

**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.  
\* Brown et al. 2013. Open Pub Health Journal. \* 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 6-11, 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 AND DEFINITIONS

**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. Coverage estimates are based on WHO and UNICEF estimates of coverage for the dose of measles containing vaccine that corresponds to the first measles-rubella combination vaccine. Nationally reported coverage of RCV is not taken into consideration in the production of the estimate.

**HEPB3:** 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 if coverage for the booster dose is not reported.

**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.

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**NOTE DE SYNTHÈSE** Chaque année, l'OMS et l'UNICEF examinent conjointement les rapports soumis par les États Membres concernant la couverture vaccinale nationale, les rapports d'enquêtes finalisés, ainsi que les données issues de la littérature publiée et grise. Sur la base de ces données, et en tenant dûment compte des biais potentiels ainsi que des avis des experts locaux, l'OMS et l'UNICEF s'efforcent de distinguer les situations où les données empiriques disponibles reflètent fidèlement la performance du système de vaccination de celles où les données sont probablement compromises et donnent une vision trompeuse de la couverture.

Les estimations de l'OMS et de l'UNICEF sont spécifiques à chaque pays ; c'est-à-dire que les données de chaque pays sont examinées individuellement, et aucune donnée n'est empruntée à d'autres pays en l'absence de données. Les estimations ne reposent pas sur des ajustements ponctuels des données rapportées ; dans certains cas, des données empiriques proviennent d'une seule source, généralement les données de couverture déclarées au niveau national. Lorsqu'aucune donnée n'est disponible pour une combinaison donnée de pays/vaccin/année, les données des années précédentes et suivantes sont prises en compte et interpolées pour estimer la couverture des années manquantes. Dans les cas où les sources de données sont variées et présentent de grandes variations, une tentative est faite pour identifier l'estimation la plus probable en tenant compte des biais potentiels dans les données disponibles. Pour les méthodes, voir :

\* Burton et al. 2009. Bull World Health Organ. \* Burton et al. 2012. PLoS One.

\* Brown et al. 2013. Open Pub Health Journal. \* Danovaro-Holliday et al. 2021. Gates Open Res.

## SOURCES DE DONNÉES

**Couverture ADMINISTRATIVE:** Rapportée par les autorités nationales et basée sur des rapports administratifs agrégés provenant des prestataires de services de santé concernant le nombre de vaccinations administrées sur une période donnée (données du numérateur) et les données déclarées sur la population cible (données du dénominateur). Cette couverture peut être biaisée par des inexactitudes dans les données du numérateur et/ou du dénominateur.

**Couverture OFFICIELLE:** Estimation de la couverture rapportée par les autorités nationales, reflétant leur évaluation de la couverture la plus probable sur la base d'une combinaison de la couverture administrative, des estimations basées sur des enquêtes ou d'autres sources de données ou ajustements. Les approches pour déterminer la couverture OFFICIELLE peuvent varier d'un pays à l'autre.

**Couverture par ENQUÊTE:** Basée sur des estimations de couverture issues d'enquêtes menées auprès des ménages chez des enfants âgés de 6-11, 12-23 ou 24-35 mois, suivant une revue des méthodes et des résultats de l'enquête. Les informations reposent sur une combinaison de l'historique vaccinal, basé sur des preuves documentées ou le rappel des soignants. Les résultats des enquêtes sont considérés pour la cohorte de naissance appropriée en fonction de la période de collecte des données.

## ABRÉVIATIONS ET DÉFINITIONS

**BCG:** pourcentage des naissances ayant reçu une dose du vaccin Bacillus Calmette-Guérin.

**DTP1 (DTC1) / DTP3 (DTC3):** pourcentage des nourrissons survivants ayant reçu respectivement la 1re / 3e dose du vaccin contenant l'anatoxine diphtérique et tétanique avec la coqueluche.

**POL3:** pourcentage des nourrissons survivants ayant reçu la 3e dose d'un vaccin contre la poliomyélite, qu'il s'agisse d'un vaccin oral ou inactivé.

**IPV1 (VPI1):** pourcentage des nourrissons survivants ayant reçu au moins une dose de vaccin antipoliomyélitique inactivé (VPI). Dans les pays suivant un calendrier de vaccination recommandant soit (i) une série primaire de trois doses de vaccin antipoliomyélitique oral (VPO) plus au moins une dose de VPI lorsque le VPO est inclus dans la vaccination systématique et/ou dans les campagnes, soit (ii) un calendrier séquentiel incluant le VPI suivi du VPO, les estimations de l'OMS et de l'UNICEF pour le VPI1 reflètent la couverture par au moins une dose systématique de VPI chez les nourrissons de moins d'un an. Pour les pays utilisant exclusivement le vaccin contenant le VPI, c'est-à-dire sans dose recommandée de VPO, les estimations de l'OMS et de l'UNICEF pour le VPI1 correspondent à la couverture de la 1ère dose de VPI.

La production des estimations de couverture pour le VPI, débutée en 2015, n'entraîne aucun changement dans les niveaux de couverture estimés pour la 3e dose de vaccin antipoliomyélitique (POL3). Pour les pays recommandant la vaccination systématique avec une série primaire de trois doses de VPI uniquement, la couverture POL3 estimée par l'OMS et l'UNICEF est équivalente à la couverture estimée avec trois doses de VPI. Pour les pays suivant un calendrier séquentiel, la couverture POL3 estimée repose sur celle de la 3e dose de vaccin antipoliomyélitique, quel que soit le type de vaccin.

**IPV2 (VPI2):** pourcentage des nourrissons survivants ayant reçu une 2e dose de vaccin antipoliomyélitique inactivé (VPI). Les estimations de couverture pour le VPI2 sont produites pour les pays utilisant le VPO.

**MCV1:** pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rougeole. Dans les pays où le calendrier national recommande la 1re dose de MCV à 12 mois ou plus, en fonction de l'épidémiologie de la maladie dans le pays, les estimations de couverture reflètent le pourcentage d'enfants ayant reçu la 1re dose de MCV conformément à la recommandation.

**MCV2:** pourcentage des enfants ayant reçu la 2e dose de vaccin contenant la rougeole conformément au calendrier vaccinal du pays.

**RCV1:** pourcentage des nourrissons survivants ayant reçu la 1re dose de vaccin contenant la rubéole. Les estimations de couverture sont basées sur les estimations de l'OMS et de l'UNICEF pour la dose de vaccin contenant la rougeole qui correspond à la première combinaison vaccin rougeole-rubéole. La couverture déclarée au niveau national pour le RCV n'est pas prise en compte dans l'élaboration de cette estimation.

**HEPB3 (VHB3):** pourcentage des naissances ayant reçu une dose de vaccin contre l'hépatite B dans les 24 heures suivant l'accouchement. Les estimations de la couverture de la dose à la naissance contre l'hépatite B sont produites uniquement pour les pays ayant une politique universelle de dose à la naissance. Aucune estimation n'est réalisée pour les pays qui recommandent une dose à la naissance uniquement pour les nourrissons nés de mères infectées par le virus de l'hépatite B, ou pour les pays où les informations sont insuffisantes pour déterminer si la vaccination a eu lieu dans les 24 heures suivant la naissance.

**HEPB3 (VHB3):** pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant l'hépatite B après la dose à la naissance.

**HIB3:** pourcentage des nourrissons survivants ayant reçu la 3e dose de vaccin contenant Haemophilus influenzae de type b.

**ROTAC:** pourcentage des nourrissons survivants ayant reçu la dernière dose recommandée du vaccin contre le rotavirus, qui peut être la 2e ou la 3e dose selon le vaccin.

**PCV3 (VPC3):** pourcentage des nourrissons survivants ayant reçu la 3e dose du vaccin antipneumococcique conjugué. Dans les pays où le calendrier national recommande deux doses pendant la petite enfance et une dose de rappel à 12 mois ou plus en fonction de l'épidémiologie

de la maladie dans le pays, les estimations de couverture peuvent refléter le pourcentage des nourrissons survivants ayant reçu deux doses de VPC avant leur premier anniversaire si la couverture pour la dose de rappel n'est pas déclarée.

