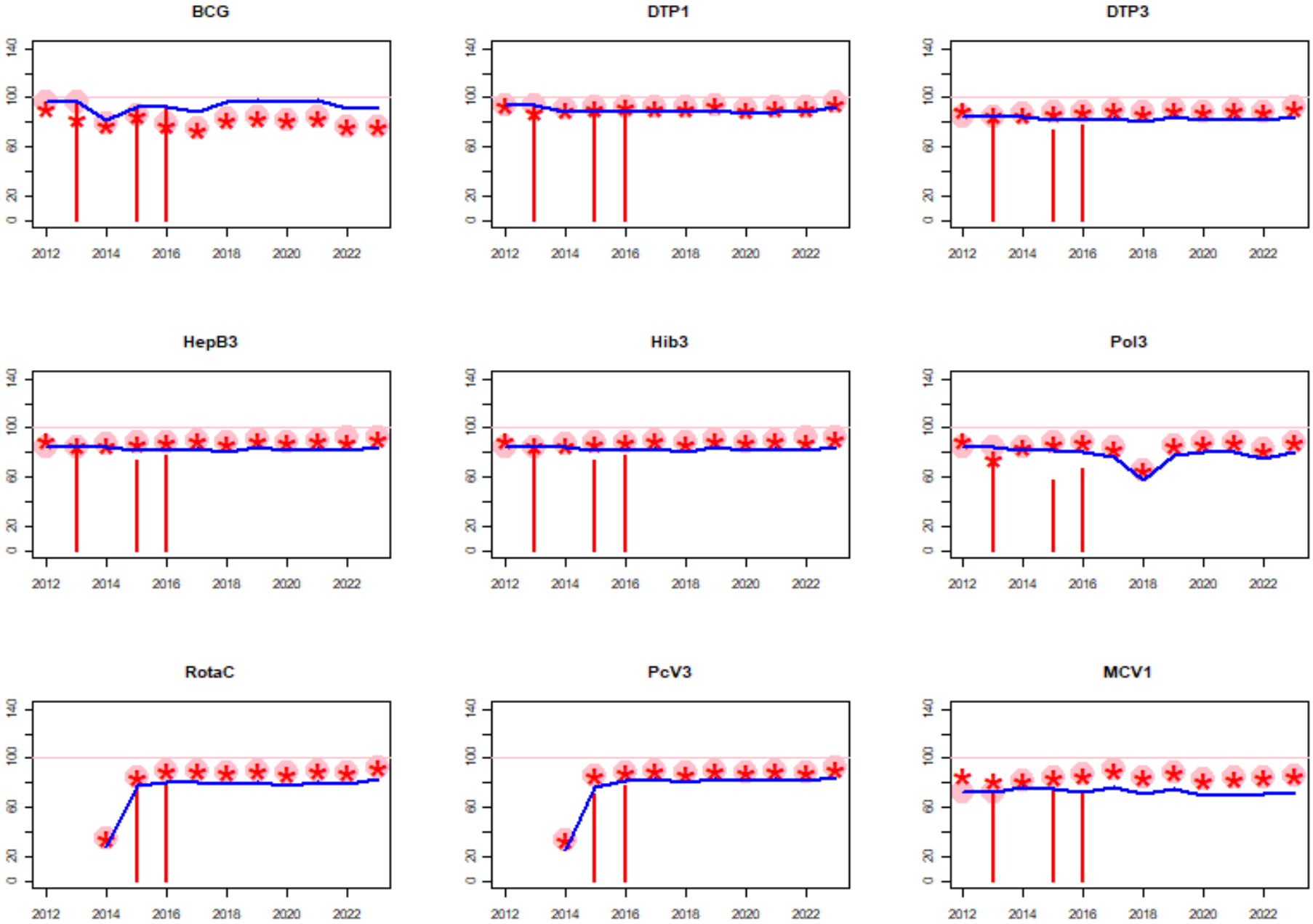

BCG
DTP1
DTP3
HepB3
Hib3
Pol3
RotaC
PcV3
MCV1
0
20
60
100
140
2012
2014
2016
2018
2020
2022

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.

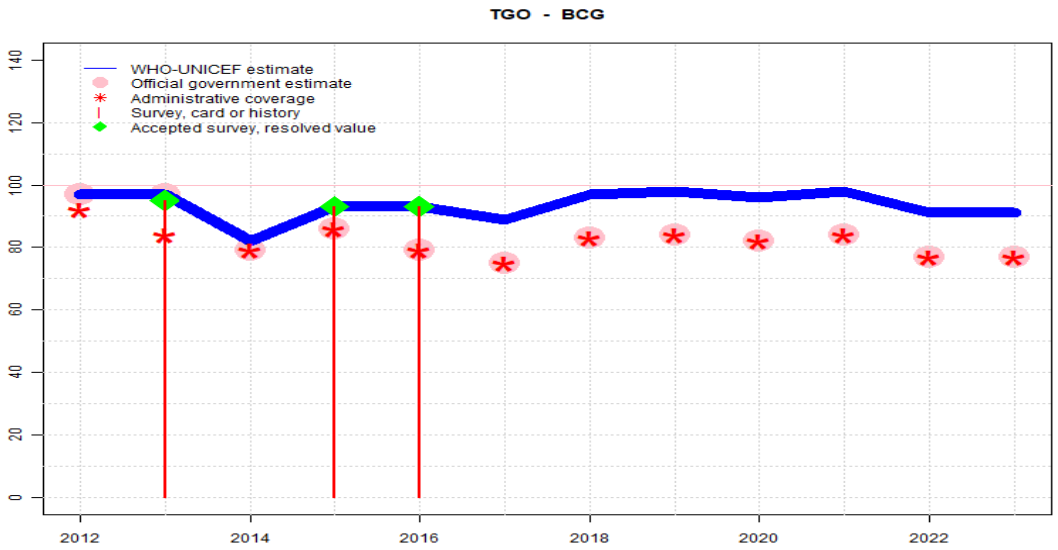
RotaC: percentage of surviving infants who received the final recommended dose of rotavirus vaccine, which can be either the 2nd or the 3rd dose depending on the vaccine.

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.

