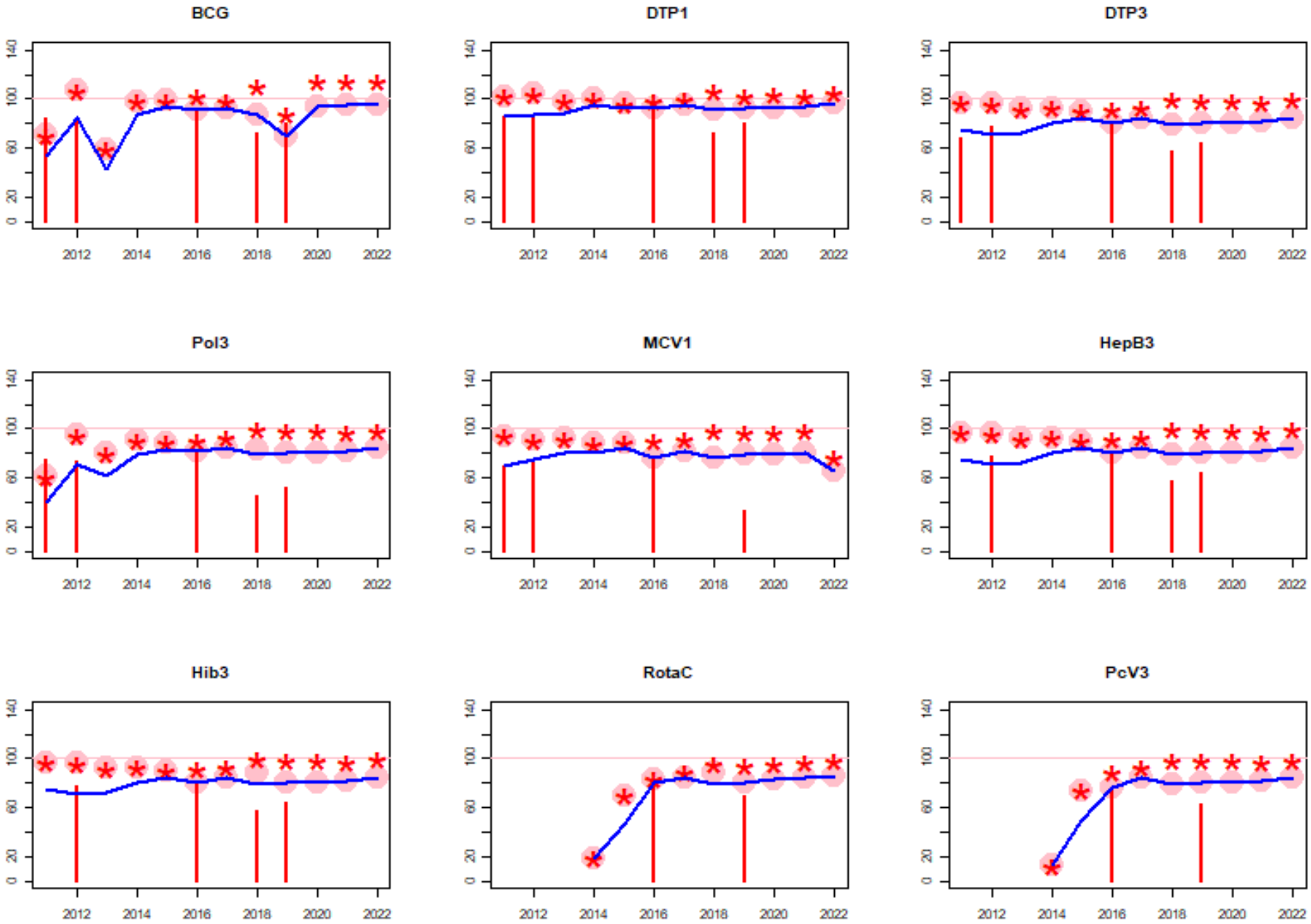

BCG
DTP1
DTP3
Pol3
MCV1
HepB3
Hib3
RotaC
PcV3
0
20
60
100
140
2012
2014
2016
2018
2020
2022

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 the published and grey literature. Based on these data, with due consideration to potential biases and the views of local experts, WHO and UNICEF attempt to distinguish between situations where the available empirical data accurately reflect immunization system performance and those where the data are likely to be compromised and present a misleading view of immunization coverage while jointly estimating the most likely coverage levels for each country.

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

*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.
*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.
*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

DATA SOURCES.

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

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

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

ABBREVIATIONS

BCG: percentage of births who received one dose of Bacillus Calmette Guerin vaccine.

DTP1 / DTP3: percentage of surviving infants who received the 1st / 3rd dose, respectively, of diphtheria and tetanus toxoid with pertussis containing vaccine.

Pol3: percentage of surviving infants who received the 3rd dose of polio containing vaccine. May be either oral or inactivated polio vaccine.

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

Production of IPV coverage estimates, which begins in 2015, results in no change of the estimated coverage levels for the 3rd dose of polio (Pol3). For countries recommending routine immunization with a primary series of three doses of IPV alone, WHO and UNICEF estimated Pol3 coverage is equivalent to estimated coverage with three doses of IPV. For countries with a sequential schedule, estimated Pol3 coverage is based on that for the 3rd dose of polio vaccine regardless of vaccine type.

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

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

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. 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.

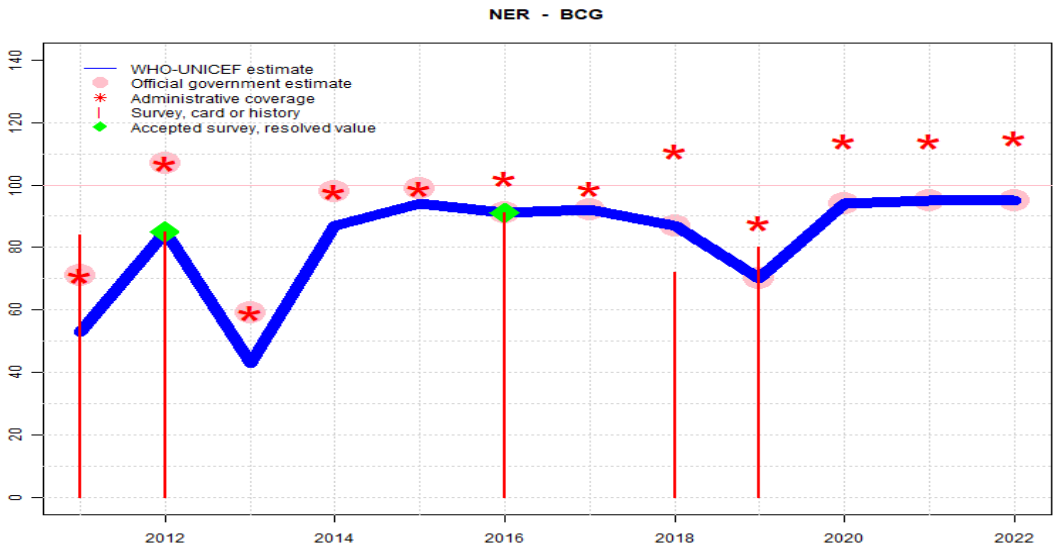
Hib3: percentage of surviving infants who received the 3rd dose of Haemophilus influenzae type b containing vaccine.

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.