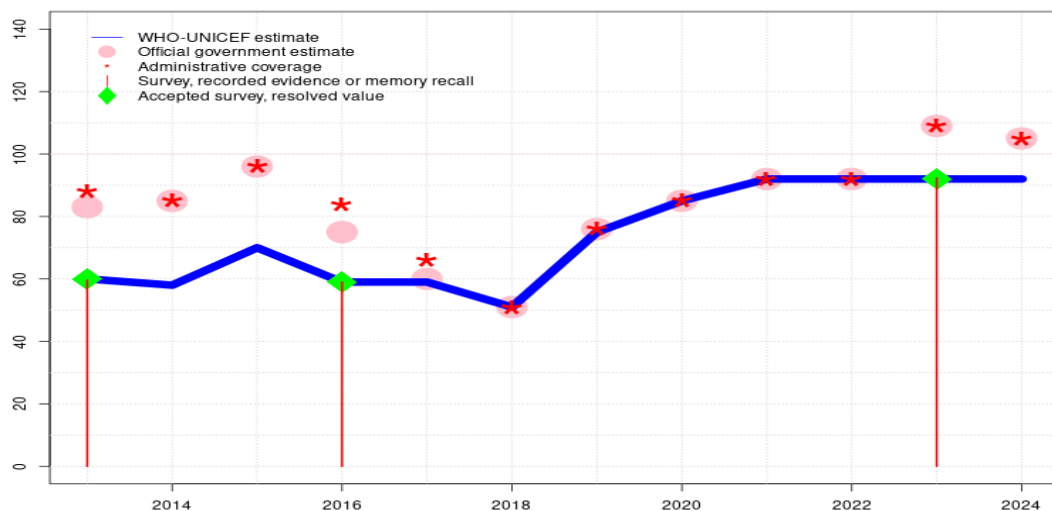
**YFV (VFA):** pourcentage des nourrissons survivants ayant reçu une dose de vaccin contre la fièvre jaune dans les pays où le VFA fait partie du calendrier national de vaccination des enfants ou est recommandé dans les zones à risque ; les estimations de couverture sont annualisées pour l'ensemble de la cohorte des nourrissons survivants.

**MENGA:** pourcentage des enfants ayant reçu une dose de vaccin conjugué contre le méningocoque A. Les estimations de couverture MENGA sont produites pour les pays situés dans la ceinture de la méningite en Afrique subsaharienne.

Avertissement: Toutes les précautions raisonnables ont été prises par l'Organisation mondiale de la Santé et le Fonds des Nations Unies pour l'enfance pour vérifier les informations contenues dans cette publication. Toutefois, le matériel publié est distribué sans aucune garantie, explicite ou implicite. La responsabilité de l'interprétation et de l'utilisation du matériel incombe au lecteur. En aucun cas, l'Organisation mondiale de la Santé ou le Fonds des Nations Unies pour l'enfance ne sauraient être tenus responsables des dommages résultant de son utilisation.

# Chad - BCG

TCD - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	60	58	70	59	59	51	75	85	92	92	92	92
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	83	85	96	75	60	51	76	85	92	92	109	105
Administrative	88	85	96	84	66	51	76	85	92	92	109	105
Survey	60	-	-	59	-	-	-	-	-	-	92	-

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: 2024 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:

- 2024: Estimate based on extrapolation from data reported by national government. Reported data excluded because 105 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-
- 2023: Estimate based on extrapolation from data reported by national government supported by survey. Survey evidence of 92 percent based on 1 survey(s). Reported data excluded because 109 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Estimate challenged by: R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: R-
- 2017: Estimate of 59 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Programme reports a five months vaccine stockout. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 59 percent based on 1 survey(s). Programme reports two months national vaccine stockout. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Recovery from prior year stockout. Estimate challenged by: R-S-
- 2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system

# Chad - BCG

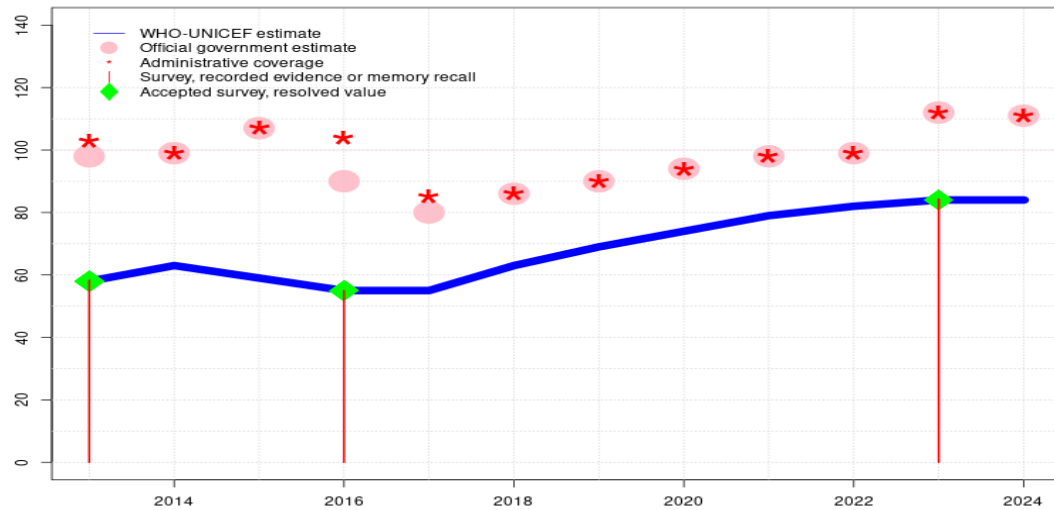
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of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A National programme reports two months stockout at national level. Estimate challenged by: D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 60 percent based on 1 survey(s). Programme reports stockouts for all antigens at the district level (duration unknown and number of districts unknown). Government official estimate reflects an adjustment based on a preliminary sub-national coverage survey results. Estimate challenged by: D-R-

# Chad - DTP1

TCD - DTP1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	58	63	59	55	55	63	69	74	79	82	84	84
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	98	99	107	90	80	86	90	94	98	99	112	111
Administrative	103	99	107	104	85	86	90	94	98	99	112	111
Survey	58	-	-	55	-	-	-	-	-	-	84	-

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: 2024 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:

- 2024: Reported data calibrated to 2023 levels. Reported data excluded because 111 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 84 percent based on 1 survey(s). Reported data excluded because 112 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2017: Estimate of 55 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 55 percent based on 1 survey(s). Reported data excluded because 104 percent greater than 100 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Reported data excluded because 107 percent greater than 100 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of

# Chad - DTP1

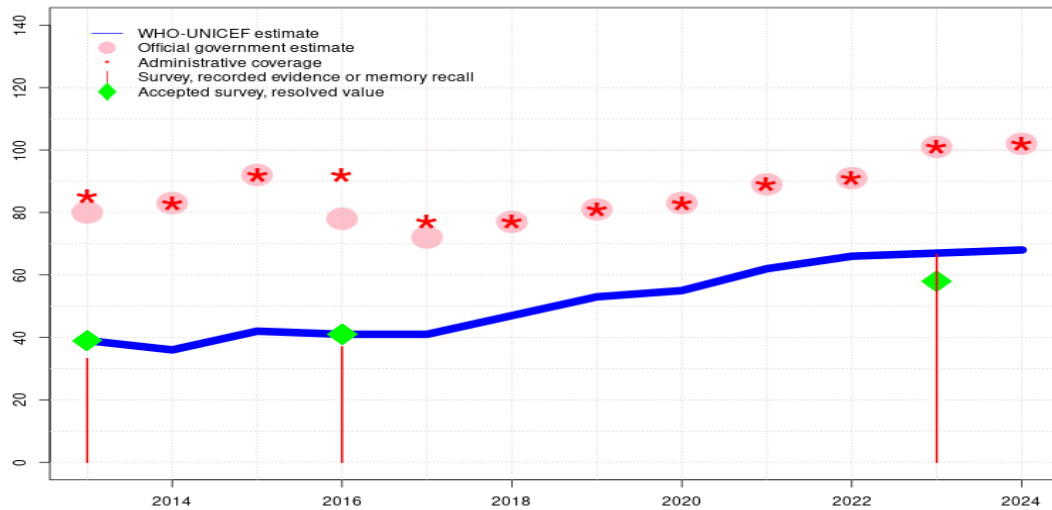
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supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 58 percent based on 1 survey(s). Reported data excluded because 103 percent greater than 100 percent. Programme reports stockouts for all antigens at the district level (duration unknown and number of districts unknown). Government official estimate reflects an adjustment based on a preliminary sub-national coverage survey results. Estimate challenged by: D-R-