Togo - BCG



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	97	97	82	93	93	89	97	98	96	98	91	91
Estimate GoC	●●●	●	●	●	●	●	●	●	●	●	●	●
Official	97	97	79	86	79	75	83	84	82	84	77	77
Administrative	92	84	79	86	79	75	83	84	82	84	77	77
Survey	NA	95	NA	93	93	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: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Programme reports a one month vaccine stockout at the national level. Estimate challenged by: R-

2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: R-

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

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

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

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

2017: Reported data calibrated to 2016 levels. Programme reports two months vaccine stockout at national and district levels. Estimate challenged by: R-

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 93 percent based on 1 survey(s). Programme reports two months vaccine stockout at national and district levels. Estimate challenged by: R-

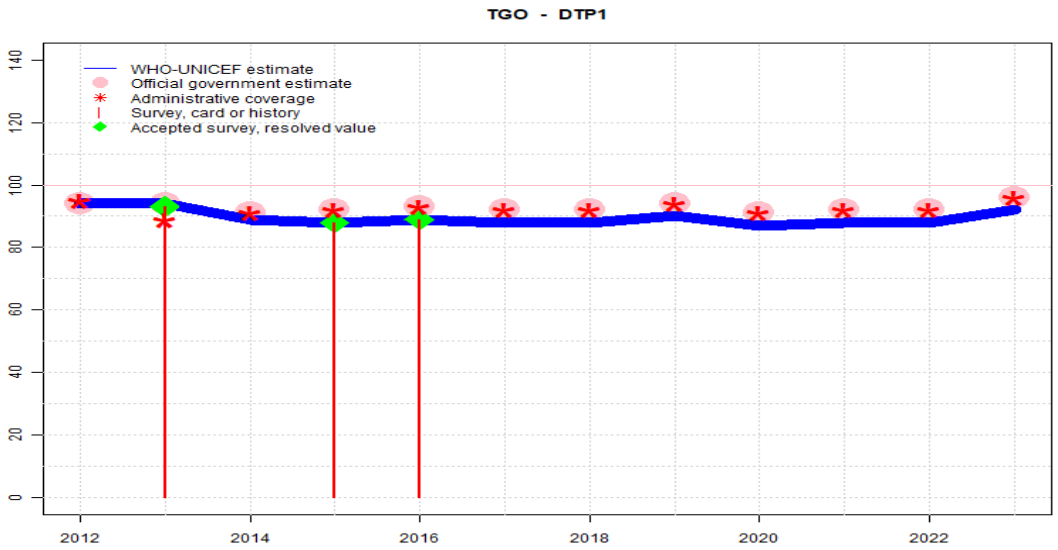
2015: Estimate of 93 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is informed by survey results. Programme reports stockout of syringes impacting delivery of vaccine. Estimate challenged by: R-

2014: Reported data calibrated to 2013 and 2015 levels. Programme reports stockout of syringes impacting delivery of vaccine. Estimate challenged by: D-R-S-

2013: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). Official government estimate is informed by results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.

2012: Estimate is informed by official government estimate reflecting survey results for the 2011 birth cohort. GoC=R+ S+ D+

Togo - DTP1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	94	94	89	88	89	88	88	90	87	88	88	92
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	94	94	91	92	93	92	92	94	91	92	92	96
Administrative	95	89	91	92	93	92	92	94	91	92	92	96
Survey	NA	93	NA	88	89	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: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate challenged by: D-R-

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

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

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

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

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

2016: Estimate of 89 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is informed by survey results. Estimate challenged by: D-R-

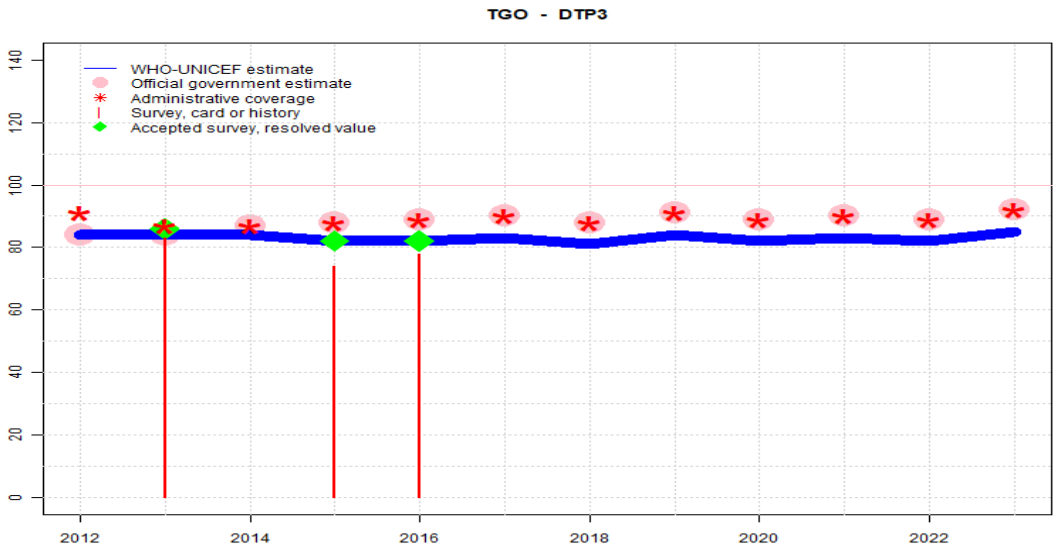
2015: Estimate of 88 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is informed by survey results. Estimate challenged by: D-R-

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

2013: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). Official government estimate is informed by results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.

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

Togo - DTP3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	84	84	84	82	82	83	81	84	82	83	82	85
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	84	87	88	89	90	88	91	89	90	89	92
Administrative	91	87	87	88	89	90	88	91	89	90	89	92
Survey	NA	83	NA	74	78	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: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate challenged by: D-R-

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

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

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

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

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

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

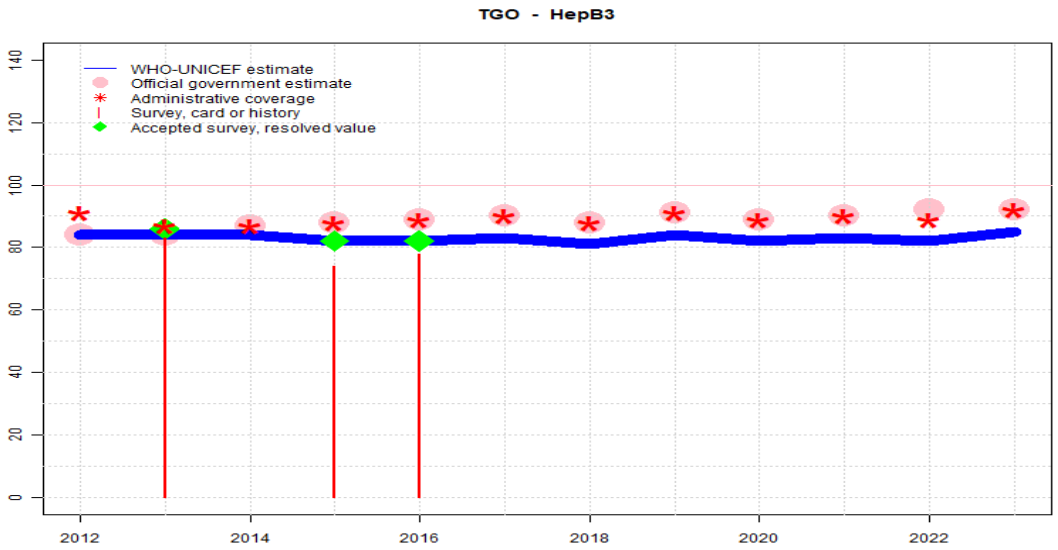
2015: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is informed by survey results. Togo Multiple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