Niger - BCG



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	53	85	43	87	94	91	92	87	70	94	95	95
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	71	107	59	98	99	91	92	87	70	94	95	95
Administrative	71	107	59	98	99	102	99	111	88	114	114	115
Survey	84	85	NA	NA	NA	91	NA	72	80	NA	NA	NA

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

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

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

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

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

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a one month vaccine stockout at national and subnational levels. GoC=R+ D+

2021: Estimate informed by reported data. Programme reports a vaccine stockout of less than one month duration at national and subnational levels. GoC=R+ D+

2020: Estimate informed by reported data. Likely recovery from previous year stockout. GoC=R+ D+

2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Programme reports 1.5 month vaccine stockout at national level.. Estimate challenged by: D-

2018: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data supported by survey. Survey evidence of 91 percent based on 1 survey(s). Estimate challenged by: D-

2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

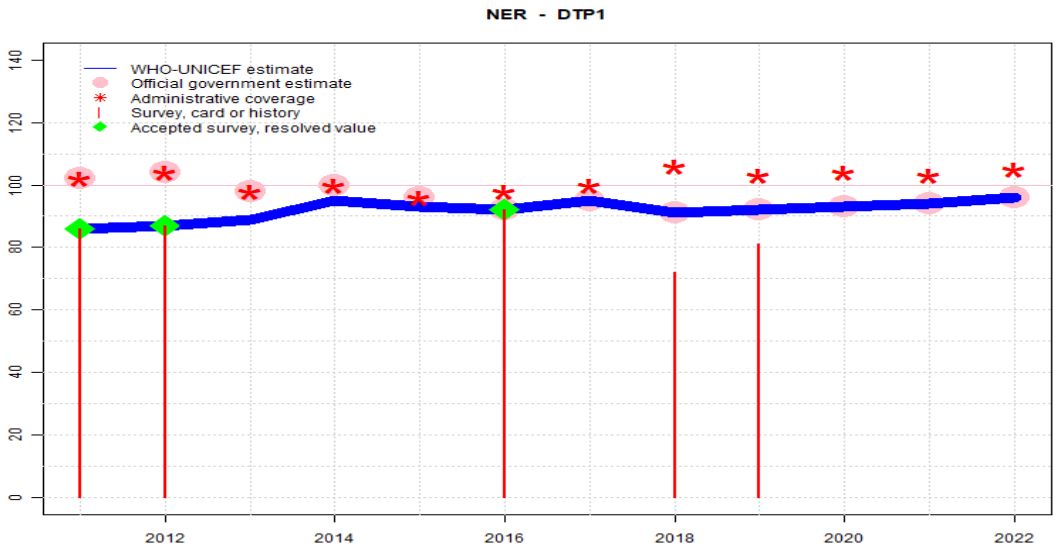
2014: Reported data calibrated to 2012 and 2016 levels. Recovery from stockout during the prior year. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2016 levels. Programme reports a five month stockout at national level. Estimate challenged by: D-R-S-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 85 percent based on 1 survey(s). Rise in coverage reflects recovery from vaccine shortage. Estimate challenged by: D-R-

2011: Reported data calibrated to 2009 and 2012 levels. Demographic and Health / Multiple Indicator Survey of Niger EDSN-MICS-IV 2012 results ignored by working group. Survey results may not reflect three months stockout. Decline in coverage reflects a 3-month vaccine stockout. Estimate challenged by: D-R-S-

Niger - DTP1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	86	87	89	95	93	92	95	91	92	93	94	96
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	102	104	98	100	96	92	95	91	92	93	94	96
Administrative	102	104	98	100	96	98	100	106	103	104	103	105
Survey	86	87	NA	NA	NA	92	NA	72	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:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. GoC=Assigned by working group. GoC of 1 consistent with GoC for other estimates.

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Estimate challenged by: D-

2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

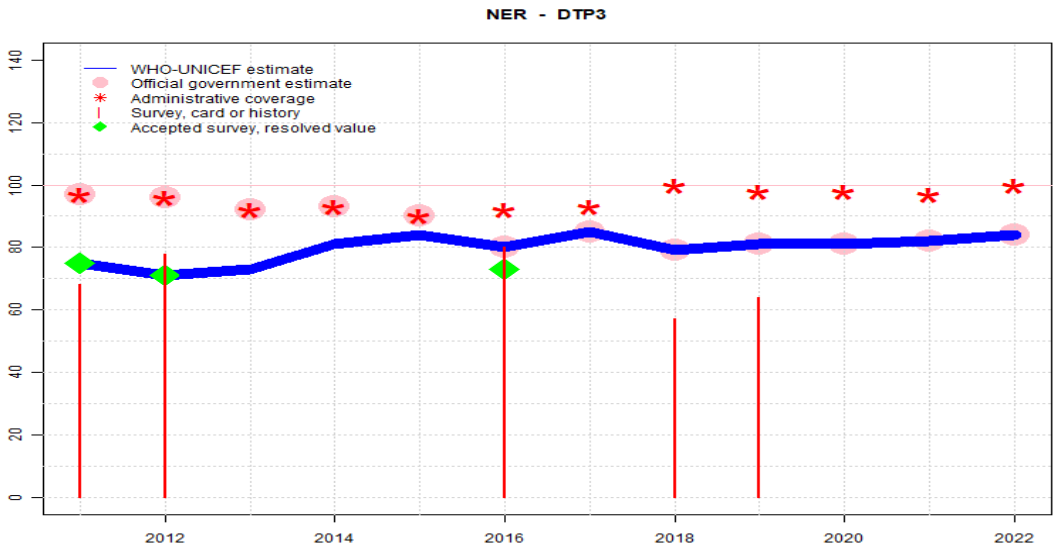
2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 87 percent based on 1 survey(s). Reported data excluded because 104 percent greater than 100 percent. Estimate challenged by: D-R-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 86 percent based on 1 survey(s). Reported data excluded because 102 percent greater than 100 percent. Estimate challenged by: D-R-

Niger - DTP3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	75	71	73	81	84	80	85	79	81	81	82	84
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	97	96	92	93	90	80	85	79	81	81	82	84
Administrative	97	96	92	93	90	92	93	100	98	98	97	100
Survey	68	78	NA	NA	NA	80	NA	57	64	NA	NA	NA

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

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

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

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

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

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data.National Survey on Fertility and Mortality of Children Under Five in Niger 2021 card or history results of 64 percent modifed for recall bias to 66 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 53 percent. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-

2018: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data.National Survey on Fertility and Mortality of Children Under Five in Niger 2021 card or history results of 57 percent modifed for recall bias to 61 percent based on 1st dose card or history coverage of 72 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 43 percent. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-S-

2016: Estimate informed by reported data supported by survey. Survey evidence of 73 percent based on 1 survey(s). 2017 Niger Vaccination Coverage Survey card or history results of 80 percent modifed for recall bias to 73 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 54 percent. Estimate challenged by: D-

2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-S-

2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

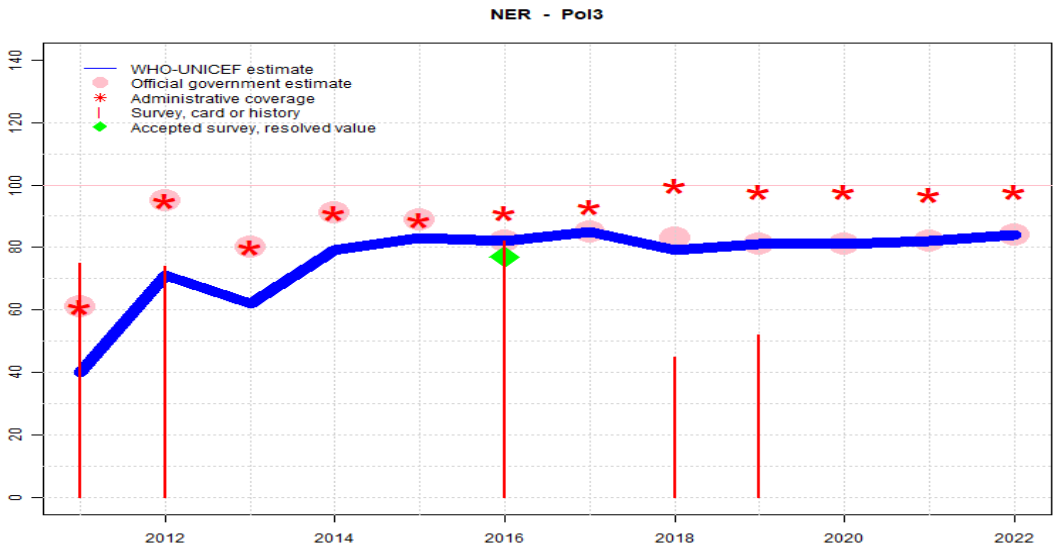
2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 71 percent based on 1 survey(s). Post measles campaign and routine immunization coverage evaluation survey, Niger, 2013 card or history results of 78 percent modifed for recall bias to 71 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 44 percent and 3rd dose card only coverage of 36 percent. Estimate challenged by: D-R-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Demographic and Health / Multiple Indicator Survey of Niger EDSN-MICS-IV 2012 card or history results of 68 percent modifed for recall bias to 75 percent based on 1st dose card or history coverage of 86 percent,

Niger - DTP3

1st dose card only coverage of 63 percent and 3rd dose card only coverage of 55 percent.
Estimate challenged by: D-R-

Niger - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	40	71	62	79	83	82	85	79	81	81	82	84
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	61	95	80	91	89	82	85	83	81	81	82	84
Administrative	61	95	80	91	89	91	93	100	98	98	97	98
Survey	75	74	NA	NA	NA	82	NA	45	52	NA	NA	NA