# Chad - DTP3

TCD - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	39	36	42	41	41	47	53	55	62	66	67	68
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	83	92	78	72	77	81	83	89	91	101	102
Administrative	85	83	92	92	77	77	81	83	89	91	101	102
Survey	33	-	-	37	-	-	-	-	-	-	67	-

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: 2024 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:

2024: Estimated coverage reflects trend in reported data. Reported data excluded because 102 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-

2023: Estimate of 67 percent assigned by working group. Estimate is informed by survey coverage, unadjusted for recall bias. Survey results included an estimation of recall bias as this survey included recall from all caregivers first, and then transcribed card data from individuals with home-based records. National Routine Vaccination Coverage Survey 2023-2024, Chad record or recall results of 67 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 22 percent. Reported data excluded because 101 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-

2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate of 66 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-

2021: Reported data calibrated to 2017 and 2023 levels. Estimate of 62 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate of 55 percent changed from previous revision value of 52 percent. Estimate challenged by: D-R-

2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate of 53 percent changed from previous revision value of 50 percent. Estimate challenged by: D-R-

2018: Reported data calibrated to 2017 and 2023 levels. Estimate of 47 percent changed from previous revision value of 46 percent. Estimate challenged by: D-R-

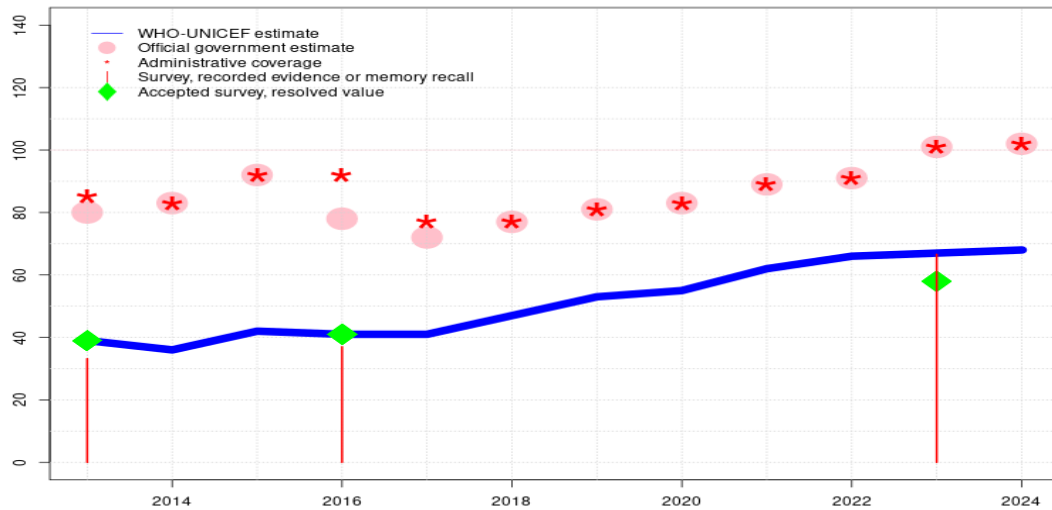
# Chad - DTP3

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- 2017: Estimate of 41 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 41 percent based on 1 survey(s). Chad Vaccination Coverage Survey 2017 record or recall results of 37 percent modified for recall bias to 41 percent based on 1st dose record or recall coverage of 55 percent, 1st dose record only coverage of 24 percent and 3rd dose record only coverage of 18 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 39 percent based on 1 survey(s). Chad Joint DHS and MICS 2015 record or recall results of 33 percent modified for recall bias to 39 percent based on 1st dose record or recall coverage of 58 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 21 percent. Programme reports stockouts for all antigens at the district level (duration unknown and number of districts unknown). Government official estimate reflects an adjustment based on a preliminary sub-national coverage survey results. Estimate challenged by: D-R-

# Chad - HEPB3

TCD - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	39	36	42	41	41	47	53	55	62	66	67	68
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	83	92	78	72	77	81	83	89	91	101	102
Administrative	85	83	92	92	77	77	81	83	89	91	101	102
Survey	33	-	-	37	-	-	-	-	-	-	67	-

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: 2024 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:

2024: Estimated coverage reflects trend in reported data. Reported data excluded because 102 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-

2023: Estimate of 67 percent assigned by working group. Estimate is informed by survey coverage, unadjusted for recall bias. Survey results included an estimation of recall bias as this survey included recall from all caregivers first, and then transcribed card data from individuals with home-based records. National Routine Vaccination Coverage Survey 2023-2024, Chad record or recall results of 67 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 22 percent. Reported data excluded because 101 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-

2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate of 66 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-

2021: Reported data calibrated to 2017 and 2023 levels. Estimate of 62 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate of 55 percent changed from previous revision value of 52 percent. Estimate challenged by: D-R-

2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate of 53 percent changed from previous revision value of 50 percent. Estimate challenged by: D-R-

2018: Reported data calibrated to 2017 and 2023 levels. Estimate of 47 percent changed from previous revision value of 46 percent. Estimate challenged by: D-R-

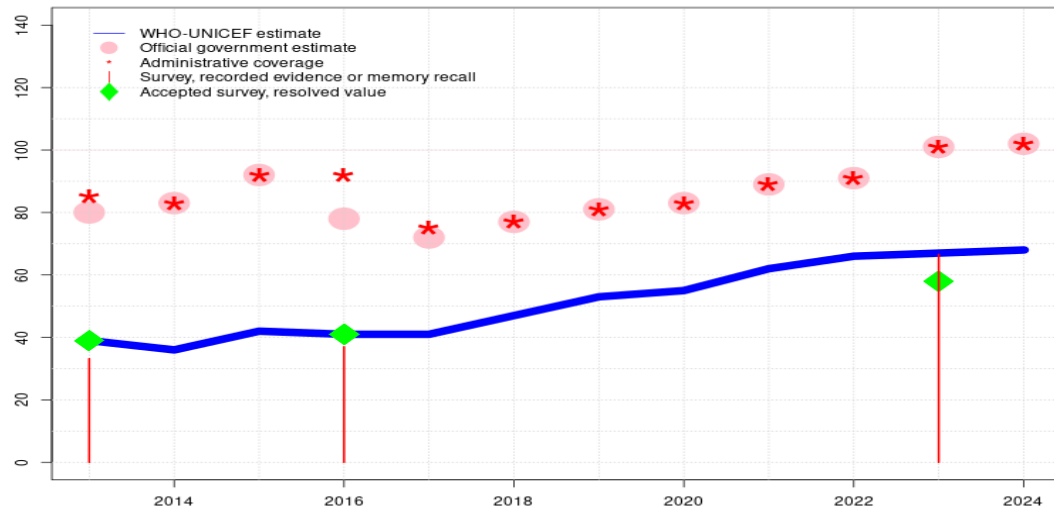
# Chad - HEPB3

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- 2017: Estimate of 41 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 41 percent based on 1 survey(s). Chad Vaccination Coverage Survey 2017 record or recall results of 37 percent modified for recall bias to 41 percent based on 1st dose record or recall coverage of 55 percent, 1st dose record only coverage of 24 percent and 3rd dose record only coverage of 18 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 39 percent based on 1 survey(s). Chad Joint DHS and MICS 2015 record or recall results of 33 percent modified for recall bias to 39 percent based on 1st dose record or recall coverage of 58 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 21 percent. Programme reports stockouts for all antigens at the district level (duration unknown and number of districts unknown). Government official estimate reflects an adjustment based on a preliminary sub-national coverage survey results. Estimate challenged by: D-R-

# Chad - HIB3

TCD - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	39	36	42	41	41	47	53	55	62	66	67	68
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	80	83	92	78	72	77	81	83	89	91	101	102
Administrative	85	83	92	92	75	77	81	83	89	91	101	102
Survey	33	-	-	37	-	-	-	-	-	-	67	-

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: 2024 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:

2024: Estimated coverage reflects trend in reported data. Reported data excluded because 102 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-

2023: Estimate of 67 percent assigned by working group. Estimate is informed by survey coverage, unadjusted for recall bias. Survey results included an estimation of recall bias as this survey included recall from all caregivers first, and then transcribed card data from individuals with home-based records. National Routine Vaccination Coverage Survey 2023-2024, Chad record or recall results of 67 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 22 percent. Reported data excluded because 101 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-

2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate of 66 percent changed from previous revision value of 60 percent. Estimate challenged by: D-R-