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

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

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

Togo - HepB3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	84	84	84	82	82	83	81	84	82	83	82	85
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	84	87	88	89	90	88	91	89	90	92	92
Administrative	91	87	87	88	89	90	88	91	89	90	89	92
Survey	NA	83	NA	74	78	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: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Unexplained adjustment of official coverage from administrative coverage. Estimate challenged by: D-R-

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

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

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

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

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

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

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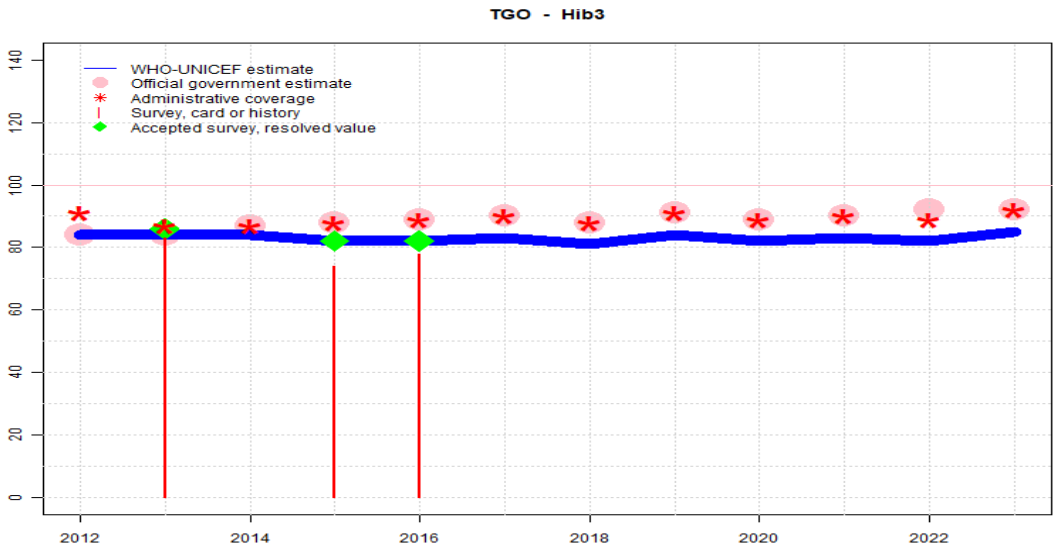
2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-

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

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

Togo - Hib3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	84	84	84	82	82	83	81	84	82	83	82	85
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	84	87	88	89	90	88	91	89	90	92	92
Administrative	91	87	87	88	89	90	88	91	89	90	89	92
Survey	NA	83	NA	74	78	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: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Unexplained adjustment of official coverage from administrative coverage. Estimate challenged by: D-R-

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

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

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

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

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

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

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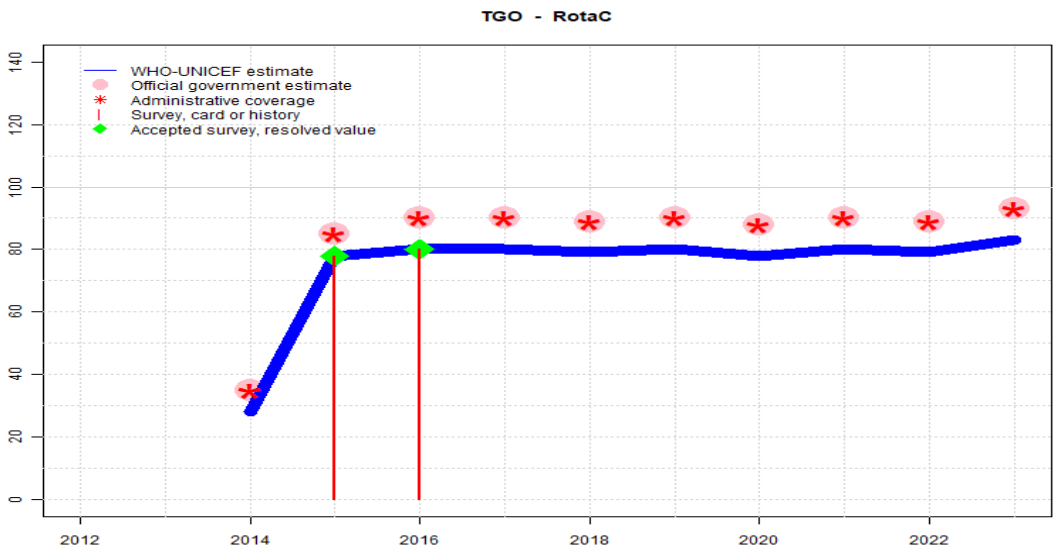
2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-

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

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

Togo - RotaC



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	28	78	80	80	79	80	78	80	79	83
Estimate GoC	NA	NA	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	35	85	90	90	89	90	88	90	89	93
Administrative	NA	NA	35	85	90	90	89	90	88	90	89	93
Survey	NA	NA	NA	78	80	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: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate challenged by: D-R-