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

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

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

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

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

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data.National Survey on Fertility and Mortality of Children Under Five in Niger 2021 card or history results of 52 percent modifed for recall bias to 56 percent based on 1st dose card or history coverage of 80 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 46 percent. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-

2018: Estimate based on estimated DTP3 coverage. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data.National Survey on Fertility and Mortality of Children Under Five in Niger 2021 card or history results of 45 percent modifed for recall bias to 51 percent based on 1st dose card or history coverage of 71 percent, 1st dose card only coverage of 52 percent and 3rd dose card only coverage of 37 percent. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-R-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data supported by survey. Survey evidence of 77 percent based on 1 survey(s). 2017 Niger Vaccination Coverage Survey card or history results of 82 percent modifed for recall bias to 77 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 66 percent and 3rd dose card only coverage of 55 percent. Estimate challenged by: D-

2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2014: Reported data calibrated to 2012 and 2016 levels. Programme reports a two months stockout of polio vaccine at the national level. Estimate challenged by: D-R-

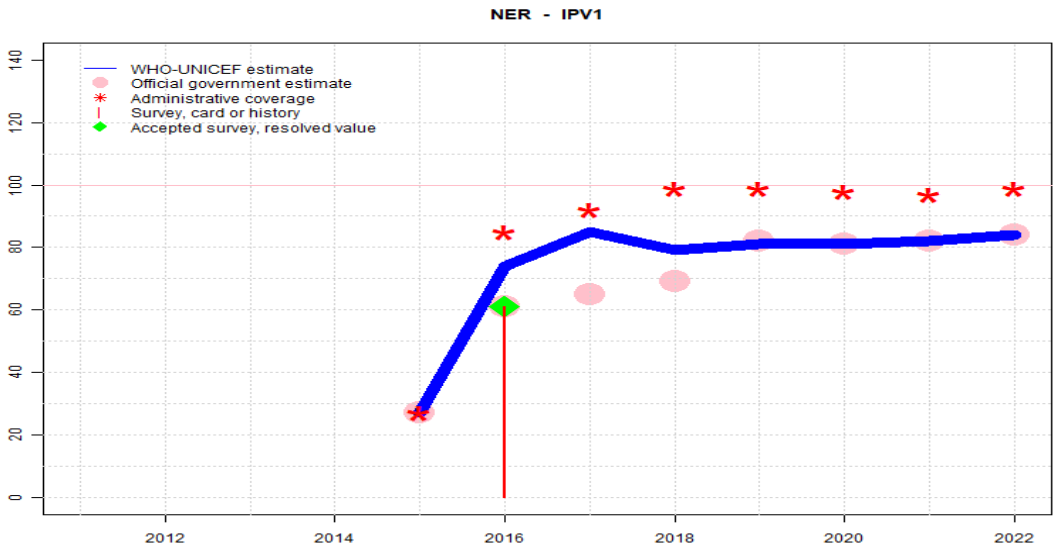
2013: Reported data calibrated to 2012 and 2016 levels. Programme reports one month stockout at national level. Estimate challenged by: D-R-

2012: Estimate of 71 percent assigned by working group. Estimate is based on the estimate for the third dose of DTP containing vaccine. Post measles campaign and routine immunization coverage evaluation survey, Niger, 2013 results ignored by working group. Survey results ignored due to magnitude of recall bias which are inconsistent with results observed for DTP3.Post measles campaign and routine immunization coverage evaluation survey, Niger, 2013 card or history results of 74 percent modifed for recall bias to 34 percent based on 1st dose card or history coverage of 86 percent, 1st dose card only coverage of 38 percent and 3rd dose card only coverage of 15 percent. Rise in coverage

reflects recovery from vaccine shortage.. Estimate challenged by: D-R-

2011: Reported data calibrated to 2010 and 2012 levels. Demographic and Health / Multiple Indicator Survey of Niger EDSN-MICS-IV 2012 results ignored by working group. Survey results may not reflect three months stockout.Demographic and Health / Multiple Indicator Survey of Niger EDSN-MICS-IV 2012 card or history results of 75 percent modifed for recall bias to 81 percent based on 1st dose card or history coverage of 93 percent, 1st dose card only coverage of 63 percent and 3rd dose card only coverage of 55 percent. Decline in coverage reflects a 3-month vaccine stockout. Estimate challenged by: D-R-S-

Niger - IPV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	27	74	85	79	81	81	82	84
Estimate GoC	NA	NA	NA	NA	•	•	•	•	•	••	••	••
Official	NA	NA	NA	NA	27	61	65	69	82	81	82	84
Administrative	NA	NA	NA	NA	27	85	92	99	99	98	97	99
Survey	NA	NA	NA	NA	NA	61	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).

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate is based on estimated DTP3 coverage. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-R-

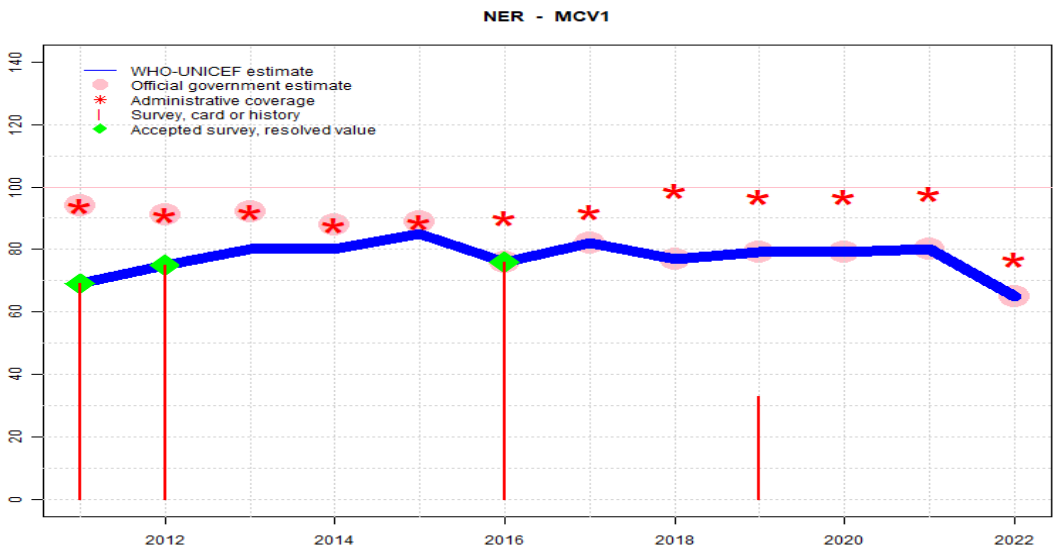
2018: Estimate based on estimated DTP3 coverage. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-R-S-

2017: Estimate based on estimated DTP3 coverage. Programme reports vaccine stockout of less than one month. Estimate challenged by: D-R-S-

2016: Estimate based on relative relationship between estimated and reported administrative DTP3 coverage applied to administrative IPV1 coverage. Estimate challenged by: D-R-S-

2015: Estimate based on reported data. Inactivated polio vaccine introduced during 2015. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Niger - MCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	69	75	80	80	85	76	82	77	79	79	80	65
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	94	91	92	88	89	76	82	77	79	79	80	65
Administrative	94	91	92	88	89	90	92	99	97	97	98	77
Survey	69	75	NA	NA	NA	76	NA	NA	33	NA	NA	NA

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

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

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

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

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

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a six month vaccine stockout at national and subnational levels. GoC=R+ D+

2021: Estimate informed by reported data. Programme reports a vaccine stockout of less than one month duration at national and subnational levels. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-

2018: Estimate informed by reported data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data supported by survey. Survey evidence of 76 percent based on 1 survey(s). Estimate challenged by: D-