2021: Reported data calibrated to 2017 and 2023 levels. Estimate of 62 percent changed from previous revision value of 58 percent. Estimate challenged by: D-R-

2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate of 55 percent changed from previous revision value of 52 percent. Estimate challenged by: D-R-

2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate of 53 percent changed from previous revision value of 50 percent. Estimate challenged by: D-R-

2018: Reported data calibrated to 2017 and 2023 levels. Estimate of 47 percent changed from previous revision value of 46 percent. Estimate challenged by: D-R-

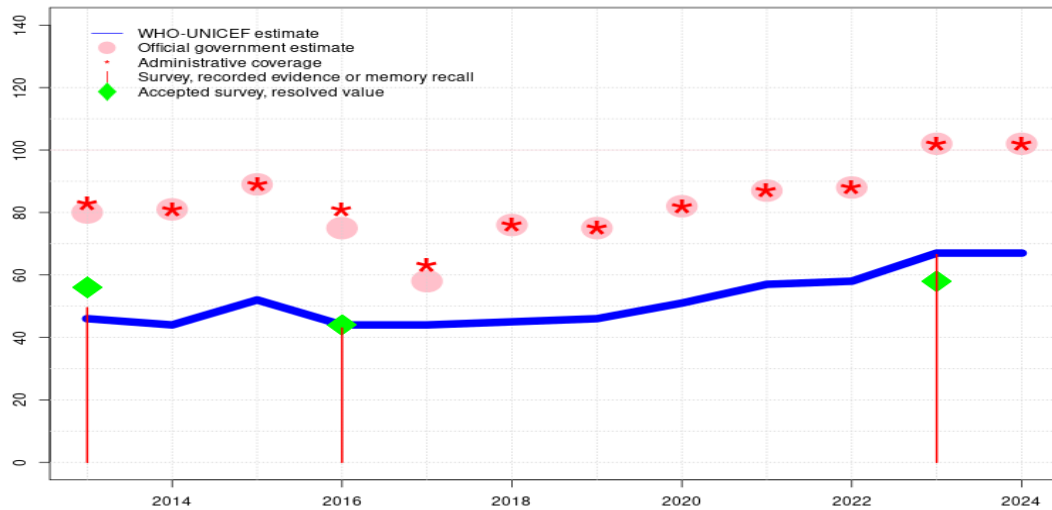
# Chad - Hib3

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- 2017: Estimate of 41 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-
- 2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 41 percent based on 1 survey(s). Chad Vaccination Coverage Survey 2017 record or recall results of 37 percent modified for recall bias to 41 percent based on 1st dose record or recall coverage of 55 percent, 1st dose record only coverage of 24 percent and 3rd dose record only coverage of 18 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-
- 2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 39 percent based on 1 survey(s). Chad Joint DHS and MICS 2015 record or recall results of 33 percent modified for recall bias to 39 percent based on 1st dose record or recall coverage of 58 percent, 1st dose record only coverage of 31 percent and 3rd dose record only coverage of 21 percent. Programme reports stockouts for all antigens at the district level (duration unknown and number of districts unknown). Government official estimate reflects an adjustment based on a preliminary sub-national coverage survey results. Estimate challenged by: D-R-

# Chad - POL3

TCD - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	46	44	52	44	44	45	46	51	57	58	67	67
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	80	81	89	75	58	76	75	82	87	88	102	102
Administrative	83	81	89	81	63	76	75	82	87	88	102	102
Survey	50	-	-	43	-	-	-	-	-	-	67	-

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: 2024 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:

2024: Reported data calibrated to 2023 levels. Reported data excluded because 102 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-

2023: Estimate of 67 percent assigned by working group. Estimate is informed by survey coverage, unadjusted for recall bias. Survey results included an estimation of recall bias as this survey included recall from all caregivers first, and then transcribed card data from individuals with home-based records. National Routine Vaccination Coverage Survey 2023-2024, Chad record or recall results of 67 percent modified for recall bias to 58 percent based on 1st dose record or recall coverage of 84 percent, 1st dose record only coverage of 32 percent and 3rd dose record only coverage of 22 percent. Reported data excluded because 102 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-

2022: Estimate informed by the ratio of the reported number of administered Pol3 doses to DTP3 doses applied to the estimated DTP3 coverage level. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-

2021: Estimate informed by the ratio of the reported number of administered Pol3 doses to DTP3 doses applied to the estimated DTP3 coverage level. Estimate challenged by: D-R-

2020: Estimate informed by the ratio of the reported number of administered Pol3 doses to DTP3 doses applied to the estimated DTP3 coverage level. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Estimate challenged by: D-R-

2019: Estimate informed by the ratio of the reported number of administered Pol3 doses to DTP3 doses applied to the estimated DTP3 coverage level. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-

2018: Estimate informed by the ratio of the reported number of administered Pol3 doses to DTP3 doses applied to the estimated DTP3 coverage level. Estimate challenged by: R-

2017: Estimate of 44 percent assigned by working group. Estimate informed by survey result. Reported data excluded due to decline in reported coverage from 81 percent to 58 percent

with increase to 76 percent. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 44 percent based on 1 survey(s). Chad Vaccination Coverage Survey 2017 record or recall results of 43 percent modified for recall bias to 44 percent based on 1st dose record or recall coverage of 61 percent, 1st dose record only coverage of 22 percent and 3rd dose record only coverage of 16 percent. Programme reports two months national vaccine stockout. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-

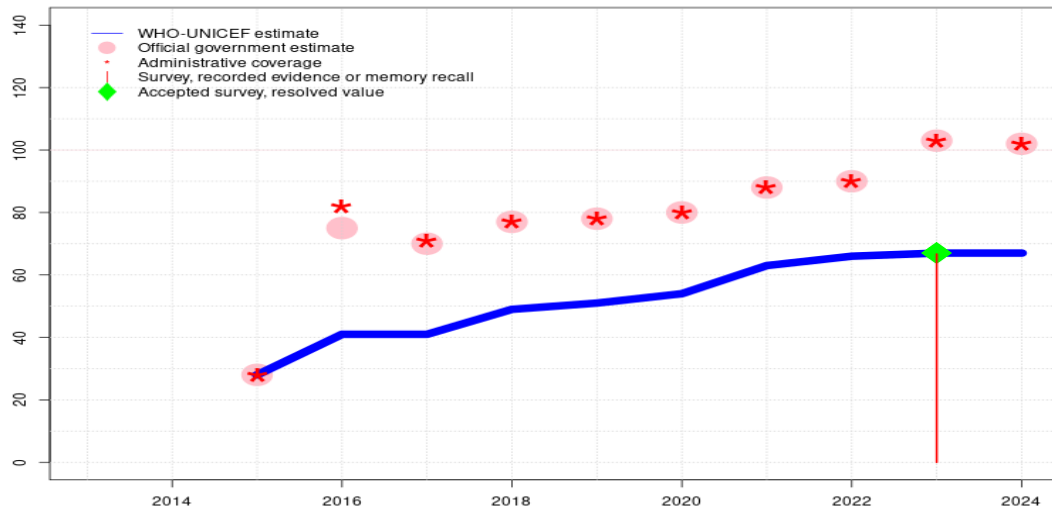
2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-

2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-S-

2013: Estimate of 46 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Survey results may include OPV campaign doses. Chad Joint DHS and MICS 2015 record or recall results of 50 percent modified for recall bias to 56 percent based on 1st dose record or recall coverage of 76 percent, 1st dose record only coverage of 30 percent and 3rd dose record only coverage of 22 percent. Programme reports stockouts for all antigens at the district level (duration unknown and number of districts unknown). Government official estimate reflects an adjustment based on a preliminary sub-national coverage survey results. Estimate challenged by: D-R-

# Chad - IPV1

TCD - IPV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	28	41	41	49	51	54	63	66	67	67
Estimate GoC	-	-	●	●	●	●	●	●	●	●	●	●
Official	-	-	28	75	70	77	78	80	88	90	103	102
Administrative	-	-	28	82	71	77	78	80	88	90	103	102
Survey	-	-	-	-	-	-	-	-	-	-	67	-

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: 2024 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.

