

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

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

*Burton et al. 2009. WHO and UNICEF estimates of national infant immunization coverage: methods and processes.

*Burton et al. 2012. A formal representation of the WHO and UNICEF estimates of national immunization coverage: a computational logic approach.

*Brown et al. 2013. An introduction to the grade of confidence used to characterize uncertainty around the WHO and UNICEF estimates of national immunization coverage.

DATA SOURCES.

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

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

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

ABBREVIATIONS

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

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

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

IPV1: percentage of surviving infants who received at least one dose of inactivated polio vaccine. In countries utilizing an immunization schedule recommending either (i) a primary series of three doses of oral polio vaccine (OPV) plus at least one dose of IPV where OPV is included in routine

immunization and/or campaign or (ii) a sequential schedule of IPV followed by OPV, WHO and UNICEF estimates for IPV1 reflect coverage with at least one routine dose of IPV among infants <1 year of age among countries. For countries utilizing IPV containing vaccine use only, i.e., no recommended dose of OPV, the WHO and UNICEF estimate for IPV1 corresponds to coverage for the 1st dose of IPV.

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

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

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

RCV1: percentage of surviving infants who received the 1st dose of rubella containing vaccine. 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 nor are the data represented in the accompanying graph and data table.

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

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

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

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

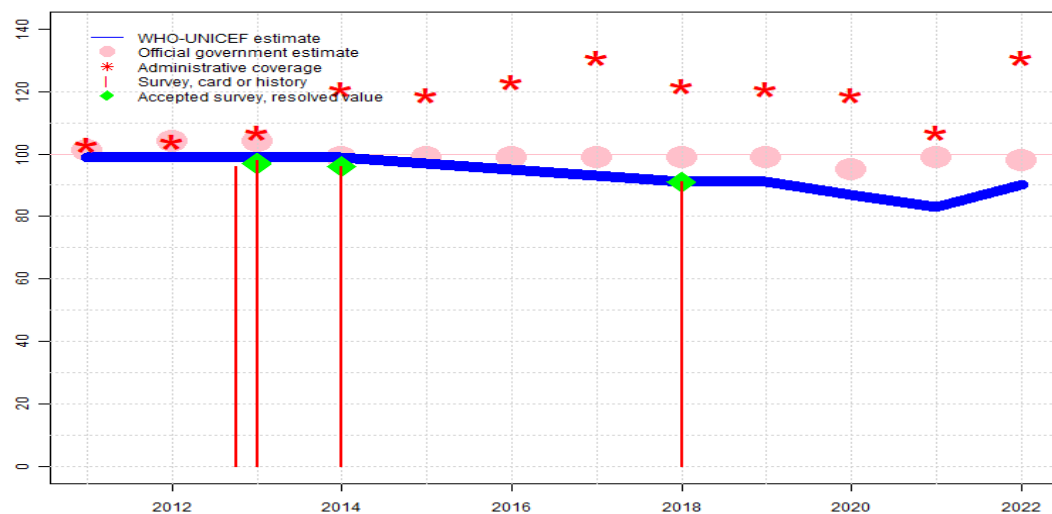
PcV3: percentage of surviving infants who received the 3rd dose of pneumococcal conjugate vaccine. In countries where the national schedule recommends two doses during infancy and a booster dose at 12 months or later based on the epidemiology of disease in the country, coverage estimates may reflect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

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

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United Republic of Tanzania - BCG

TZA - BCG



Description:

- 2022: Reported data calibrated to 2018 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Estimate challenged by: D-R-
- 2021: Estimate is exceptionally based on estimated DTP1 coverage. Reported data excluded because 107 percent greater than 100 percent. Programme reports a one month vaccine stockout at national and subnational levels. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate of 83 percent changed from previous revision value of 75 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Programme reports a two months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Estimate challenged by: D-R-
- 2018: Estimate of 91 percent assigned by working group. Estimate is based on survey results. Survey results do not support reported data at such high levels of coverage. Estimate challenged by: D-R-
- 2017: Reported data calibrated to 2014 and 2018 levels. Reported number of BCG doses since 2014 are significantly higher than other reported vaccine doses. Estimate challenged by: D-R-
- 2016: Reported data calibrated to 2014 and 2018 levels. Programme reports a one month vaccine stockout. Estimate challenged by: D-R-
- 2015: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: D-R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). Increases in reported coverage due in part to reported lower target population estimates for 2014 compared to 2013. Estimate challenged by: D-
- 2013: Estimate informed by interpolation between reported data supported by survey. Survey evidence of 97 percent based on 2 survey(s). Reported data excluded because 104 percent greater than 100 percent. GoC=R+ S+ D+
- 2012: Estimate informed by interpolation between reported data. Reported data excluded because 104 percent greater than 100 percent. GoC=R+ S+ D+
- 2011: Estimate informed by interpolation between reported data. Reported data excluded because 101 percent greater than 100 percent. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	99	99	99	99	97	95	93	91	91	87	83	90
Estimate GoC	●●●	●●●	●●●	●	●	●	●	●	●	●	●	●
Official	101	104	104	99	99	99	99	99	99	95	99	98
Administrative	103	104	107	121	119	123	131	122	121	119	107	131
Survey	NA	NA	*	96	NA	NA	NA	91	NA	NA	NA	NA