2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

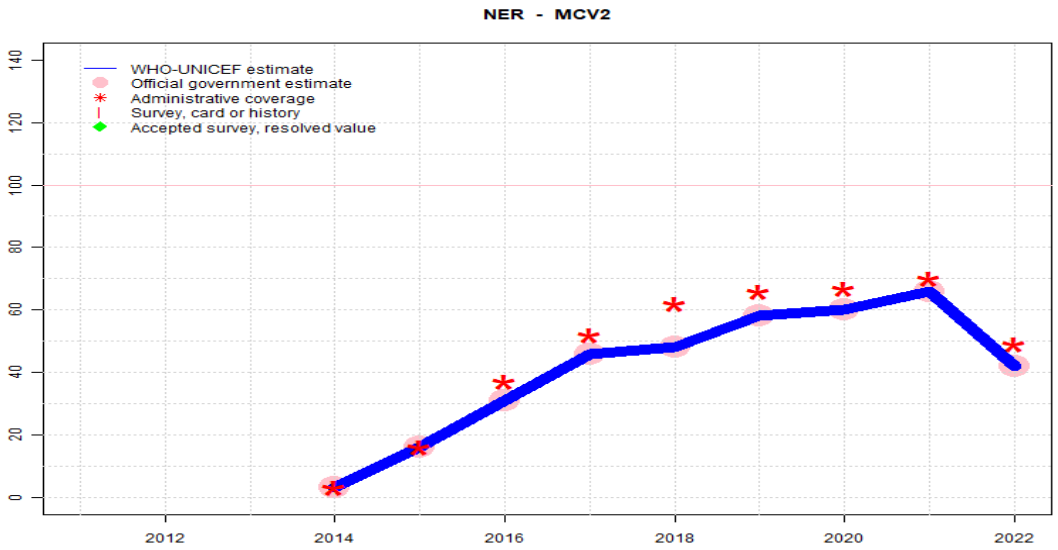
2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-S-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 75 percent based on 1 survey(s). Estimate challenged by: D-R-

2011: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 69 percent based on 1 survey(s). Estimate challenged by: D-R-

Niger - MCV2



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	3	16	31	46	48	58	60	66	42
Estimate GoC	NA	NA	NA	•	•	•	•	•	••	••	••	••
Official	NA	NA	NA	3	16	31	46	48	58	60	66	42
Administrative	NA	NA	NA	3	16	37	52	62	66	67	70	49
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.

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a six month vaccine stockout at national and subnational levels. GoC=R+ D+

2021: Estimate informed by reported data. Programme reports a vaccine stockout of less than one month duration at national and subnational levels. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. GoC=R+ D+

2018: Estimate informed by reported data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. GoC=Assigned by working group. GoC of 1 consistent with GoC for other estimates.

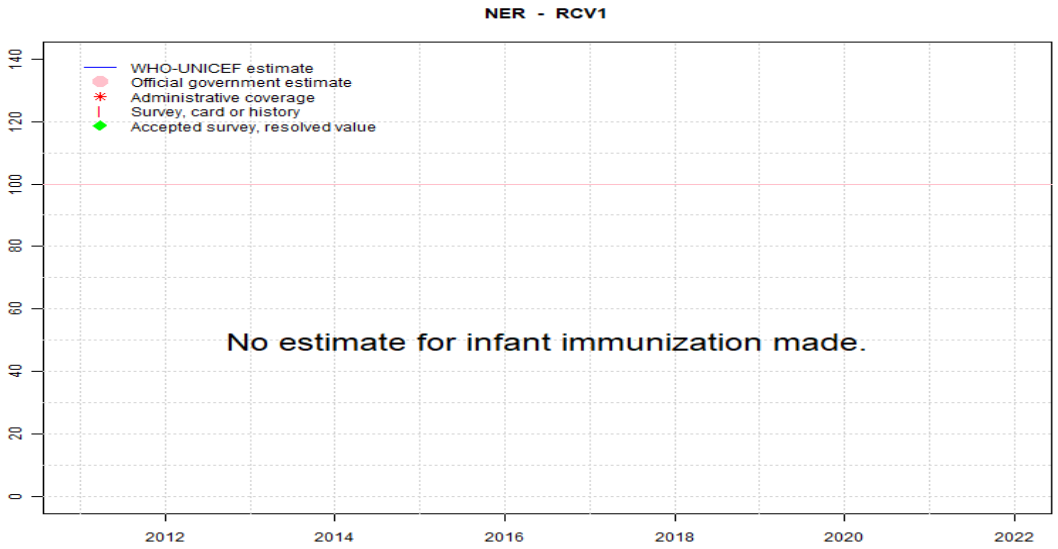
2017: Estimate informed by reported data. Increase in coverage partially due to continued national roll out. Estimate challenged by: D-

2016: Estimate informed by reported data. Increase in coverage partially due to national roll out. GoC=Assigned by working group. GoC of 1 consistent with GoC for other estimates.

2015: Estimate exceptionally based on reported data. . GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

2014: Estimate informed by reported data. Second dose of measles containing vaccine introduced during January 2014 and recommended at 16 months. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Niger - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

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

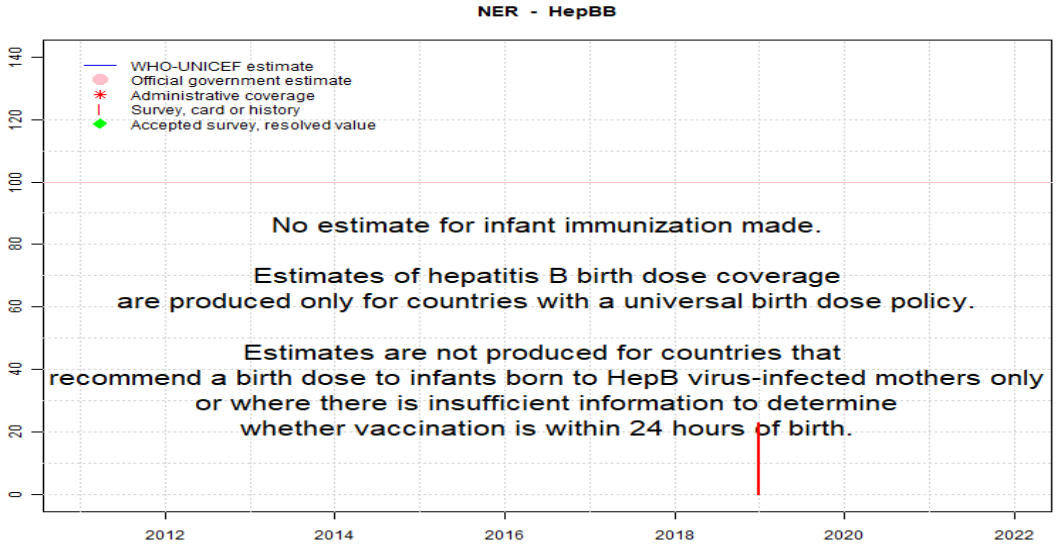
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

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

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

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

Niger - HepBB



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	NA	23	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.

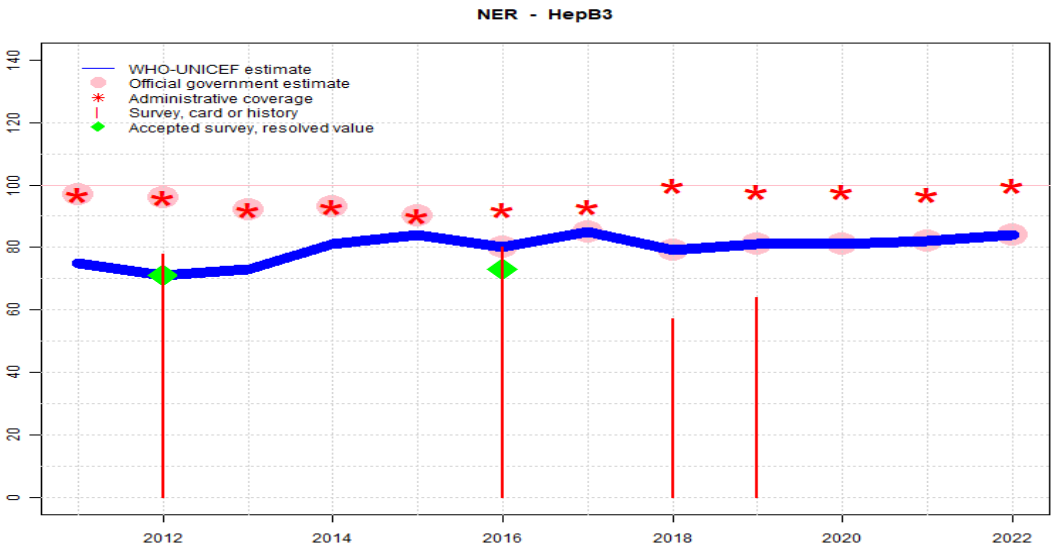
●●● Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

Niger - HepB3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	75	71	73	81	84	80	85	79	81	81	82	84
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	97	96	92	93	90	80	85	79	81	81	82	84
Administrative	97	96	92	93	90	92	93	100	98	98	97	100
Survey	NA	78	NA	NA	NA	80	NA	57	64	NA	NA	NA

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

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

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

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

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

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data.National Survey on Fertility and Mortality of Children Under Five in Niger 2021 card or history results of 64 percent modifed for recall bias to 66 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 53 percent. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-