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

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

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

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

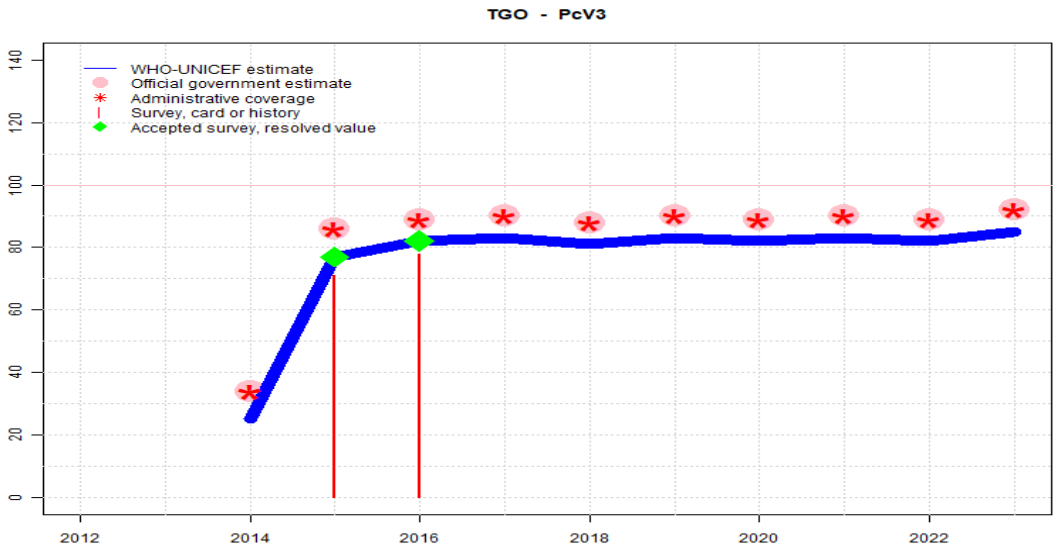
2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

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

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

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

Togo - PcV3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	25	77	82	83	81	83	82	83	82	85
Estimate GoC	NA	NA	•	•	•	•	•	•	•	•	•	•
Official	NA	NA	34	86	89	90	88	90	89	90	89	92
Administrative	NA	NA	34	86	89	90	88	90	89	90	89	92
Survey	NA	NA	NA	71	78	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: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate challenged by: D-R-

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

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

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

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

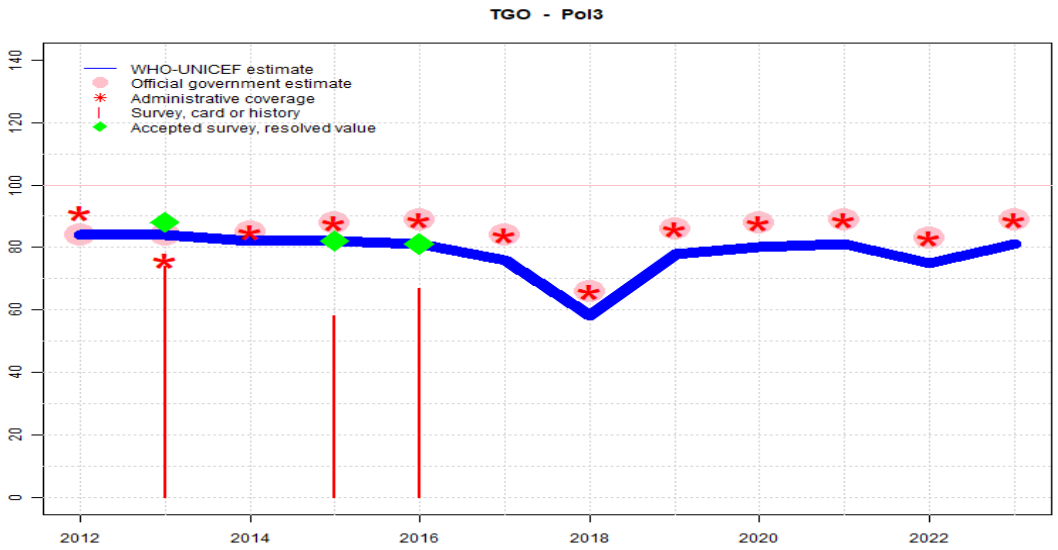
2017: Reported data calibrated to 2016 levels. Estimate challenged by: D-R-

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

2015: Estimate of 77 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is informed by survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 71 percent modifed for recall bias to 77 percent based on 1st dose card or history coverage of 85 percent, 1st dose card only coverage of 56 percent and 3rd dose card only coverage of 51 percent. Estimate challenged by: D-R-

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

Togo - Pol3



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	84	84	82	82	81	76	58	78	80	81	75	81
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	84	84	85	88	89	84	66	86	88	89	83	89
Administrative	91	76	85	88	89	84	66	86	88	89	83	89
Survey	NA	74	NA	58	67	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: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Programme reports a two months oral polio virus vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

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

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

2019: Reported data calibrated to 2016 levels. Programme reports a two months vaccine stockout at national and district levels. Estimate is informed by reported data following recovery from prior year vaccine stockout. Estimate challenged by: D-R-

2018: Reported data calibrated to 2016 levels. Programme reports three months vaccine stock-out. Estimate challenged by: D-R-S-

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

2016: Estimate of 81 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is informed by survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 67 percent modifed for recall bias to 81 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 71 percent and 3rd dose card only coverage of 64 percent. Estimate challenged by: D-R-

2015: Estimate of 82 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is informed by survey results. Togo Multiple Indicator Cluster Survey 2017 card or history results of 58 percent modifed for recall bias to 82 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 55 percent and 3rd dose card only coverage of 52 percent. Estimate challenged by: D-R-

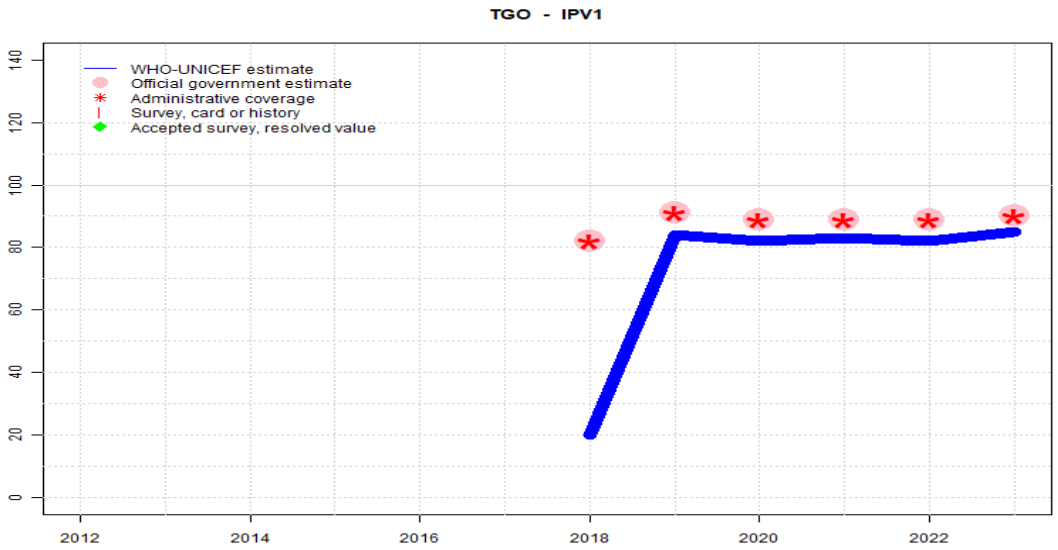
2014: Reported data calibrated to 2013 and 2015 levels. Estimate challenged by: D-R-

2013: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Togo Enquête Démographique et de Santé 2013-2014 card or history results of 74 percent modifed for recall bias to 88 percent based on 1st dose card or history coverage of 94 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 64 percent. Official government estimate is informed by results from a coverage survey reflecting the 2011 birth cohort. Programme reports a one month stockout at the national level that appears to be reflected in reported administrative coverage but not the official government estimate. GoC=Assigned by working group.