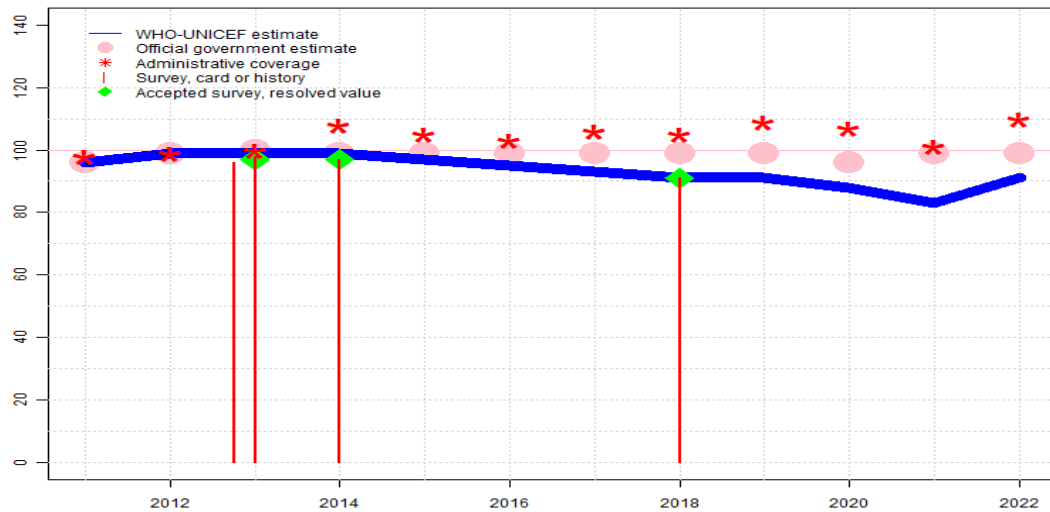
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

United Republic of Tanzania - DTP1

TZA - DTP1



Description:

- 2022: Reported data calibrated to 2018 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Estimate challenged by: D-R-
- 2021: The 2021 coverage estimate is based on the relative difference in administrative coverage between 2020 and 2021 applied to the 2020 estimated coverage. Reported data excluded because 101 percent greater than 100 percent. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate of 83 percent changed from previous revision value of 82 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Estimate challenged by: D-R-
- 2018: Estimate of 91 percent assigned by working group. Estimate is based on survey results. Survey results do not support reported data at such high levels of coverage. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 1 survey(s). Increases in reported coverage due in part to reported lower target population estimates for 2014 compared to 2013. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 97 percent based on 2 survey(s). GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	96	99	99	99	97	95	93	91	91	88	83	91
Estimate GoC	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●	●
Official	96	99	100	99	99	99	99	99	99	96	99	99
Administrative	98	99	100	108	105	103	106	105	109	107	101	110
Survey	NA	NA	*	97	NA	NA	NA	91	NA	NA	NA	NA

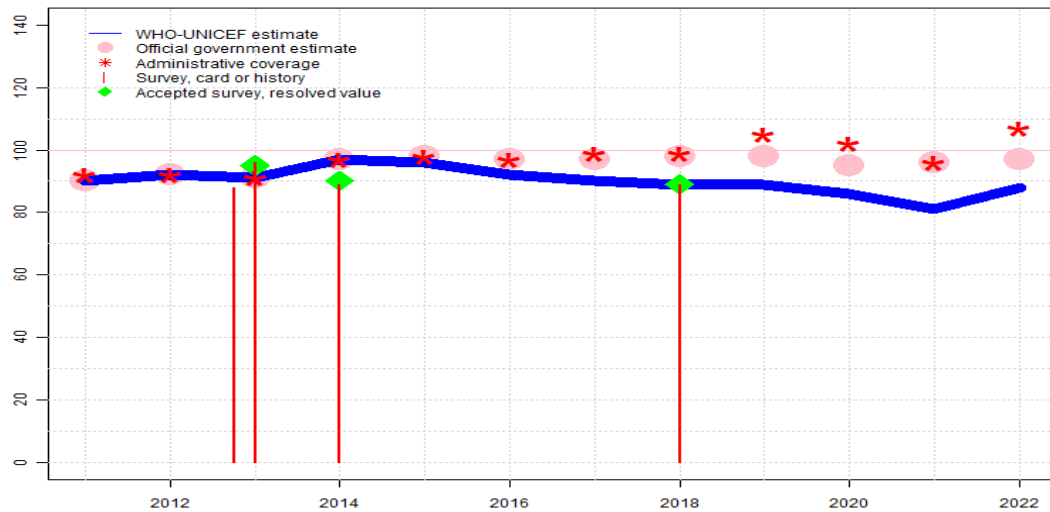
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