2018: Estimate based on estimated DTP3 coverage. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data.National Survey on Fertility and Mortality of Children Under Five in Niger 2021 card or history results of 57 percent modifed for recall bias to 61 percent based on 1st dose card or history coverage of 72 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 43 percent. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-R-

2017: Estimate informed by reported data. Estimate challenged by: D-S-

2016: Estimate informed by reported data supported by survey. Survey evidence of 73 percent based on 1 survey(s). 2017 Niger Vaccination Coverage Survey card or history results of 80 percent modifed for recall bias to 73 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 54 percent. Estimate challenged by: D-

2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-S-

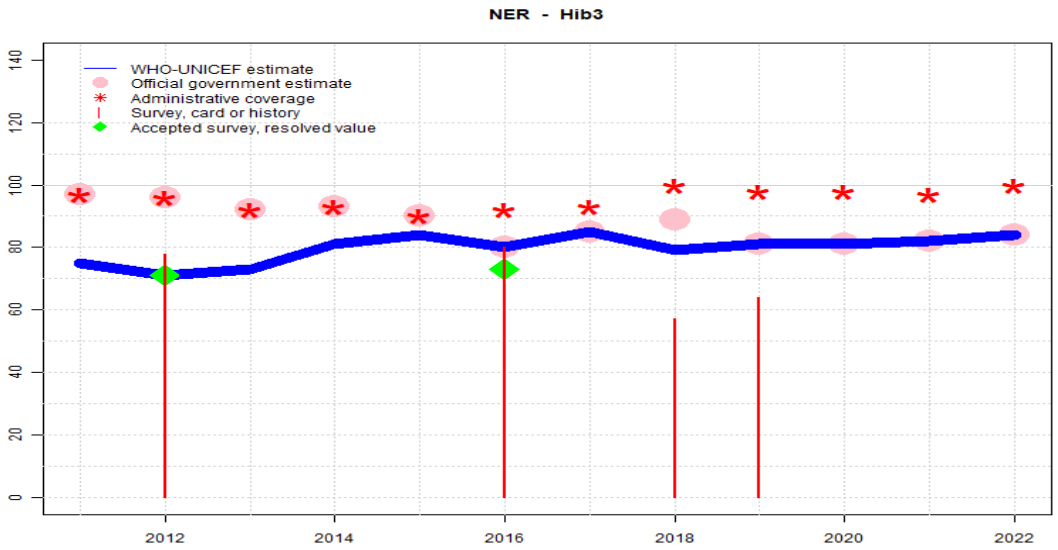
2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 71 percent based on 1 survey(s). Post measles campaign and routine immunization coverage evaluation survey, Niger, 2013 card or history results of 78 percent modifed for recall bias to 71 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 44 percent and 3rd dose card only coverage of 36 percent. Estimate challenged by: D-R-

2011: Estimate of 75 percent assigned by working group. Estimate based on DTP3 coverage. Estimate challenged by: D-R-

Niger - Hib3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	75	71	73	81	84	80	85	79	81	81	82	84
Estimate GoC	•	•	•	•	•	•	•	•	•	••	••	••
Official	97	96	92	93	90	80	85	89	81	81	82	84
Administrative	97	96	92	93	90	92	93	100	98	98	97	100
Survey	NA	78	NA	NA	NA	80	NA	57	64	NA	NA	NA

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

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

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

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

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

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data.National Survey on Fertility and Mortality of Children Under Five in Niger 2021 card or history results of 64 percent modifed for recall bias to 66 percent based on 1st dose card or history coverage of 81 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 53 percent. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-

2018: Estimate based on estimated DTP3 coverage. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data.National Survey on Fertility and Mortality of Children Under Five in Niger 2021 card or history results of 57 percent modifed for recall bias to 61 percent based on 1st dose card or history coverage of 72 percent, 1st dose card only coverage of 51 percent and 3rd dose card only coverage of 43 percent. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-R-

2017: Estimate informed by reported data. Estimate challenged by: D-S-

2016: Estimate informed by reported data supported by survey. Survey evidence of 73 percent based on 1 survey(s). 2017 Niger Vaccination Coverage Survey card or history results of 80 percent modifed for recall bias to 73 percent based on 1st dose card or history coverage of 92 percent, 1st dose card only coverage of 68 percent and 3rd dose card only coverage of 54 percent. Estimate challenged by: D-

2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-S-

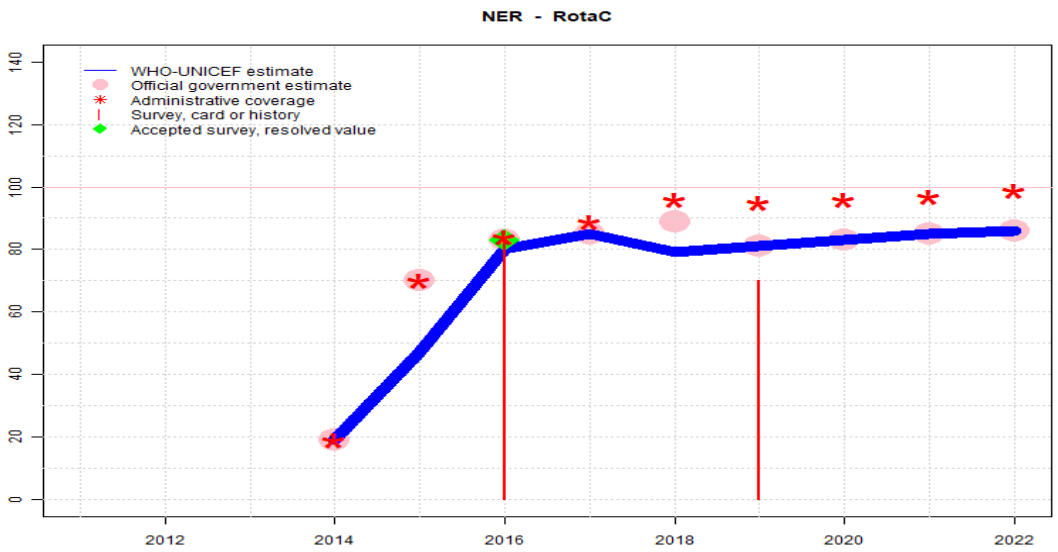
2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 71 percent based on 1 survey(s). Post measles campaign and routine immunization coverage evaluation survey, Niger, 2013 card or history results of 78 percent modifed for recall bias to 71 percent based on 1st dose card or history coverage of 87 percent, 1st dose card only coverage of 44 percent and 3rd dose card only coverage of 36 percent. Estimate challenged by: D-R-

2011: Estimate of 75 percent assigned by working group. Estimate based on DTP3 coverage. Estimate challenged by: D-R-

Niger - RotaC



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	19	47	80	85	79	81	83	85	86
Estimate GoC	NA	NA	NA	•	•	•	•	•	••	••	••	••
Official	NA	NA	NA	19	70	83	85	89	81	83	85	86
Administrative	NA	NA	NA	19	70	84	89	96	95	96	97	99
Survey	NA	NA	NA	NA	NA	83	NA	NA	70	NA	NA	NA

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

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

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

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

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

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a one month vaccine stockout at national and subnational levels. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate based on official coverage. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. GoC=R+ D+

2018: Estimate based on estimated DTP3. This estimate may be an overestimate. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. GoC=Assigned by working group. GoC of 1 consistent with GoC for other estimates.