Consistency with neighbouring years.

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

Togo - IPV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	20	84	82	83	82	85
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	82	91	89	89	89	90
Administrative	NA	NA	NA	NA	NA	NA	82	91	89	89	89	90
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

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

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

Description:

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

2023: Estimate informed by estimated DTP3 level. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Estimate informed by estimated DTP3 level. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate challenged by: D-R-

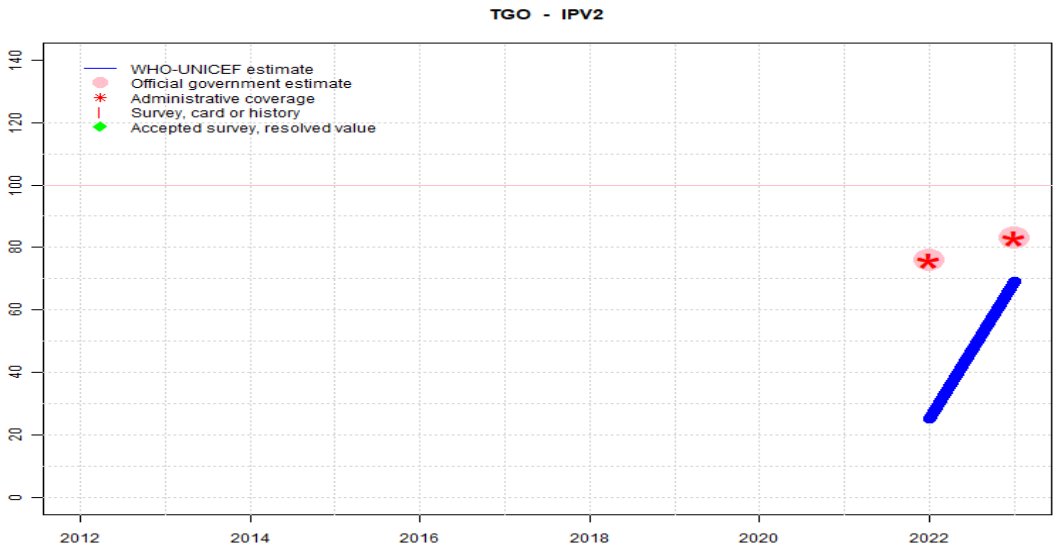
2021: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-

2020: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-

2019: Estimate informed by estimated DTP3 level. Estimate challenged by: D-R-

2018: Programme reports 82 percent coverage achieved in 25 percent of the target population. Estimate reflects annualized coverage for the national target population. Inactivated polio vaccine introduced in October 2018. Estimate challenged by: R-

Togo - IPV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	25	69
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	76	83
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	76	83
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.

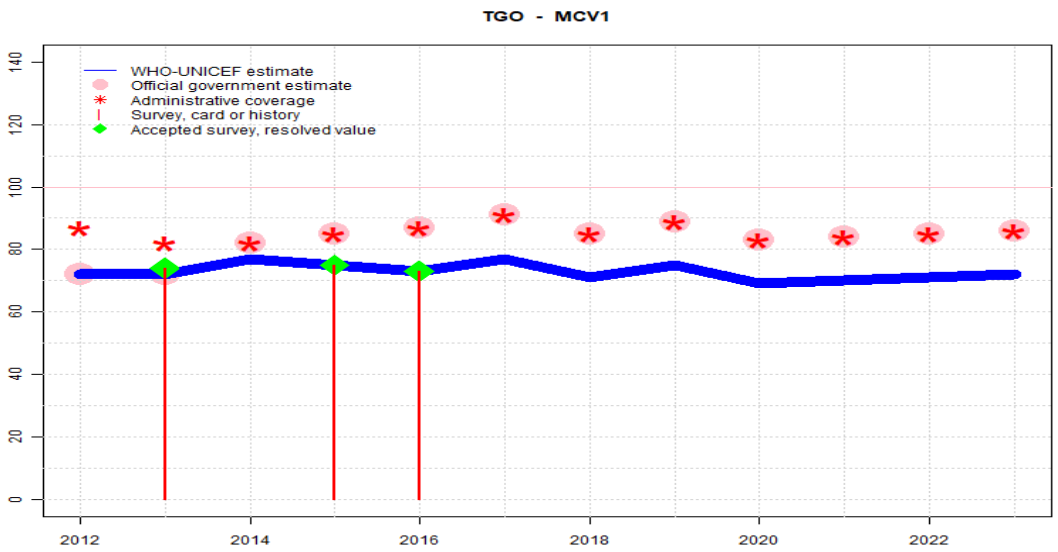
Description:

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 based on relative relationship of IPV2 and MCV1 reported coverage and estimated MCV1. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Second dose of inactivated polio vaccine introduced in September 2022. Reported coverage of 76 percent represents coverage reached in 33 percent of the total cohort of surviving infants. Estimated coverage represents the coverage reached in the total target population. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate challenged by: R-

Togo - MCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	72	72	77	75	73	77	71	75	69	70	71	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	72	72	82	85	87	91	85	89	83	84	85	86
Administrative	87	82	82	85	87	91	85	89	83	84	85	86
Survey	NA	74	NA	75	73	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: Reported data calibrated to 2016 levels. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Reported data calibrated to 2016 levels. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate challenged by: D-R-

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

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

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

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

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

2016: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Estimate challenged by: D-R-