United Republic of Tanzania - DTP3

TZA - DTP3



Description:

- 2022: Reported data calibrated to 2018 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Estimate challenged by: D-R-
- 2021: The 2021 coverage estimate is based on the relative difference in administrative coverage between 2020 and 2021 applied to the 2020 estimated coverage. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Estimate challenged by: D-R-
- 2018: Estimate of 89 percent assigned by working group. Estimate is based on survey results. Survey results do not support reported data at such high levels of coverage. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 89 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 84 percent and 3rd dose card only coverage of 78 percent. Increases in reported coverage due in part to reported lower target population estimates for 2014 compared to 2013. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 2 survey(s). Post Integrated Measles Rubella Campaign Evaluation and Routine Immunization Coverage Survey 2014 card or history results of 96 percent modified for recall bias to 97 percent based on 1st dose card or history coverage of 98 percent, 1st dose card only coverage of 84 percent and 3rd dose card only coverage of 83 percent. Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 88 percent modified for recall bias to 93 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 68 percent. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	92	91	97	96	92	90	89	89	86	81	88
Estimate GoC	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●	●
Official	90	92	91	97	98	97	97	98	98	95	96	97
Administrative	92	92	91	97	98	97	99	99	105	102	96	107
Survey	NA	NA	*	89	NA	NA	NA	89	NA	NA	NA	NA

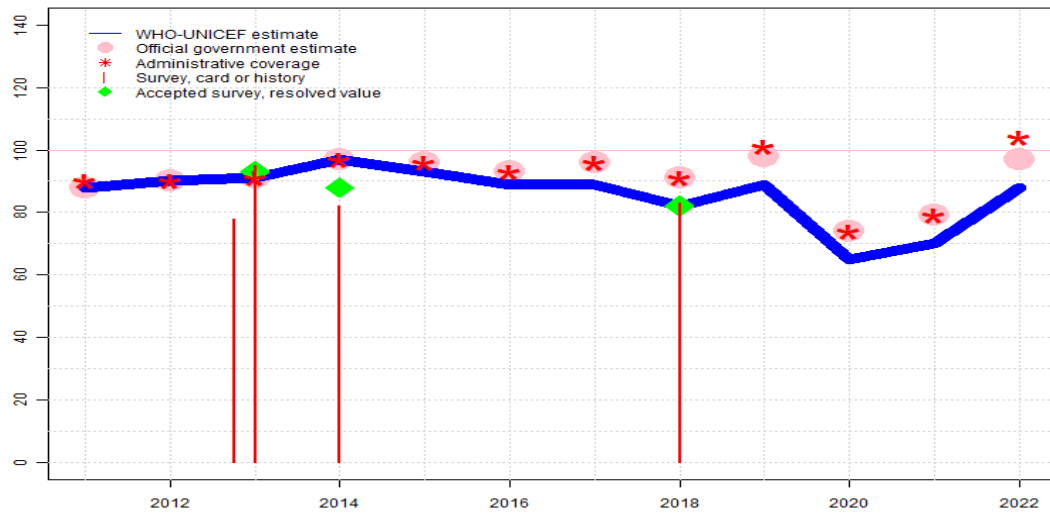
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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United Republic of Tanzania - Pol3

TZA - Pol3



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	88	90	91	97	93	89	89	82	89	65	70	88
Estimate GoC	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●	●
Official	88	90	91	97	96	93	96	91	98	74	79	97
Administrative	90	90	91	97	96	93	96	91	101	74	79	104
Survey	NA	NA	*	82	NA	NA	NA	83	NA	NA	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