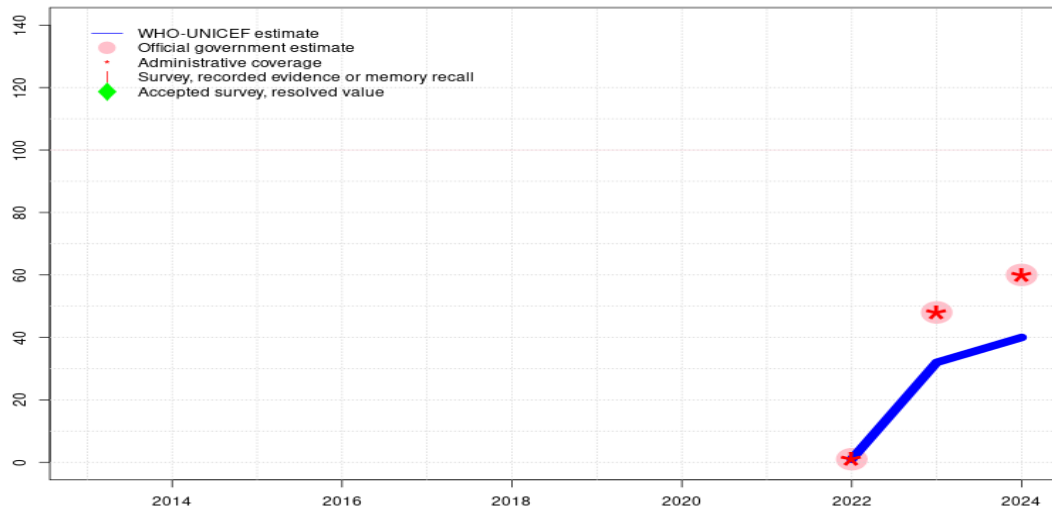
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Reported data calibrated to 2023 levels. Reported data excluded because 102 percent greater than 100 percent. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 67 percent based on 1 survey(s). Reported data excluded because 103 percent greater than 100 percent. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2017 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Programme reports district level vaccine stockout of unspecified duration. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2017 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-
- 2017: Estimate of 41 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-
- 2016: Estimate of 41 percent assigned by working group. Estimate informed by estimated DTP3 coverage. Reported data excluded due to an increase from 28 percent to 82 percent with decrease to 70 percent. Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-
- 2015: Inactivated polio vaccine introduced in August 2015. Estimate is exceptionally based on reported data. GoC=Assigned by working group.

# Chad - IPV2

TCD - IPV2



## Description:

- 2024: Estimate based on the relative difference between number of doses administered and the estimated coverage of MCV1. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Estimate based on the relative difference between number of doses administered and the estimated coverage of MCV1. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Second dose of inactivated polio vaccine introduced in 2021. Reporting started in 2022. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	1	32	40
Estimate GoC	-	-	-	-	-	-	-	-	-	••	•	•
Official	-	-	-	-	-	-	-	-	-	1	48	60
Administrative	-	-	-	-	-	-	-	-	-	1	48	60
Survey	-	-	-	-	-	-	-	-	-	-	-	-

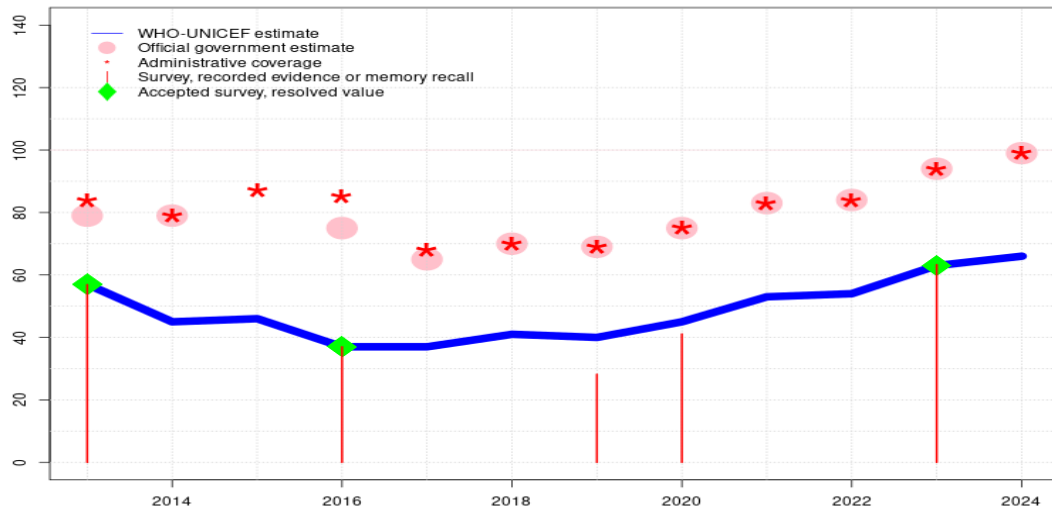
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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.

# Chad - MCV1

TCD - MCV1



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	57	45	46	37	37	41	40	45	53	54	63	66
Estimate GoC	●	●	●	●	●	●	●	●	●	●	●	●
Official	79	79	-	75	65	70	69	75	83	84	94	99
Administrative	84	79	87	85	68	70	69	75	83	84	94	99
Survey	57	-	-	37	-	-	28	41	-	-	63	-

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: 2024 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:

2024: Estimate is based on the relationship between reported admin coverage in 2023 and 2024, applied to the 2023 estimated coverage. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-

2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 1 survey(s). Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Estimate challenged by: D-R-

2022: Reported data calibrated to 2017 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2021: Reported data calibrated to 2017 and 2023 levels. Estimate challenged by: D-R-

2020: Reported data calibrated to 2017 and 2023 levels. Evaluation of the Vaccination Campaign Against Measles in Chad 2022 results ignored. Sample size 94 less than 300. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Estimate challenged by: D-R-

2019: Reported data calibrated to 2017 and 2023 levels. Evaluation of the Vaccination Campaign Against Measles in Chad 2022 results ignored by working group. Post-campaign coverage survey of older children with low levels of documented evidence. Survey results suggest lower coverage. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports national and district level vaccine stockout of 1.1 month duration. Estimate challenged by: D-R-

2018: Reported data calibrated to 2017 and 2023 levels. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-R-

2017: Estimate of 37 percent assigned by working group. Estimate informed by survey result. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 37 percent based on 1 survey(s). Reported official estimates inconsistent with

# Chad - MCV1

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administrative data. Estimate challenged by: D-R-

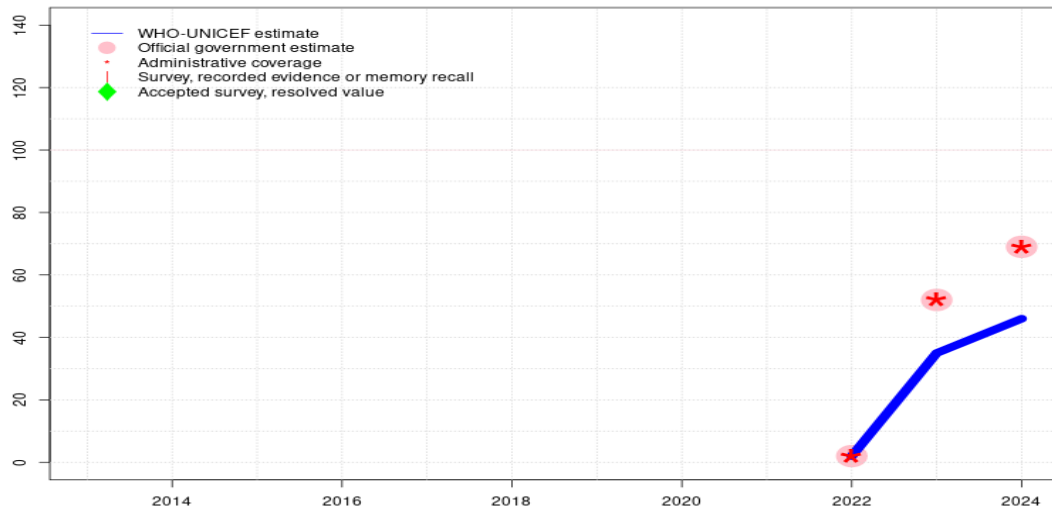
2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-S-

2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A Estimate challenged by: D-R-S-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 57 percent based on 1 survey(s). Programme reports stockouts for all antigens at the district level (duration unknown and number of districts unknown). Government official estimate reflects an adjustment based on a preliminary sub-national coverage survey results. Estimate challenged by: D-R-

