Card or History	81.3	12-23 m	1041	56
Pol1	History	30.8	12-23 m	1041	56
Pol3	C or H <12 months	36	12-23 m	1041	56
Pol3	Card	33.8	12-23 m	1041	56
Pol3	Card or History	42.4	12-23 m	1041	56
Pol3	History	8.7	12-23 m	1041	56
YFV	C or H <12 months	24.1	12-23 m	1041	56
YFV	Card	35.5	12-23 m	1041	56
YFV	Card or History	35.5	12-23 m	1041	56

Burkina Faso - survey details

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