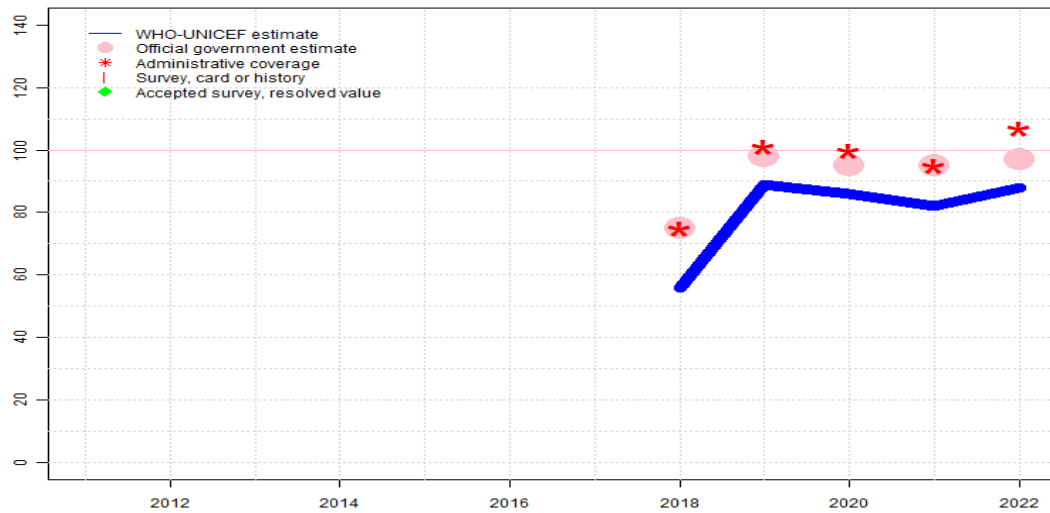
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Reported data calibrated to 2018 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Reported data suggests recovery from prior year vaccine stockouts. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2018 levels. Programme reports a two months vaccine stockout at national and subnational levels. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate challenged by: R-
- 2020: Reported data calibrated to 2018 levels. Programme reports a two and a half month vaccine stockout at national and subnational levels. Estimate challenged by: R-S-
- 2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Estimate challenged by: R-
- 2018: Estimate of 82 percent assigned by working group. Estimate is based on survey results. Survey results do not support reported data at such high levels of coverage. Tanzania Post Measles-Rubella Campaign Evaluation 2019 card or history results of 83 percent modified for recall bias to 82 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 74 percent and 3rd dose card only coverage of 69 percent. Programme reported one month vaccine stockout at the national level. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2018 levels. Programme reports a one month vaccine stockout. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 82 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 83 percent and 3rd dose card only coverage of 76 percent. Increases in reported coverage due in part to reported lower target population estimates for 2014 compared to 2013. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 2 survey(s). Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 78 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 66 percent. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

United Republic of Tanzania - IPV1

TZA - IPV1



Description:

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

2022: Estimate informed by estimated DTP3 coverage level. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Estimate challenged by: D-R-

2021: The 2021 coverage estimate is based on the relative difference in administrative coverage between 2020 and 2021 applied to the 2020 estimated coverage. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate of 82 percent changed from previous revision value of 81 percent. Estimate challenged by: D-R-

2020: Estimate based on estimated DTP3 coverage. Estimate challenged by: D-R-

2019: Estimate based on estimated DTP3 level. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Estimate challenged by: R-

2018: Estimate of 56 percent assigned by working group. Inactivated polio vaccine introduced in April 2018. Programme reports 75 percent coverage achieved in 75 percent of the target population. Estimate reflects annualized coverage in the national target population. Estimate challenged by: R-

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	NA	NA	NA	NA	56	89	86	82	88
Estimate GoC	NA	NA	NA	NA	NA	NA	NA	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	75	98	95	95	97
Administrative	NA	NA	NA	NA	NA	NA	NA	75	101	100	95	107
Survey	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

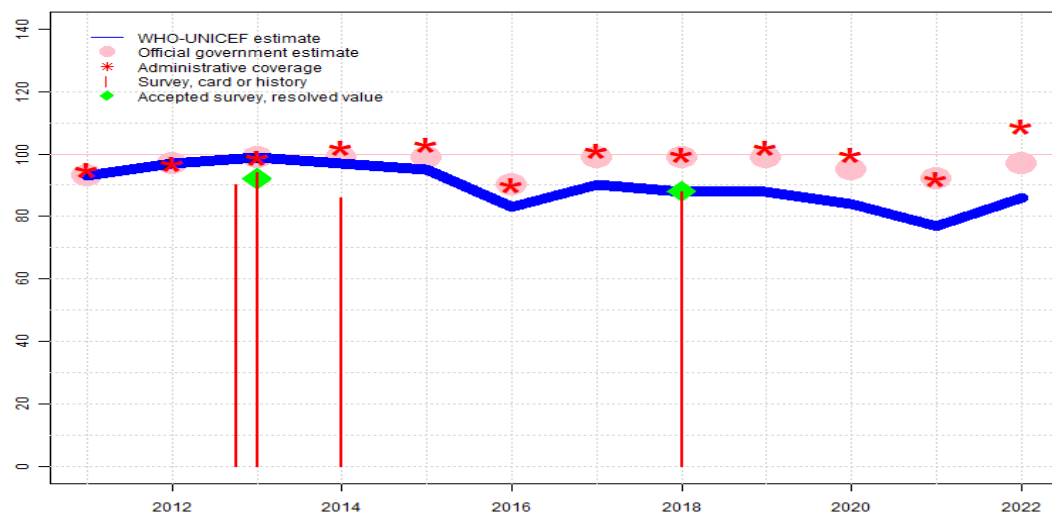
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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United Republic of Tanzania - MCV1