# Chad - MCV2

TCD - MCV2



## Description:

- 2024: Estimate based on the relative difference between number of doses administered and the estimated coverage of MCV1. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Estimate based on the relative difference between number of doses administered and the estimated coverage of MCV1. Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Estimate challenged by: D-R-
- 2022: Estimate informed by reported data. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a two months vaccine stockout at national and subnational levels. Second dose of measles containing vaccine introduced in October 2021. Reporting started in 2022. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	2	35	46
Estimate GoC	-	-	-	-	-	-	-	-	-	••	•	•
Official	-	-	-	-	-	-	-	-	-	2	52	69
Administrative	-	-	-	-	-	-	-	-	-	2	52	69
Survey	-	-	-	-	-	-	-	-	-	-	-	-

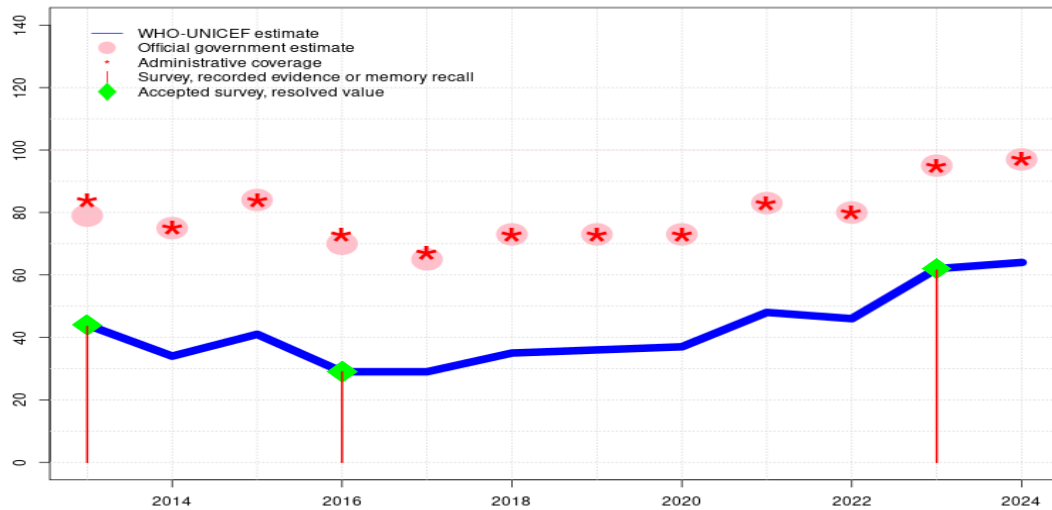
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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: 2024 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.

# Chad - YFV

TCD - YFV



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	44	34	41	29	29	35	36	37	48	46	62	64
Estimate GoC	•	•	•	•	•	•	•	•	•	•	•	•
Official	79	75	84	70	65	73	73	73	83	80	95	97
Administrative	84	75	84	73	67	73	73	73	83	80	95	97
Survey	44	-	-	29	-	-	-	-	-	-	62	-

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: 2024 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:

2024: Reported data calibrated to 2023 levels. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-

2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 62 percent based on 1 survey(s). Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Estimate challenged by: D-R-

2022: Reported data calibrated to 2018 and 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-S-

2021: Reported data calibrated to 2018 and 2023 levels. Programme reports one-half month vaccine stockout at national level. Estimate challenged by: D-R-S-

2020: Reported data calibrated to 2018 and 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Estimate challenged by: D-R-

2019: Reported data calibrated to 2018 and 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Programme reports national and district level vaccine stockout of less than one month duration. Estimate challenged by: D-R-

2018: Estimate of 35 percent assigned by working group. Estimates informed by trends seen in reported data between 2017 and 2018. Programme reports one month vaccine stockout at national level. Estimate challenged by: D-R-

2017: Estimate of 29 percent assigned by working group. Estimate is informed by survey result. Reported data excluded. Estimate informed by prior year estimate consistent with other vaccines. Decline in reported coverage is due in part to 25 percent increase in target population between 2016 and 2017. Estimate challenged by: D-R-

2016: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 29 percent based on 1 survey(s). Reported official estimates inconsistent with administrative data. Estimate challenged by: D-R-

2015: Reported data calibrated to 2013 and 2016 levels. Estimate challenged by: D-R-S-

2014: Reported data calibrated to 2013 and 2016 levels. In conjunction with intensification of

# Chad - YFV

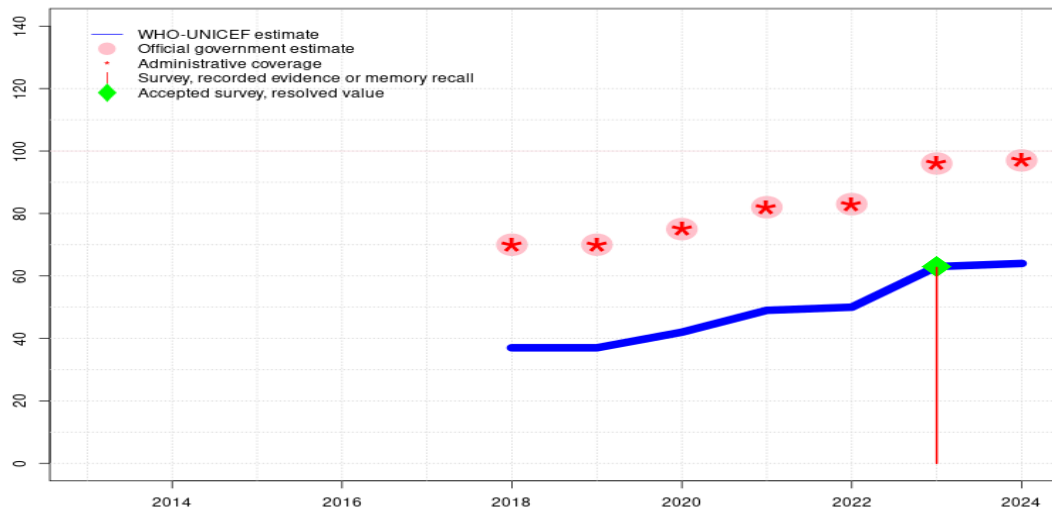
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supportive supervision and outreach activities, the programme has established a system of monthly monitoring of performance indicators backed by regular monitoring through additional supportive supervisory visits. A National programme reports two months stockout at national level. Estimate challenged by: D-R-

2013: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 44 percent based on 1 survey(s). Programme reports stockouts for all antigens at the district level (duration unknown and number of districts unknown). Government official estimate reflects an adjustment based on a preliminary sub-national coverage survey results. Estimate challenged by: D-R-

# Chad - MENGA

TCD - MENGA



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	37	37	42	49	50	63	64
Estimate GoC	-	-	-	-	-	●	●	●	●	●	●	●
Official	-	-	-	-	-	70	70	75	82	83	96	97
Administrative	-	-	-	-	-	70	70	75	82	83	96	97
Survey	-	-	-	-	-	-	-	-	-	-	63	-

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: 2024 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:

- 2024: Reported data calibrated to 2023 levels. Country-level analysis of 77 indicators reported through the WHO and UNICEF Joint Reporting Form on Immunization (JRF) suggests that the vaccination system performed better overall in 2024 compared to 2023. Similarly, the country conducted Big Catch-Up activities in 2024 that served as an intensification platform for routine vaccination. Estimate challenged by: D-R-
- 2023: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 63 percent based on 1 survey(s). Country conducted vaccination catch-up activities in 2023 and some catch-up doses given to older children may be included in the reported data. Survey results based on fieldwork conducted between 27 November to 15 December 2023 and 3 March to 21 March 2024, reflecting the vaccination experience of children born in 2023. Estimate challenged by: D-R-
- 2022: Reported data calibrated to 2023 levels. Programme notes challenges with the availability of data recording tools and training of health centre managers in data verification and analysis. Also, data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-S-
- 2021: Reported data calibrated to 2023 levels. Estimate challenged by: D-R-S-
- 2020: Reported data calibrated to 2023 levels. Reported target population declined between 2019 and 2020. Immunization estimates from MICS survey could not be produced due to an error in data collection. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2023 levels. Reported coverage levels continue to suggest challenges within the administrative recording and reporting system. Programme notes that health centre managers are insufficiently trained in data verification and analysis and that data review and validation meetings are not systematically held at all levels. WHO and UNICEF encourage continued efforts to improve recording and monitoring while also increasing coverage. Estimate challenged by: D-R-
- 2018: Reported data calibrated to 2023 levels. Meningitis A vaccine introduced in 2017. Reporting started in 2018. Estimate challenged by: D-R-

# Chad - 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 one or two years prior to the survey field work.

The survey results below present vaccination coverage estimates by antigen, confirmation method, and child's age at the time of the survey. Coverage based on **Recall** reflects information based upon a mother's or caregiver's memory. Coverage based on **Record** reflects information drawn from documented vaccination history in home- and/or facility-based records. **Evidence seen** reflects the percentage of children in the sample with documented evidence of vaccination history seen by the survey team.