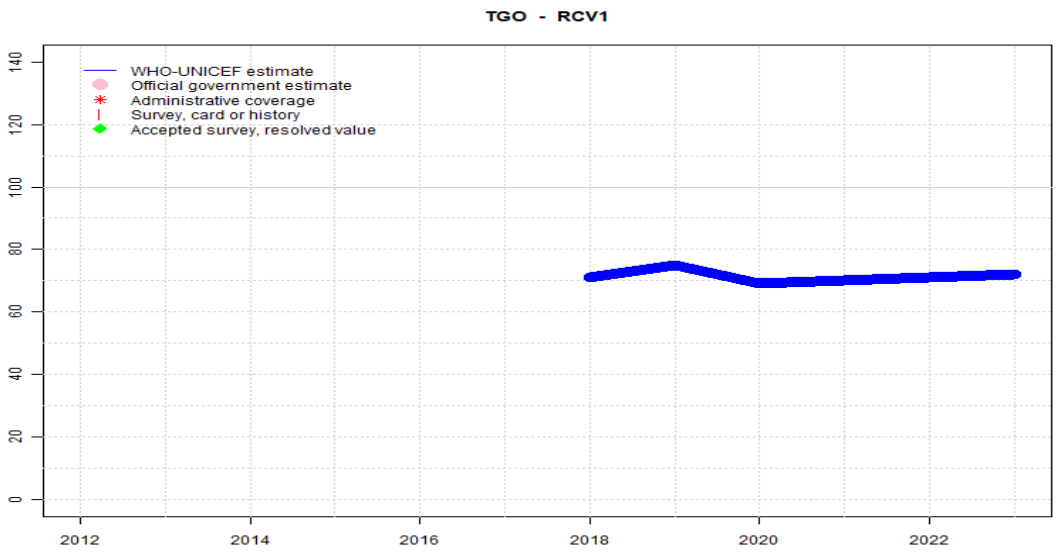
2015: Estimate of 75 percent assigned by working group. Survey results supports the reported coverage for some, but not all, antigens. In the absence of evidence that the recording and reporting system performs differently across antigens, estimated coverage is informed by survey results. Estimate challenged by: D-R-

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

2013: Estimate informed by reported data supported by survey. Survey evidence of 74 percent based on 1 survey(s). Official government estimate is informed by results from a coverage survey reflecting the 2011 birth cohort. GoC=Assigned by working group. Consistency with neighbouring years.

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

Togo - RCV1



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	71	75	69	70	71	72
Estimate GoC	NA	NA	NA	NA	NA	NA	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

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

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

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

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

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. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Estimate based on estimated MCV1. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate challenged by: D-R-

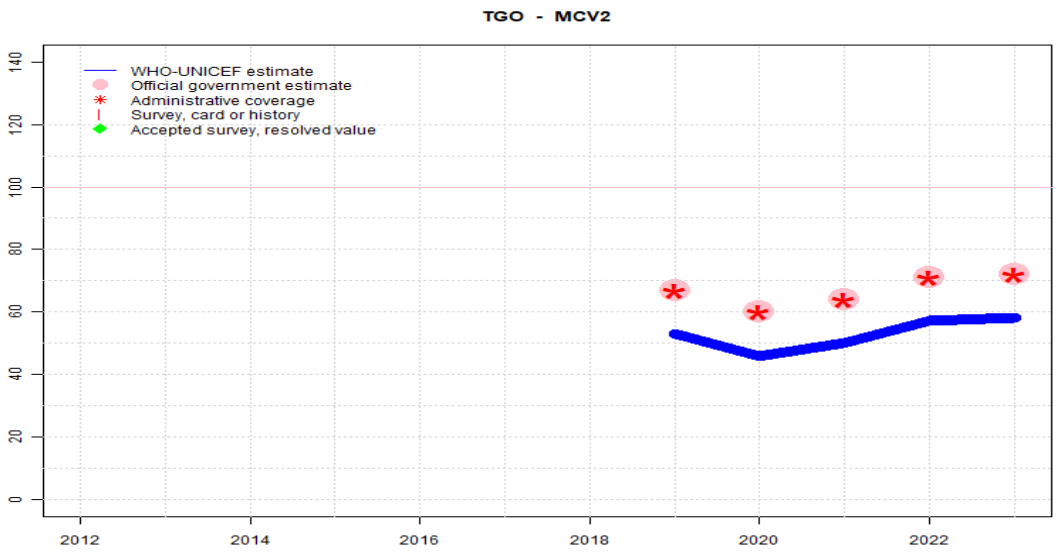
2021: Estimate based on estimated MCV1. Estimate challenged by: D-R-

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

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

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

Togo - MCV2



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	53	46	50	57	58
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	67	60	64	71	72
Administrative	NA	NA	NA	NA	NA	NA	NA	67	60	64	71	72
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:

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

2023: Estimate informed by difference between MCV1 to MCV2 reported data applied to estimated MCV1 coverage. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

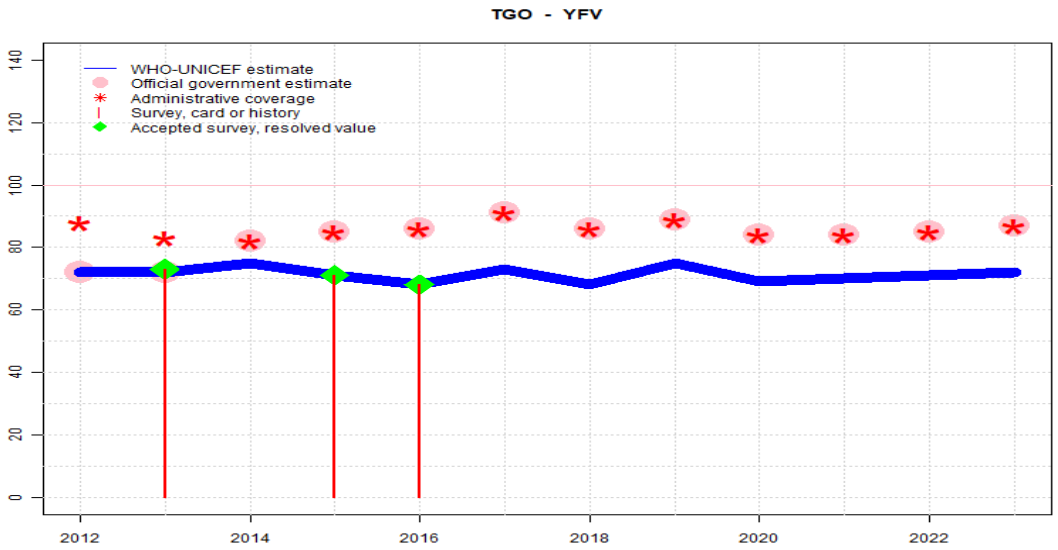
2022: Estimate informed by difference between MCV1 to MCV2 reported data applied to estimated MCV1 coverage. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate challenged by: D-R-

2021: Estimate informed by difference between MCV1 to MCV2 reported data applied to estimated MCV1 coverage. Estimate challenged by: D-R-

2020: Estimate informed by difference between MCV1 to MCV2 reported data applied to estimated MCV1 coverage. Estimate challenged by: D-R-

2019: Estimate informed by difference between MCV1 to MCV2 reported data applied to estimated MCV1 coverage. Second dose of measles containing vaccine introduced in January 2019. Estimate challenged by: D-R-