TZA - MCV1



Description:

- 2022: Reported data calibrated to 2018 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Estimate challenged by: D-R-
- 2021: The 2021 coverage estimate is based on the relative difference in administrative coverage between 2020 and 2021 applied to the 2020 estimated coverage. Programme reports a three months vaccine stockout at national and subnational levels. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate of 77 percent changed from previous revision value of 76 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Programme reports one month national and district level vaccine stockout. WHO and UNICEF note the discrepant patterns suggested by the trend in reported data and the lower coverage level suggested by the survey. Estimate challenged by: R-
- 2018: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 88 percent based on 1 survey(s). Estimate challenged by: R-
- 2017: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2013 and 2018 levels. Programme reports a one month vaccine stockout. Estimate challenged by: R-
- 2015: Reported data calibrated to 2013 and 2018 levels. Estimate challenged by: R-
- 2014: Reported data calibrated to 2013 and 2018 levels. Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 results ignored by working group. Survey results not consistent with reported data and survey results for other vaccines. Estimate challenged by: R-
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 2 survey(s). GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	93	97	99	97	95	83	90	88	88	84	77	86
Estimate GoC	●●●	●●●	●●●	●	●	●	●	●	●	●	●	●
Official	93	97	99	99	99	90	99	99	99	95	92	97
Administrative	95	97	99	102	103	90	101	100	102	100	92	109
Survey	NA	NA	*	86	NA	NA	NA	88	NA	NA	NA	NA

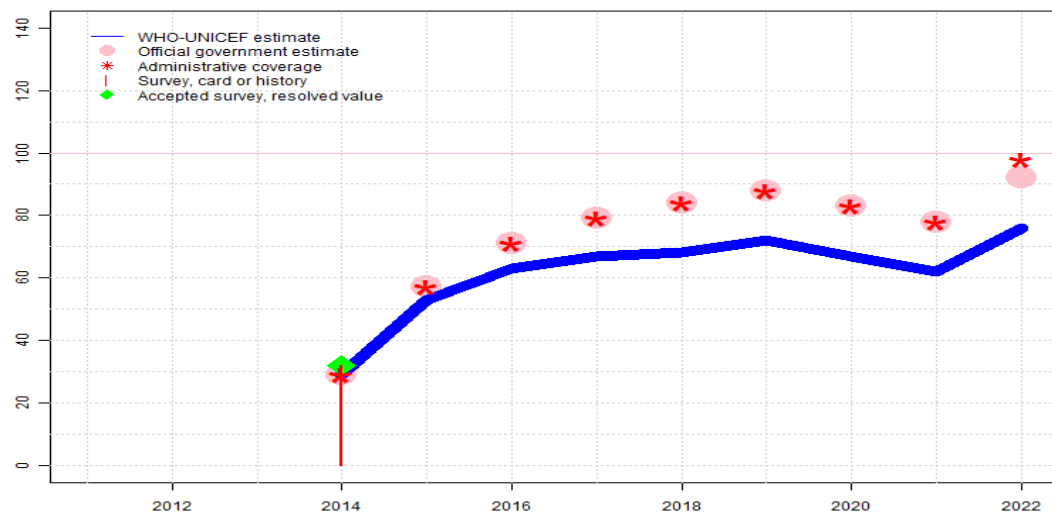
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

United Republic of Tanzania - MCV2

TZA - MCV2



Description:

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

2022: Reported data calibrated to 2018 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results.. Estimate challenged by: D-R-

2021: Reported data calibrated to 2018 levels. Programme reports a three months vaccine stock-out at national and subnational levels. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate challenged by: D-R-

2020: Reported data calibrated to 2018 levels. Programme reports a one month vaccine stockout at national and subnational levels. Estimate challenged by: D-R-

2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Estimate challenged by: D-R-

2018: Estimate of 68 percent assigned by working group. Estimate is based on an adjustment to reported official coverage based on the absolute difference in administrative data for MCV1 and MCV2. Estimate challenged by: R-