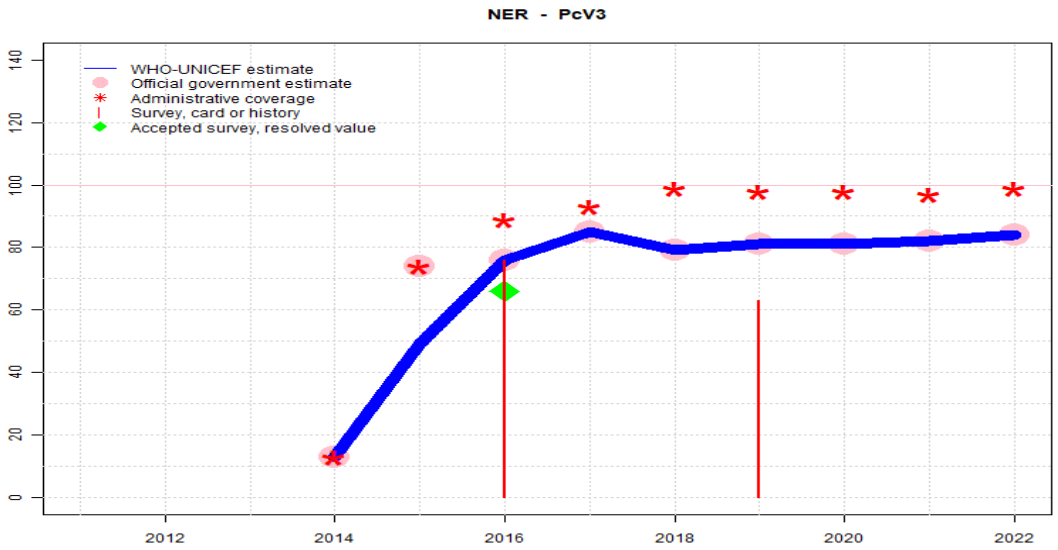
2017: Estimate based on estimated DTP3. This estimate may be an overestimate. Estimate challenged by: D-R-

2016: Estimate of 80 percent assigned by working group. Estimate based on estimated DTP3. This estimate may be an overestimate. Estimate challenged by: D-R-

2015: Estimate of 47 percent assigned by working group. Increase in coverage due to national roll out. Estimate based on relationship of administered DTP3 doses. Estimate challenged by: D-R-S-

2014: Rotavirus vaccine introduced during 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Niger - PcV3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	13	49	76	85	79	81	81	82	84
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	••	••	••
Official	NA	NA	NA	13	74	76	85	79	81	81	82	84
Administrative	NA	NA	NA	13	74	89	93	99	98	98	97	99
Survey	NA	NA	NA	NA	NA	76	NA	NA	63	NA	NA	NA

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

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

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

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

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

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Programme reports a vaccine stockout of less than one month duration at national and subnational levels. GoC=R+ D+

2021: Estimate informed by reported data. GoC=R+ D+

2020: Estimate informed by reported data. GoC=R+ D+

2019: Estimate informed by reported data. National Survey on Fertility and Mortality of Children Under Five in Niger 2021 results ignored by working group. Survey results inconsistent with other data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Estimate challenged by: D-

2018: Estimate informed by reported data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. Estimate challenged by: D-S-

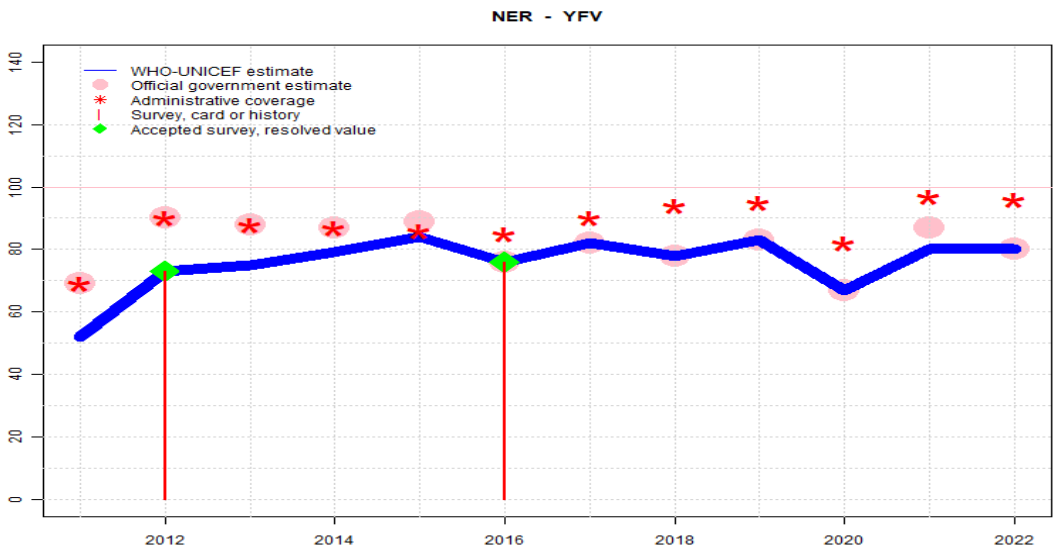
2017: Estimate informed by reported data. Estimate challenged by: D-S-

2016: Estimate informed by reported data supported by survey. Survey evidence of 66 percent based on 1 survey(s). 2017 Niger Vaccination Coverage Survey card or history results of 76 percent modifed for recall bias to 66 percent based on 1st dose card or history coverage of 90 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 48 percent. Estimate challenged by: D-

2015: Estimate of 49 percent assigned by working group. Estimate is based on reported coverage adjusted by the difference between estimated and reported DTP3 coverage levels. Estimate challenged by: D-R-S-

2014: Pneumococcal conjugate vaccine introduced during 2014. GoC=Assigned by working group. GoC assigned to maintain consistency across vaccines.

Niger - YFV



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	52	73	75	79	84	76	82	78	83	67	80	80
Estimate GoC	•	•	•	•	•	•	•	•	•	••	•	••
Official	69	90	88	87	89	76	82	78	83	67	87	80
Administrative	69	90	88	87	86	85	90	94	95	82	97	96
Survey	NA	73	NA	NA	NA	76	NA	NA	NA	NA	NA	NA

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

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

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

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

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

Description:

2022: Estimate informed by reported data. No nationally representative household survey within the last 5 years. WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. GoC=R+ D+

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

2020: Estimate informed by reported data. Programme reports vaccine stockout at national and subnational levels of less than a month duration. GoC=R+ D+

2019: Estimate informed by reported data. Programme reports subnational vaccine stockouts for all antigens in the infant immunization series. Programme reports 1.2 month vaccine stockout at national level. GoC=Assigned by working group. Consistency with other antigens.

2018: Estimate informed by reported data. Programme believes that the current denominator underestimates the target population. Apparent increase in the administrative coverage is an artifact of a 12 percent decrease in estimated surviving infants between 2017 and 2018. GoC=Assigned by working group. GoC of 1 consistent with GoC for other estimates.

2017: Estimate informed by reported data. Estimate challenged by: D-

2016: Estimate informed by reported data supported by survey. Survey evidence of 76 percent based on 1 survey(s). Estimate challenged by: D-

2015: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: R-

2014: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2013: Reported data calibrated to 2012 and 2016 levels. Estimate challenged by: D-R-

2012: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 73 percent based on 1 survey(s). Rise in coverage reflects recovery from vaccine shortage. Estimate challenged by: D-R-

2011: Reported data calibrated to 2009 and 2012 levels. Decline in coverage reflects a vaccine stockout in 10 districts. Estimate challenged by: D-R-S-

Niger - survey details

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

2019 Enquête Nationale sur la Fécondité et la Mortalité des Enfants de Moins de Cinq Ans au Niger 2021.

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	79.4	12-23 m	1719	73
BCG	Card	64.5	12-23 m	1719	73
BCG	Card or History	80.5	12-23 m	1719	73
BCG	History	16	12-23 m	1719	73
DTP1	C or H <12 months	80.2	12-23 m	1719	73
DTP1	Card	64.7	12-23 m	1719	73
DTP1	Card or History	80.6	12-23 m	1719	73
DTP1	History	15.9	12-23 m	1719	73
DTP3	C or H <12 months	62.5	12-23 m	1719	73
DTP3	Card	52.9	12-23 m	1719	73
DTP3	Card or History	63.5	12-23 m	1719	73
DTP3	History	10.6	12-23 m	1719	73
HepB1	C or H <12 months	80.2	12-23 m	1719	73
HepB1	Card	64.7	12-23 m	1719	73
HepB1	Card or History	80.6	12-23 m	1719	73
HepB1	History	15.9	12-23 m	1719	73
HepB3	C or H <12 months	62.5	12-23 m	1719	73
HepB3	Card	52.9	12-23 m	1719	73
HepB3	Card or History	63.5	12-23 m	1719	73
HepB3	History	10.6	12-23 m	1719	73
HepBB	Card or History	23	12-23 m	1719	73
Hib1	C or H <12 months	80.2	12-23 m	1719	73
Hib1	Card	64.7	12-23 m	1719	73
Hib1	Card or History	80.6	12-23 m	1719	73
Hib1	History	15.9	12-23 m	1719	73
Hib3	C or H <12 months	62.5	12-23 m	1719	73
Hib3	Card	52.9	12-23 m	1719	73
Hib3	Card or History	63.5	12-23 m	1719	73
Hib3	History	10.6	12-23 m	1719	73
MCV1	Card or History	33	12-23 m	1719	73
PCV1	Card or History	83	12-23 m	1719	73
PCV3	Card or History	63	12-23 m	1719	73
Pol1	C or H <12 months	79.9	12-23 m	1719	73
Pol1	Card	65.9	12-23 m	1719	73
Pol1	Card or History	80.3	12-23 m	1719	73
Pol1	History	14.4	12-23 m	1719	73
Pol3	C or H <12 months	50.5	12-23 m	1719	73
Pol3	Card	45.9	12-23 m	1719	73
Pol3	Card or History	51.7	12-23 m	1719	73
Pol3	History	5.8	12-23 m	1719	73
RotaC	Card or History	70	12-23 m	1719	73