Togo - YFV



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	72	72	75	71	68	73	68	75	69	70	71	72
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	72	72	82	85	86	91	86	89	84	84	85	87
Administrative	88	83	82	85	86	91	86	89	84	84	85	87
Survey	NA	73	NA	71	68	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 MCV1. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Estimate based on MCV1. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Estimate of 71 percent changed from previous revision value of 67 percent. Estimate challenged by: D-R-

2021: Estimate based on MCV1. Estimate of 70 percent changed from previous revision value of 66 percent. Estimate challenged by: D-R-

2020: Estimate based on MCV1. Estimate of 69 percent changed from previous revision value of 66 percent. Estimate challenged by: D-R-

2019: Estimate based on MCV1. Estimate of 75 percent changed from previous revision value of 71 percent. Estimate challenged by: D-R-

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

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

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

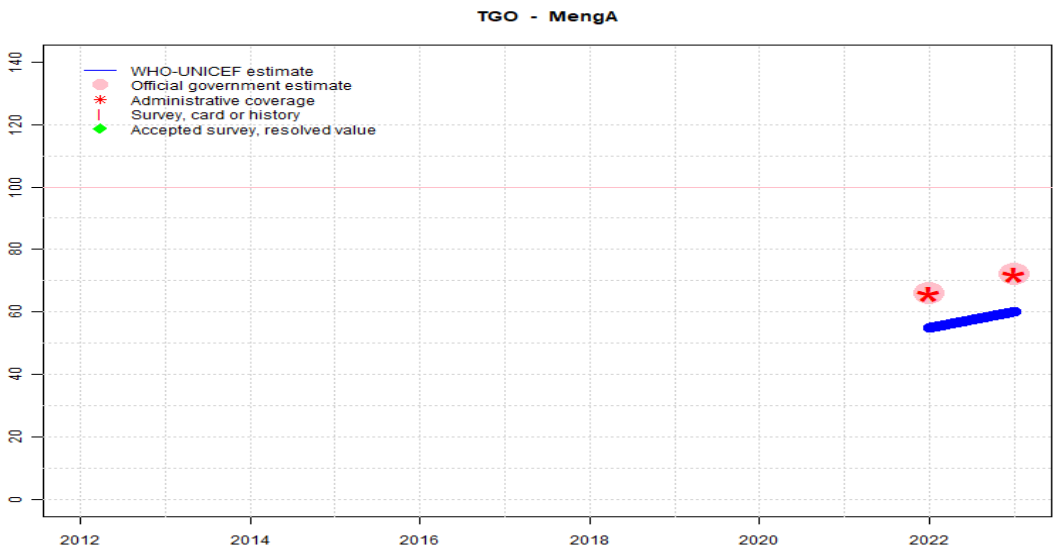
2015: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 71 percent based on 1 survey(s). Estimate challenged by: D-R-

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

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

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

Togo - MengA



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	55	60
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	66	72
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	66	72
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 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 relative relationship of MenA and MCV1 reported coverage and estimated MCV1. WHO and UNICEF are aware of a planned EPI programme review and coverage survey during 2023 and await the final results to validate higher reported coverage levels. Estimate challenged by: D-R-

2022: Estimate based on relative relationship of MenA and MCV1 reported coverage and estimated MCV1. Country notes monthly data validation activities that support the recent reported higher coverage levels compared to the last survey which is being used by WHO and UNICEF to adjust the time-series. Country also notes that 2022 census suggests a smaller total population than that from which target population estimates were derived in the past. Meningitis A vaccine introduced during 2022. Estimate challenged by: D-R-

Togo - 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.

2016 Togo Multiple Indicator Cluster Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	91.9	12-23 m	1012	75
BCG	Card	72.4	12-23 m	1012	75
BCG	Card or History	92.8	12-23 m	1012	75
BCG	History	20.4	12-23 m	1012	75
DTP1	C or H <12 months	87.9	12-23 m	1012	75
DTP1	Card	72.1	12-23 m	1012	75
DTP1	Card or History	89	12-23 m	1012	75
DTP1	History	16.9	12-23 m	1012	75
DTP3	C or H <12 months	76.5	12-23 m	1012	75
DTP3	Card	65.7	12-23 m	1012	75
DTP3	Card or History	77.9	12-23 m	1012	75
DTP3	History	12.3	12-23 m	1012	75
HepB1	C or H <12 months	87.9	12-23 m	1012	75
HepB1	Card	72.1	12-23 m	1012	75
HepB1	Card or History	89	12-23 m	1012	75
HepB1	History	16.9	12-23 m	1012	75
HepB3	C or H <12 months	76.5	12-23 m	1012	75
HepB3	Card	65.7	12-23 m	1012	75
HepB3	Card or History	77.9	12-23 m	1012	75
HepB3	History	12.3	12-23 m	1012	75
Hib1	C or H <12 months	87.9	12-23 m	1012	75
Hib1	Card	72.1	12-23 m	1012	75
Hib1	Card or History	89	12-23 m	1012	75
Hib1	History	16.9	12-23 m	1012	75
Hib3	C or H <12 months	76.5	12-23 m	1012	75
Hib3	Card	65.7	12-23 m	1012	75
Hib3	Card or History	77.9	12-23 m	1012	75
Hib3	History	12.3	12-23 m	1012	75
MCV1	C or H <12 months	67.5	12-23 m	1012	75
MCV1	Card	59.1	12-23 m	1012	75
MCV1	Card or History	73.3	12-23 m	1012	75
MCV1	History	14.2	12-23 m	1012	75
PcV1	C or H <12 months	87.9	12-23 m	1012	75
PcV1	Card	72.1	12-23 m	1012	75
PcV1	Card or History	89	12-23 m	1012	75
PcV1	History	16.9	12-23 m	1012	75
PcV3	C or H <12 months	76.5	12-23 m	1012	75
PcV3	Card	65.7	12-23 m	1012	75
PcV3	Card or History	77.9	12-23 m	1012	75
PcV3	History	12.3	12-23 m	1012	75
Pol1	C or H <12 months	87.9	12-23 m	1012	75
Pol1	Card	71.1	12-23 m	1012	75
Pol1	Card or History	89.8	12-23 m	1012	75
Pol1	History	18.7	12-23 m	1012	75
Pol3	C or H <12 months	65.8	12-23 m	1012	75
Pol3	Card	63.7	12-23 m	1012	75
Pol3	Card or History	66.6	12-23 m	1012	75
Pol3	History	2.9	12-23 m	1012	75
RotaC	C or H <12 months	79	12-23 m	1012	75
RotaC	Card	66.1	12-23 m	1012	75
RotaC	Card or History	80.1	12-23 m	1012	75
RotaC	History	14	12-23 m	1012	75
YFV	C or H <12 months	62.8	12-23 m	1012	75
YFV	Card	54.9	12-23 m	1012	75
YFV	Card or History	68.5	12-23 m	1012	75
YFV	History	13.5	12-23 m	1012	75