2017: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-

2016: Reported data calibrated to 2014 and 2018 levels. Programme reports a one month vaccine stockout. Estimate based on reported coverage following introduction of MCV2 in 2014. Estimate challenged by: R-S-

2015: Reported data calibrated to 2014 and 2018 levels. Estimate based on reported coverage following introduction of MCV2 in 2014. Estimate challenged by: R-S-

2014: Estimate informed by reported data supported by survey. Survey evidence of 32 percent based on 1 survey(s). Second dose of MCV introduced during 2014. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	29	53	63	67	68	72	67	62	76
Estimate GoC	NA	NA	NA	●●●	●	●	●	●	●	●	●	●
Official	NA	NA	NA	29	57	71	79	84	88	83	78	92
Administrative	NA	NA	NA	29	57	71	79	84	88	83	78	98
Survey	NA	NA	NA	32	NA	NA	NA	NA	NA	NA	NA	NA

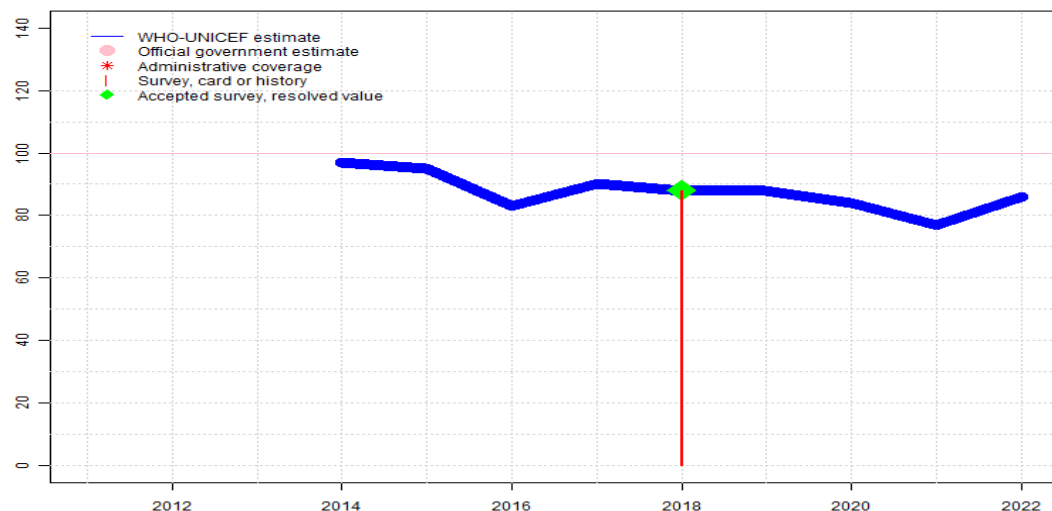
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

United Republic of Tanzania - RCV1

TZA - RCV1



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	NA	97	95	83	90	88	88	84	77	86
Estimate GoC	NA	NA	NA	•	•	•	•	•	•	•	•	•
Official	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Administrative	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Survey	NA	NA	NA	NA	NA	NA	NA	88	NA	NA	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

Description:

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

2022: Estimate based on estimated MCV1. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Estimate challenged by: D-R-

2021: Estimate informed by estimated MCV1 coverage level. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate of 77 percent changed from previous revision value of 76 percent. Estimate challenged by: D-R-

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

2019: Estimate based on estimated MCV1. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Estimate challenged by: R-

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

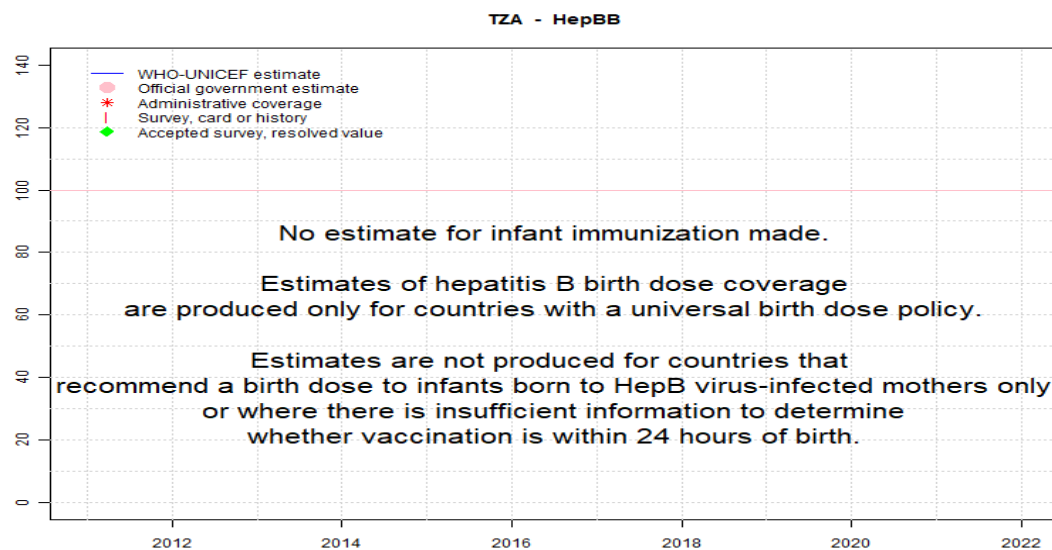
2017: Estimate based on estimated MCV1. Estimate challenged by: R-