## 2023 Enquête Nationale Couverture Vaccinale de routine 2023-2024, Tchad

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	60.3	12-23 m	7109	37
BCG	Record	32	12-23 m	7109	37
BCG	Record or Recall	92.3	12-23 m	7109	37
BCG	Scar	85.4	12-23 m	7109	37
DTP1	Recall	52.6	12-23 m	7109	37
DTP1	Record	31.7	12-23 m	7109	37
DTP1	Record or Recall	84.3	12-23 m	7109	37
DTP3	Recall	44.2	12-23 m	7109	37
DTP3	Record	22.4	12-23 m	7109	37
DTP3	Record or Recall	66.6	12-23 m	7109	37
HEPB1	Recall	52.6	12-23 m	7109	37
HEPB1	Record	31.7	12-23 m	7109	37
HEPB1	Record or Recall	84.3	12-23 m	7109	37
HEPB3	Recall	44.2	12-23 m	7109	37
HEPB3	Record	22.4	12-23 m	7109	37
HEPB3	Record or Recall	66.6	12-23 m	7109	37
HIB1	Recall	52.6	12-23 m	7109	37
HIB1	Record	31.7	12-23 m	7109	37
HIB1	Record or Recall	84.3	12-23 m	7109	37

HIB3	Recall	44.2	12-23 m	7109	37
HIB3	Record	22.4	12-23 m	7109	37
HIB3	Record or Recall	66.6	12-23 m	7109	37
IPV1	Recall	46.8	12-23 m	7109	37
IPV1	Record	19.9	12-23 m	7109	37
IPV1	Record or Recall	66.7	12-23 m	7109	37
MCV1	Recall	3.3	12-23 m	7109	37
MCV1	Record	60	12-23 m	7109	37
MCV1	Record or Recall	63.3	12-23 m	7109	37
MENGA	Recall	45.9	12-23 m	7109	37
MENGA	Record	16.8	12-23 m	7109	37
MENGA	Record or Recall	62.7	12-23 m	7109	37
POL1	Recall	52.1	12-23 m	7109	37
POL1	Record	32.3	12-23 m	7109	37
POL1	Record or Recall	84.4	12-23 m	7109	37
POL3	Recall	44.3	12-23 m	7109	37
POL3	Record	22.2	12-23 m	7109	37
POL3	Record or Recall	66.5	12-23 m	7109	37
YFV	Recall	45	12-23 m	7109	37
YFV	Record	16.5	12-23 m	7109	37
YFV	Record or Recall	61.5	12-23 m	7109	37

## 2020 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	38.6	12-23 m	94	11
MCV1	Record	2.5	12-23 m	94	11
MCV1	Record or Recall	41.1	12-23 m	94	11

## 2019 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	23.6	24-35 m	3111	-
MCV1	Record	1.9	24-35 m	3111	-
MCV1	Record or Recall	28.2	24-35 m	3111	-

# Chad - Survey Details

## 2018 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	24	36-47 m	3995	-
MCV1	Record	2.5	36-47 m	3995	-
MCV1	Record or Recall	26.5	36-47 m	3995	-

## 2017 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	20	48-59 m	2744	-
MCV1	Record	1.9	48-59 m	2744	-
MCV1	Record or Recall	21.9	48-59 m	2744	-

## 2016 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	15.7	60-71 m	1399	-
MCV1	Record	1.7	60-71 m	1399	-
MCV1	Record or Recall	17.4	60-71 m	1399	-

## 2016 L'Enquête de Couverture Vaccinale, Tchad, 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	23	12-23 m	10083	28
BCG	Record or Recall	59	12-23 m	10083	28
DTP1	Record	24	12-23 m	10083	28
DTP1	Record or Recall	55	12-23 m	10083	28
DTP3	Record	18	12-23 m	10083	28
DTP3	Record or Recall	37	12-23 m	10083	28
HEPB1	Record	24	12-23 m	10083	28

HEPB1	Record or Recall	55	12-23 m	10083	28
HEPB3	Record	18	12-23 m	10083	28
HEPB3	Record or Recall	37	12-23 m	10083	28
HIB1	Record	24	12-23 m	10083	28
HIB1	Record or Recall	55	12-23 m	10083	28
HIB3	Record	18	12-23 m	10083	28
HIB3	Record or Recall	37	12-23 m	10083	28
MCV1	Record	15	12-23 m	10083	28
MCV1	Record or Recall	37	12-23 m	10083	28
POL1	Record	22	12-23 m	10083	28
POL1	Record or Recall	61	12-23 m	10083	28
POL3	Record	16	12-23 m	10083	28
POL3	Record or Recall	43	12-23 m	10083	28
YFV	Record	13	12-23 m	10083	28
YFV	Record or Recall	29	12-23 m	10083	28

## 2015 Evaluation de la Campagne de Vaccination contre la Rougeole au Tchad 2022

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
MCV1	Recall	14.1	72-76 m	257	-
MCV1	Record	0.8	72-76 m	257	-
MCV1	Record or Recall	14.9	72-76 m	257	-

## 2013 Enquete demographique et de sante et a indicateurs multiples au Tchad 2014-15

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	29.3	12-23 m	954	32
BCG	Record or Recall	59.6	12-23 m	2953	32
BCG	Record or Recall<12m	55.2	12-23 m	2953	32
DTP1	Record	30.5	12-23 m	954	32
DTP1	Record or Recall	58.3	12-23 m	2953	32
DTP1	Record or Recall<12m	53.4	12-23 m	2953	32
DTP3	Record	20.5	12-23 m	954	32
DTP3	Record or Recall	33.2	12-23 m	2953	32
DTP3	Record or Recall<12m	28.4	12-23 m	2953	32
HEPB1	Record	30.5	12-23 m	954	32

# Chad - Survey Details

HEPB1	Record or Recall	58.3	12-23 m	2953	32
HEPB1	Record or Recall<12m	53.4	12-23 m	2953	32
HEPB3	Record	20.5	12-23 m	954	32
HEPB3	Record or Recall	33.2	12-23 m	2953	32
HEPB3	Record or Recall<12m	28.4	12-23 m	2953	32
HIB1	Record	30.5	12-23 m	954	32
HIB1	Record or Recall	58.3	12-23 m	2953	32
HIB1	Record or Recall<12m	53.4	12-23 m	2953	32
HIB3	Record	20.5	12-23 m	954	32
HIB3	Record or Recall	33.2	12-23 m	2953	32
HIB3	Record or Recall<12m	28.4	12-23 m	2953	32
MCV1	Record	24.7	12-23 m	954	32
MCV1	Record or Recall	56.9	12-23 m	2953	32
MCV1	Record or Recall<12m	39.8	12-23 m	2953	32
POL1	Record	30.1	12-23 m	954	32
POL1	Record or Recall	76.3	12-23 m	2953	32
POL1	Record or Recall<12m	70.4	12-23 m	2953	32
POL3	Record	21.6	12-23 m	954	32
POL3	Record or Recall	49.5	12-23 m	2953	32
POL3	Record or Recall<12m	42.6	12-23 m	2953	32
YFV	Record	19.4	12-23 m	954	32
YFV	Record or Recall	43.5	12-23 m	2953	32
YFV	Record or Recall<12m	31.9	12-23 m	2953	32

## 2012 Enquete demographique et de sante et a indicateurs multiples au Tchad 2014-15

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall<12m	50.6	24-35 m	3232	-
DTP1	Record or Recall<12m	43.8	24-35 m	3232	-
DTP3	Record or Recall<12m	25	24-35 m	3232	-
HEPB1	Record or Recall<12m	43.8	24-35 m	3232	-
HEPB3	Record or Recall<12m	25	24-35 m	3232	-
HIB1	Record or Recall<12m	43.8	24-35 m	3232	-
HIB3	Record or Recall<12m	25	24-35 m	3232	-
MCV1	Record or Recall<12m	30.8	24-35 m	3232	-
POL1	Record or Recall<12m	61	24-35 m	3232	-
POL3	Record or Recall<12m	41.8	24-35 m	3232	-