2018 Enquête Nationale sur la Fécondité et la Mortalité des Enfants de Moins de Cinq Ans au Niger 2021.

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	69.1	24-35 m	1673	73
BCG	Card	51	24-35 m	1673	73
BCG	Card or History	72.2	24-35 m	1673	73
BCG	History	21.2	24-35 m	1673	73
DTP1	C or H <12 months	70.4	24-35 m	1673	73
DTP1	Card	51.4	24-35 m	1673	73
DTP1	Card or History	72.2	24-35 m	1673	73
DTP1	History	20.8	24-35 m	1673	73
DTP3	C or H <12 months	52.7	24-35 m	1673	73
DTP3	Card	42.9	24-35 m	1673	73
DTP3	Card or History	56.9	24-35 m	1673	73
DTP3	History	14	24-35 m	1673	73
HepB1	C or H <12 months	70.4	24-35 m	1673	73
HepB1	Card	51.4	24-35 m	1673	73
HepB1	Card or History	72.2	24-35 m	1673	73
HepB1	History	20.8	24-35 m	1673	73

HepB3	C or H <12 months	52.7	24-35 m	1673	73
HepB3	Card	42.9	24-35 m	1673	73
HepB3	Card or History	56.9	24-35 m	1673	73
HepB3	History	14	24-35 m	1673	73
Hib1	C or H <12 months	70.4	24-35 m	1673	73
Hib1	Card	51.4	24-35 m	1673	73
Hib1	Card or History	72.2	24-35 m	1673	73
Hib1	History	20.8	24-35 m	1673	73
Hib3	C or H <12 months	52.7	24-35 m	1673	73
Hib3	Card	42.9	24-35 m	1673	73
Hib3	Card or History	56.9	24-35 m	1673	73
Hib3	History	14	24-35 m	1673	73
Pol1	C or H <12 months	69.8	24-35 m	1673	73
Pol1	Card	52.2	24-35 m	1673	73
Pol1	Card or History	71.3	24-35 m	1673	73
Pol1	History	19.1	24-35 m	1673	73
Pol3	C or H <12 months	41.5	24-35 m	1673	73
Pol3	Card	36.7	24-35 m	1673	73
Pol3	Card or History	44.6	24-35 m	1673	73
Pol3	History	7.9	24-35 m	1673	73

2016 Evaluation de la couverture vaccinale de routine, Niger 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	69.7	12-23 m	11849	74
BCG	Card or History	91.4	12-23 m	11849	74
DTP1	Card	68	12-23 m	11849	74
DTP1	Card or History	92.1	12-23 m	11849	74
DTP3	Card	54.3	12-23 m	11849	74
DTP3	Card or History	80.2	12-23 m	11849	74
HepB1	Card	68	12-23 m	11849	74
HepB1	Card or History	92.1	12-23 m	11849	74
HepB3	Card	54.3	12-23 m	11849	74
HepB3	Card or History	80.2	12-23 m	11849	74
Hib1	Card	68	12-23 m	11849	74
Hib1	Card or History	92.1	12-23 m	11849	74
Hib3	Card	54.3	12-23 m	11849	74
Hib3	Card or History	80.2	12-23 m	11849	74
IPV1	Card	29.1	12-23 m	11849	74
IPV1	Card or History	60.8	12-23 m	11849	74
MCV1	Card	51.8	12-23 m	11849	74
MCV1	Card or History	76.1	12-23 m	11849	74
PcV1	Card	64.7	12-23 m	11849	74
PCV1	Card or History	90.4	12-23 m	11849	74
PCV3	Card	48.5	12-23 m	11849	74
PCV3	Card or History	76	12-23 m	11849	74
Pol1	Card	66.1	12-23 m	11849	74
Pol1	Card or History	92	12-23 m	11579	74
Pol3	Card	55.4	12-23 m	11579	74
Pol3	Card or History	82.3	12-23 m	11579	74
RotaC	Card	55.4	12-23 m	11579	74
RotaC	Card or History	83.4	12-23 m	11579	74
YFV	Card	51.7	12-23 m	11579	74
YFV	Card or History	76	12-23 m	11579	74

2012 Evaluation couverture vaccinale post campagne rougeole et routine. Niger 2013

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	42.5	12-23 m	-	70
BCG	Card or History	85.2	12-23 m	18326	70
DTP1	Card	44.4	12-23 m	-	70
DTP1	Card or History	87.3	12-23 m	18326	70
DTP3	Card	36.5	12-23 m	-	70
DTP3	Card or History	77.8	12-23 m	18326	70
HepB1	Card	44.4	12-23 m	-	70
HepB1	Card or History	87.3	12-23 m	18326	70
HepB3	Card	36.5	12-23 m	-	70
HepB3	Card or History	77.8	12-23 m	18326	70
Hib1	Card	44.4	12-23 m	-	70
Hib1	Card or History	87.3	12-23 m	18326	70
Hib3	Card	36.5	12-23 m	-	70
Hib3	Card or History	77.8	12-23 m	18326	70
MCV1	Card	34.9	12-23 m	-	70
MCV1	Card or History	74.7	12-23 m	18326	70
Pol1	Card	38.2	12-23 m	-	70
Pol1	Card or History	85.7	12-23 m	18326	70
Pol3	Card	15.3	12-23 m	-	70

Pol3	Card or History	74.5	12-23 m	18326	70
YFV	Card	34	12-23 m	-	70
YFV	Card or History	72.9	12-23 m	18326	70

2011 Enquête Démographique et de Santé et à Indicateurs Multiples du Niger EDSN-MICS-IV 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	82.6	12-23 m	2275	65
BCG	Card	60.6	12-23 m	1479	65
BCG	Card or History	84	12-23 m	2275	65
BCG	History	23.4	12-23 m	796	65
DTP1	C or H <12 months	84.4	12-23 m	2275	65
DTP1	Card	62.8	12-23 m	1479	65
DTP1	Card or History	86.2	12-23 m	2275	65
DTP1	History	23.3	12-23 m	796	65
DTP3	C or H <12 months	64.8	12-23 m	2275	65
DTP3	Card	54.8	12-23 m	1479	65
DTP3	Card or History	68.1	12-23 m	2275	65
DTP3	History	13.3	12-23 m	796	65
MCV1	C or H <12 months	57.5	12-23 m	2275	65
MCV1	Card	49.6	12-23 m	1479	65
MCV1	Card or History	68.7	12-23 m	2275	65
MCV1	History	19.1	12-23 m	796	65
Pol1	C or H <12 months	90.8	12-23 m	2275	65
Pol1	Card	63.1	12-23 m	1479	65
Pol1	Card or History	92.7	12-23 m	2275	65
Pol1	History	29.6	12-23 m	796	65
Pol3	C or H <12 months	71.1	12-23 m	2275	65
Pol3	Card	55.3	12-23 m	1479	65
Pol3	Card or History	74.7	12-23 m	2275	65
Pol3	History	19.4	12-23 m	796	65

2010 Enquête Démographique et de Santé et à Indicateurs Multiples du Niger EDSN-MICS-IV 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	78.8	24-35 m	2447	65
DTP1	C or H <12 months	79.7	24-35 m	2447	65
DTP3	C or H <12 months	59.9	24-35 m	2447	65
MCV1	C or H <12 months	52.8	24-35 m	2447	65
Pol1	C or H <12 months	88.3	24-35 m	2447	65
Pol3	C or H <12 months	67.9	24-35 m	2447	65

2009 Enquête Démographique et de Santé et à Indicateurs Multiples du Niger EDSN-MICS-IV 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	76.5	36-47 m	2615	65
DTP1	C or H <12 months	76.1	36-47 m	2615	65
DTP3	C or H <12 months	55.1	36-47 m	2615	65
MCV1	C or H <12 months	52.8	36-47 m	2615	65
Pol1	C or H <12 months	86	36-47 m	2615	65
Pol3	C or H <12 months	62.1	36-47 m	2615	65