2016: Estimate based on estimated MCV1. Estimate challenged by: R-

2015: Estimate based on estimated MCV1. Estimate challenged by: R-

2014: Estimate based on estimated MCV1. Estimate challenged by: R-

United Republic of Tanzania - HepBB



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

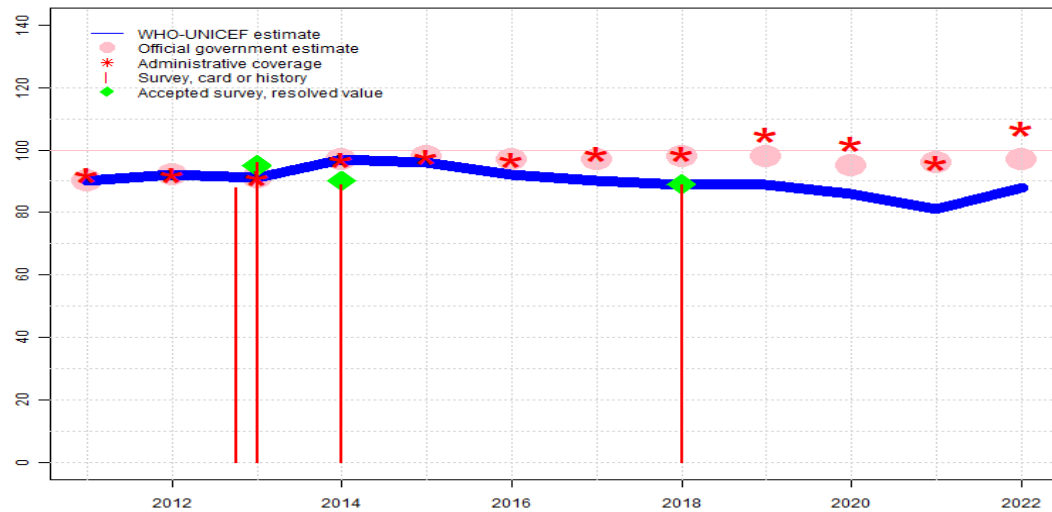
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

United Republic of Tanzania - HepB3

TZA - HepB3



Description:

- 2022: Reported data calibrated to 2018 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Estimate challenged by: D-R-
- 2021: The 2021 coverage estimate is based on the relative difference in administrative coverage between 2020 and 2021 applied to the 2020 estimated coverage. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Estimate challenged by: D-R-
- 2018: Estimate of 89 percent assigned by working group. Estimate is based on survey results. Survey results do not support reported data at such high levels of coverage. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 89 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 84 percent and 3rd dose card only coverage of 78 percent. Increases in reported coverage due in part to reported lower target population estimates for 2014 compared to 2013. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 2 survey(s). Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 88 percent modified for recall bias to 93 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 68 percent. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	92	91	97	96	92	90	89	89	86	81	88
Estimate GoC	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●	●
Official	90	92	91	97	98	97	97	98	98	95	96	97
Administrative	92	92	91	97	98	97	99	99	105	102	96	107
Survey	NA	NA	*	89	NA	NA	NA	89	NA	NA	NA	NA

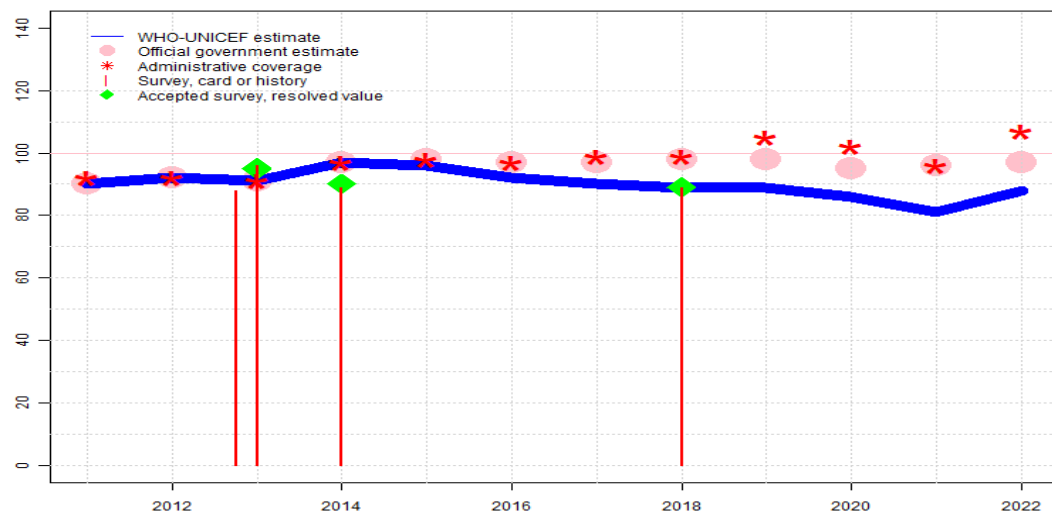
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