## 2011 L'Enquête de Couverture Vaccinale, Tchad, 2012

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record	57	12-23 m	-	41
BCG	Record or Recall	68	12-23 m	7343	41
BCG	Record or Recall<12m	27	12-23 m	7343	41
DTP1	Record	15	12-23 m	-	41
DTP1	Record or Recall	55	12-23 m	7343	41
DTP1	Record or Recall<12m	32	12-23 m	7343	41
DTP3	Record	9	12-23 m	-	41
DTP3	Record or Recall	42	12-23 m	7343	41
DTP3	Record or Recall<12m	14	12-23 m	7343	41
HEPB1	Record	15	12-23 m	-	41
HEPB1	Record or Recall	55	12-23 m	7343	41
HEPB1	Record or Recall<12m	32	12-23 m	7343	41
HEPB3	Record	9	12-23 m	-	41
HEPB3	Record or Recall	42	12-23 m	7343	41
HEPB3	Record or Recall<12m	14	12-23 m	7343	41
HIB1	Record	15	12-23 m	-	41
HIB1	Record or Recall	55	12-23 m	7343	41
HIB1	Record or Recall<12m	32	12-23 m	7343	41
HIB3	Record	9	12-23 m	-	41
HIB3	Record or Recall	42	12-23 m	7343	41
HIB3	Record or Recall<12m	14	12-23 m	7343	41
MCV1	Record	13	12-23 m	-	41
MCV1	Record or Recall	54	12-23 m	7343	41
MCV1	Record or Recall<12m	18	12-23 m	7343	41
POL1	Record	17	12-23 m	-	41
POL1	Record or Recall	68	12-23 m	7343	41
POL1	Record or Recall<12m	39	12-23 m	7343	41
POL3	Record	10	12-23 m	-	41
POL3	Record or Recall	52	12-23 m	7343	41
POL3	Record or Recall<12m	17	12-23 m	7343	41
YFV	Record	9	12-23 m	-	41
YFV	Record or Recall	45	12-23 m	7343	41
YFV	Record or Recall<12m	24	12-23 m	7343	41

## 2009 Enquête par grappes à indicateurs multiples MICS Tchad 2010

# Chad - Survey Details

## 2003 L'Enquête Démographique et de Santé au Tchad, 2004

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	30.3	12-23 m	-	21
BCG	Record	16.2	12-23 m	-	21
BCG	Record or Recall	46.5	12-23 m	2932	21
BCG	Record or Recall<12m	43.8	12-23 m	-	21
DTP1	Recall	26.3	12-23 m	-	21
DTP1	Record	19.1	12-23 m	-	21
DTP1	Record or Recall	45.4	12-23 m	2932	21
DTP1	Record or Recall<12m	42	12-23 m	-	21
DTP3	Recall	9.2	12-23 m	-	21
DTP3	Record	10.5	12-23 m	-	21
DTP3	Record or Recall	19.7	12-23 m	2932	21
DTP3	Record or Recall<12m	15.5	12-23 m	-	21
HEPB1	Recall	15.8	12-23 m	-	21
HEPB1	Record	19.4	12-23 m	-	21
HEPB1	Record or Recall	35.2	12-23 m	2932	21
HEPB1	Record or Recall<12m	32.5	12-23 m	-	21
HEPB3	Recall	3.4	12-23 m	-	21
HEPB3	Record	10.6	12-23 m	-	21
HEPB3	Record or Recall	14.1	12-23 m	2932	21
HEPB3	Record or Recall<12m	11.1	12-23 m	-	21
MCV1	Recall	23.5	12-23 m	-	21
MCV1	Record	12.5	12-23 m	-	21
MCV1	Record or Recall	36	12-23 m	2932	21
MCV1	Record or Recall<12m	30.1	12-23 m	-	21
POL1	Recall	42.5	12-23 m	-	21
POL1	Record	18.8	12-23 m	-	21
POL1	Record or Recall	61.3	12-23 m	2932	21
POL1	Record or Recall<12m	56.4	12-23 m	-	21
POL3	Recall	21.5	12-23 m	-	21
POL3	Record	10.3	12-23 m	-	21
POL3	Record or Recall	31.8	12-23 m	2932	21
POL3	Record or Recall<12m	25	12-23 m	-	21
YFV	Recall	21.9	12-23 m	-	21
YFV	Record	10.1	12-23 m	-	21
YFV	Record or Recall	32	12-23 m	2932	21
YFV	Record or Recall<12m	25.5	12-23 m	-	21

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	19.9	12-23 m	941	25
BCG	Record	20.3	12-23 m	941	25
BCG	Record or Recall	40.2	12-23 m	941	25
BCG	Record or Recall<12m	36.5	12-23 m	941	25
DTP1	Recall	21	12-23 m	941	25
DTP1	Record	23.6	12-23 m	941	25
DTP1	Record or Recall	44.6	12-23 m	941	25
DTP1	Record or Recall<12m	41.5	12-23 m	941	25
DTP3	Recall	8.5	12-23 m	941	25
DTP3	Record	11.6	12-23 m	941	25
DTP3	Record or Recall	20.1	12-23 m	941	25
DTP3	Record or Recall<12m	15.9	12-23 m	941	25
MCV1	Recall	9.2	12-23 m	941	25
MCV1	Record	13.6	12-23 m	941	25
MCV1	Record or Recall	22.8	12-23 m	941	25
MCV1	Record or Recall<12m	14.8	12-23 m	941	25
POL1	Recall	55	12-23 m	941	25
POL1	Record	23	12-23 m	941	25
POL1	Record or Recall	78	12-23 m	941	25
POL1	Record or Recall<12m	73.1	12-23 m	941	25
POL3	Recall	23.2	12-23 m	941	25
POL3	Record	12.3	12-23 m	941	25
POL3	Record or Recall	35.5	12-23 m	941	25
POL3	Record or Recall<12m	28.1	12-23 m	941	25
YFV	Recall	6.7	12-23 m	941	25
YFV	Record	13.5	12-23 m	941	25
YFV	Record or Recall	20.2	12-23 m	941	25
YFV	Record or Recall<12m	14.1	12-23 m	941	25

## 2001 République du Tchad, Revue du Programme Elargi de Vaccination, 2002

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	51.5	12-23 m	3159	39
DTP1	Record or Recall	44	12-23 m	3159	39

DTP3	Record or Recall	25.5	12-23 m	3159	39
MCV1	Record or Recall	26	12-23 m	3159	39
POL1	Record or Recall	45.2	12-23 m	3159	39
POL3	Record or Recall	26	12-23 m	3159	39

1999 République du Tchad, Enquête de grappes à indicateurs multiples,  
Rapport complet, 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	35.6	12-23 m	873	23
BCG	Record	9.8	12-23 m	873	23
BCG	Record or Recall	45.4	12-23 m	873	23
BCG	Record or Recall<12m	42	12-23 m	873	23
DTP1	Recall	35.3	12-23 m	873	23
DTP1	Record	9.8	12-23 m	873	23
DTP1	Record or Recall	45.1	12-23 m	873	23
DTP1	Record or Recall<12m	42.8	12-23 m	873	23
DTP3	Recall	10.2	12-23 m	873	23

DTP3	Record	10.5	12-23 m	873	23
DTP3	Record or Recall	20.7	12-23 m	873	23
DTP3	Record or Recall<12m	17.3	12-23 m	873	23
MCV1	Recall	24	12-23 m	873	23
MCV1	Record	5.7	12-23 m	873	23
MCV1	Record or Recall	29.7	12-23 m	873	23
MCV1	Record or Recall<12m	24.5	12-23 m	873	23
POL1	Recall	88.4	12-23 m	873	23
POL1	Record	1.8	12-23 m	873	23
POL1	Record or Recall	90.2	12-23 m	873	23
POL1	Record or Recall<12m	85.5	12-23 m	873	23
POL3	Recall	45	12-23 m	873	23
POL3	Record	5.6	12-23 m	873	23
POL3	Record or Recall	50.6	12-23 m	873	23
POL3	Record or Recall<12m	42.3	12-23 m	873	23
YFV	Recall	24	12-23 m	873	23
YFV	Record	6.9	12-23 m	873	23
YFV	Record or Recall	30.9	12-23 m	873	23
YFV	Record or Recall<12m	27.3	12-23 m	873	23

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