2015 Togo Multiple Indicator Cluster Survey 2017

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

BCG	History	34.2	24-35 m	987	-
DTP1	C or H <12 months	87.1	24-35 m	987	-
DTP1	Card	57.2	24-35 m	987	-
DTP1	Card or History	87.6	24-35 m	987	-
DTP1	History	30.4	24-35 m	987	-
DTP3	C or H <12 months	72.2	24-35 m	987	-
DTP3	Card	53.3	24-35 m	987	-
DTP3	Card or History	74.5	24-35 m	987	-
DTP3	History	21.2	24-35 m	987	-
HepB1	C or H <12 months	87.1	24-35 m	987	-
HepB1	Card	57.2	24-35 m	987	-
HepB1	Card or History	87.6	24-35 m	987	-
HepB1	History	30.4	24-35 m	987	-
HepB3	C or H <12 months	72.2	24-35 m	987	-
HepB3	Card	53.3	24-35 m	987	-
HepB3	Card or History	74.5	24-35 m	987	-
HepB3	History	21.2	24-35 m	987	-
Hib1	C or H <12 months	87.1	24-35 m	987	-
Hib1	Card	57.2	24-35 m	987	-
Hib1	Card or History	87.6	24-35 m	987	-
Hib1	History	30.4	24-35 m	987	-
Hib3	C or H <12 months	72.2	24-35 m	987	-
Hib3	Card	53.3	24-35 m	987	-
Hib3	Card or History	74.5	24-35 m	987	-
Hib3	History	21.2	24-35 m	987	-
MCV1	C or H <12 months	63.9	24-35 m	987	-
MCV1	Card	48.4	24-35 m	987	-
MCV1	Card or History	74.7	24-35 m	987	-
MCV1	History	26.3	24-35 m	987	-
PcV1	C or H <12 months	84.3	24-35 m	987	-
PcV1	Card	56.1	24-35 m	987	-
PcV1	Card or History	85.1	24-35 m	987	-
PcV1	History	29.1	24-35 m	987	-
PcV3	C or H <12 months	68.5	24-35 m	987	-
PcV3	Card	51.4	24-35 m	987	-
PcV3	Card or History	71.1	24-35 m	987	-
PcV3	History	19.7	24-35 m	987	-
Pol1	C or H <12 months	86.4	24-35 m	987	-
Pol1	Card	54.9	24-35 m	987	-
Pol1	Card or History	87.1	24-35 m	987	-
Pol1	History	32.1	24-35 m	987	-
Pol3	C or H <12 months	56.3	24-35 m	987	-
Pol3	Card	52	24-35 m	987	-
Pol3	Card or History	58.2	24-35 m	987	-
Pol3	History	6.2	24-35 m	987	-
RotaC	C or H <12 months	76.7	24-35 m	987	-
RotaC	Card	53	24-35 m	987	-
RotaC	Card or History	78.2	24-35 m	987	-
RotaC	History	25.3	24-35 m	987	-
YFV	C or H <12 months	60.4	24-35 m	987	-
YFV	Card	45.1	24-35 m	987	-
YFV	Card or History	71.1	24-35 m	987	-
YFV	History	26	24-35 m	987	-

2013 Togo Enquête Démographique et de Santé 2013-2014

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

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

2012 Togo Enquête Démographique et de Santé 2013-2014

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

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

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

2011 Togo Enquête Démographique et de Santé 2013-2014

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

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

2010 Togo Enquête Démographique et de Santé 2013-2014

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

2009 Togo, Enquête par grappes à indicateurs multiples, 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	90.7	12-23 m	900	73
BCG	Card	71.4	12-23 m	900	73
BCG	Card or History	90.8	12-23 m	900	73
BCG	History	19.4	12-23 m	900	73
DTP1	C or H <12 months	72	12-23 m	900	73
DTP1	Card	71	12-23 m	900	73
DTP1	Card or History	87	12-23 m	900	73
DTP1	History	16	12-23 m	900	73
DTP3	C or H <12 months	59.1	12-23 m	900	73
DTP3	Card	64.5	12-23 m	900	73
DTP3	Card or History	72.4	12-23 m	900	73
DTP3	History	7.9	12-23 m	900	73
HepB1	C or H <12 months	18	12-23 m	900	73
HepB1	Card	16.2	12-23 m	900	73
HepB1	Card or History	21.7	12-23 m	900	73
HepB1	History	5.5	12-23 m	900	73
HepB3	C or H <12 months	14.2	12-23 m	900	73
HepB3	Card	14.2	12-23 m	900	73
HepB3	Card or History	16.3	12-23 m	900	73
HepB3	History	2.1	12-23 m	900	73
HepBB	C or H <12 months	5.1	12-23 m	900	73
HepBB	Card	1.4	12-23 m	900	73
HepBB	Card or History	5.1	12-23 m	900	73
HepBB	History	3.7	12-23 m	900	73
MCV1	C or H <12 months	65.4	12-23 m	900	73
MCV1	Card	59.9	12-23 m	900	73
MCV1	Card or History	66.2	12-23 m	900	73
MCV1	History	6.3	12-23 m	900	73
Pol1	C or H <12 months	87.5	12-23 m	900	73
Pol1	Card	66.3	12-23 m	900	73
Pol1	Card or History	88.1	12-23 m	900	73
Pol1	History	21.8	12-23 m	900	73
Pol3	C or H <12 months	65.4	12-23 m	900	73
Pol3	Card	59.9	12-23 m	900	73
Pol3	Card or History	66.2	12-23 m	900	73
Pol3	History	6.3	12-23 m	900	73
YFV	C or H <12 months	60.3	12-23 m	900	73
YFV	Card	49.3	12-23 m	900	73
YFV	Card or History	64	12-23 m	900	73
YFV	History	14.7	12-23 m	900	73

2005 Enqête par grappe à indicateurs multiples de Togo, 2006

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

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

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

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

1999 Togo MICS 2000

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

1997 Enquête Démographique et de Santé Togo 1998, 1999

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

Togo - survey details

Pol3	Card <12 months	37.4	12-23 m	1134	58		Pol3	History	8	12-23 m	1134	58
Pol3	Card or History	46.6	12-23 m	1134	58							

Togo - survey details

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