2009 Enquête Survie des Enfants des enfants de 0 à 59 mois et Mortalité, Niger, 2010, Rapport provisoire du Volet Survie

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	57.3	12-23 m	5609	-
BCG	Card or History	86	12-23 m	5609	-
BCG	History	28.7	12-23 m	5609	-
BCG	Scar	78.7	12-23 m	5609	-
DTP1	Card	53.6	12-23 m	5609	-
DTP1	Card or History	80.6	12-23 m	5609	-
DTP1	History	27	12-23 m	5609	-
DTP3	Card	47	12-23 m	5609	-
DTP3	Card or History	69.3	12-23 m	5609	-
DTP3	History	22.3	12-23 m	5609	-
MCV1	Card	45	12-23 m	5609	-
MCV1	Card or History	68.6	12-23 m	5609	-
MCV1	History	23.6	12-23 m	5609	-
Pol1	Card	55.2	12-23 m	5609	-
Pol1	Card or History	85.2	12-23 m	5609	-
Pol1	History	30	12-23 m	5609	-

Pol3	Card	46.2	12-23 m	5609	-
Pol3	Card or History	73.3	12-23 m	5609	-
Pol3	History	27.1	12-23 m	5609	-
YFV	Card	43.7	12-23 m	5609	-
YFV	Card or History	66.7	12-23 m	5609	-
YFV	History	23	12-23 m	5609	-

2008 Enquête Démographique et de Santé et à Indicateurs Multiples du Niger EDSN-MICS-IV 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	78.8	48-59 m	2138	65
DTP1	C or H <12 months	77.2	48-59 m	2138	65
DTP3	C or H <12 months	58.2	48-59 m	2138	65
MCV1	C or H <12 months	53.8	48-59 m	2138	65
Pol1	C or H <12 months	85.4	48-59 m	2138	65
Pol3	C or H <12 months	63.8	48-59 m	2138	65

2008 Enquête Nationale Nutrition et Survie de l'Enfant Niger, mai/juin 2009

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	48.7	12-23 m	4835	49
BCG	Card or History	80.5	12-23 m	4835	49
BCG	History	31.8	12-23 m	4835	49
BCG	Scar	58.8	12-23 m	4835	49
DTP1	Card	47.7	12-23 m	4835	49
DTP1	Card or History	75.7	12-23 m	4835	49
DTP1	History	28	12-23 m	4835	49
DTP3	Card	41.5	12-23 m	4835	49
DTP3	Card or History	64.7	12-23 m	4835	49
DTP3	History	23.2	12-23 m	4835	49
MCV1	Card	39	12-23 m	4835	49
MCV1	Card or History	65.5	12-23 m	4835	49
MCV1	History	26.5	12-23 m	4835	49

2007 Enquête nationale, Nutrition et Survie de l'Enfant, Niger, juin/juillet 2008

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
DTP1	Card	43.9	12-23 m	885	-
DTP1	Card or History	68.5	12-23 m	885	-
DTP1	History	24.6	12-23 m	885	-
DTP3	Card	37.1	12-23 m	885	-
DTP3	Card or History	54.7	12-23 m	885	-
DTP3	History	17.6	12-23 m	885	-
MCV1	Card	37.6	12-23 m	885	-
MCV1	Card or History	65.6	12-23 m	885	-
MCV1	History	28	12-23 m	885	-

2005 L'Enquête Démographique et de Santé et à Indicateurs Multiples de Niger, 2006

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	60.6	12-23 m	1782	43
BCG	Card	41.3	12-23 m	1782	43
BCG	Card or History	63.6	12-23 m	1782	43
BCG	History	22.4	12-23 m	1782	43
DTP1	C or H <12 months	56.2	12-23 m	1782	43
DTP1	Card	40.9	12-23 m	1782	43
DTP1	Card or History	58.4	12-23 m	1782	43
DTP1	History	17.4	12-23 m	1782	43
DTP3	C or H <12 months	34.7	12-23 m	1782	43
DTP3	Card	32.4	12-23 m	1782	43
DTP3	Card or History	39.3	12-23 m	1782	43
DTP3	History	6.8	12-23 m	1782	43
MCV1	C or H <12 months	38.3	12-23 m	1782	43
MCV1	Card	32.4	12-23 m	1782	43
MCV1	Card or History	47	12-23 m	1782	43
MCV1	History	14.6	12-23 m	1782	43
Pol1	C or H <12 months	76	12-23 m	1782	43
Pol1	Card	41.9	12-23 m	1782	43
Pol1	Card or History	79.6	12-23 m	1782	43
Pol1	History	37.7	12-23 m	1782	43
Pol3	C or H <12 months	48.7	12-23 m	1782	43
Pol3	Card	32.6	12-23 m	1782	43

Pol3	Card or History	54.6	12-23 m	1782	43
Pol3	History	22	12-23 m	1782	43
YFV	C or H <12 months	29.9	12-23 m	1782	43
YFV	Card	27.1	12-23 m	1782	43
YFV	Card or History	36.9	12-23 m	1782	43
YFV	History	9.8	12-23 m	1782	43

2000 Niger, Revue du PEV 2001

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	54	12-23 m	212	56
DTP1	Card	48	12-23 m	212	56
DTP3	Card	31	12-23 m	212	56
MCV1	Card	34	12-23 m	212	56
Pol1	Card	48	12-23 m	212	56
Pol3	Card	31	12-23 m	212	56

1999 République du Niger, Enquête à Indicateurs Multiples de la Fin de la Decennie (MICS2), 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	44.4	12-23 m	915	36
BCG	Card	34.6	12-23 m	915	36
BCG	Card or History	46.8	12-23 m	915	36
BCG	History	12.2	12-23 m	915	36
DTP1	C or H <12 months	41	12-23 m	915	36
DTP1	Card	33	12-23 m	915	36
DTP1	Card or History	43.2	12-23 m	915	36
DTP1	History	10.2	12-23 m	915	36
DTP3	C or H <12 months	24.8	12-23 m	915	36
DTP3	Card	24.2	12-23 m	915	36
DTP3	Card or History	28.1	12-23 m	915	36
DTP3	History	3.9	12-23 m	915	36
MCV1	C or H <12 months	25	12-23 m	915	36
MCV1	Card	23.5	12-23 m	915	36
MCV1	Card or History	35.5	12-23 m	915	36
MCV1	History	12	12-23 m	915	36
Pol1	C or H <12 months	50.3	12-23 m	915	36
Pol1	Card	32	12-23 m	915	36
Pol1	Card or History	52.8	12-23 m	915	36
Pol1	History	20.8	12-23 m	915	36
Pol3	C or H <12 months	35.7	12-23 m	915	36
Pol3	Card	24	12-23 m	915	36
Pol3	Card or History	40.5	12-23 m	915	36
Pol3	History	16.5	12-23 m	915	36

1997 Enquête Démographique et de Santé Niger 1998, 1999

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	45.7	12-23 m	1431	35
BCG	Card	32.7	12-23 m	1431	35
BCG	Card or History	47.3	12-23 m	1431	35
BCG	History	14.5	12-23 m	1431	35
DTP1	C or H <12 months	43	12-23 m	1431	35
DTP1	Card	32.8	12-23 m	1431	35
DTP1	Card or History	45.2	12-23 m	1431	35
DTP1	History	12.4	12-23 m	1431	35
DTP3	C or H <12 months	22.2	12-23 m	1431	35
DTP3	Card	23.3	12-23 m	1431	35
DTP3	Card or History	25	12-23 m	1431	35
DTP3	History	1.7	12-23 m	1431	35
MCV1	C or H <12 months	26.7	12-23 m	1431	35
MCV1	Card	23.7	12-23 m	1431	35
MCV1	Card or History	34.9	12-23 m	1431	35
MCV1	History	11.2	12-23 m	1431	35
Pol1	C or H <12 months	49.3	12-23 m	1431	35
Pol1	Card	32.2	12-23 m	1431	35
Pol1	Card or History	52	12-23 m	1431	35
Pol1	History	19.8	12-23 m	1431	35
Pol3	C or H <12 months	21.3	12-23 m	1431	35
Pol3	Card	22.8	12-23 m	1431	35
Pol3	Card or History	24	12-23 m	1431	35
Pol3	History	1.2	12-23 m	1431	35
YFV	C or H <12 months	5	12-23 m	1431	35
YFV	Card	3.6	12-23 m	1431	35
YFV	Card or History	8.5	12-23 m	1431	35
YFV	History	4.9	12-23 m	1431	35

Niger - 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