United Republic of Tanzania - Hib3

TZA - Hib3



Description:

- 2022: Reported data calibrated to 2018 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Estimate challenged by: D-R-
- 2021: The 2021 coverage estimate is based on the relative difference in administrative coverage between 2020 and 2021 applied to the 2020 estimated coverage. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. Estimate challenged by: D-R-
- 2018: Estimate of 89 percent assigned by working group. Estimate is based on survey results. Survey results do not support reported data at such high levels of coverage. Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 89 percent modified for recall bias to 90 percent based on 1st dose card or history coverage of 97 percent, 1st dose card only coverage of 84 percent and 3rd dose card only coverage of 78 percent. Increases in reported coverage due in part to reported lower target population estimates for 2014 compared to 2013. GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 2 survey(s). Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 88 percent modified for recall bias to 93 percent based on 1st dose card or history coverage of 96 percent, 1st dose card only coverage of 70 percent and 3rd dose card only coverage of 68 percent. GoC=R+ S+ D+
- 2012: Estimate informed by reported data. GoC=R+ S+ D+
- 2011: Estimate informed by reported data. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	90	92	91	97	96	92	90	89	89	86	81	88
Estimate GoC	●●●	●●●	●●●	●●●	●	●	●	●	●	●	●	●
Official	90	92	91	97	98	97	97	98	98	95	96	97
Administrative	92	92	91	97	98	97	99	99	105	102	96	107
Survey	NA	NA	*	89	NA	NA	NA	89	NA	NA	NA	NA

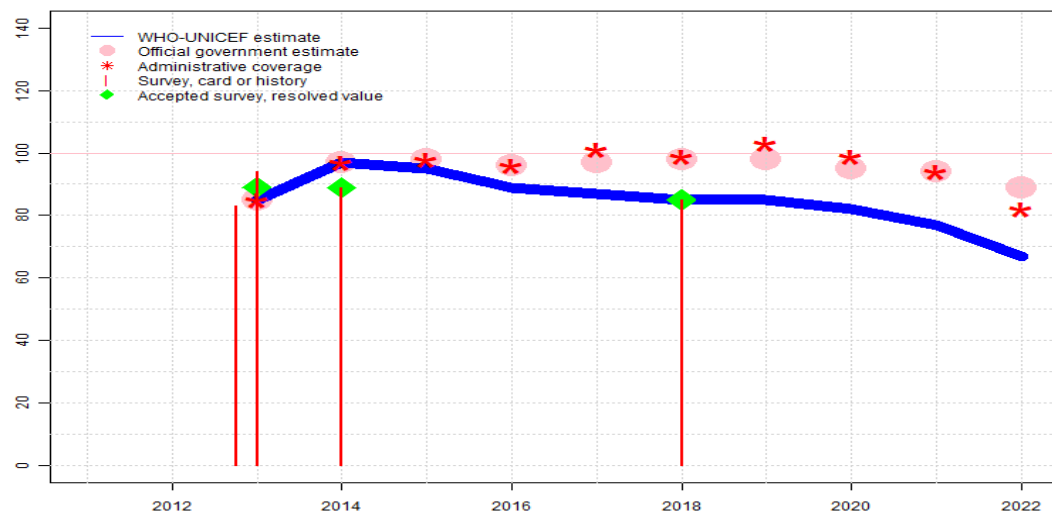
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

United Republic of Tanzania - RotaC

TZA - RotaC



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	85	97	95	89	87	85	85	82	77	67
Estimate GoC	NA	NA	●●●	●●●	●	●	●	●	●	●	●	●
Official	NA	NA	85	97	98	96	97	98	98	95	94	89
Administrative	NA	NA	85	97	98	96	101	99	103	99	94	82
Survey	NA	NA	*	89	NA	NA	NA	85	NA	NA	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

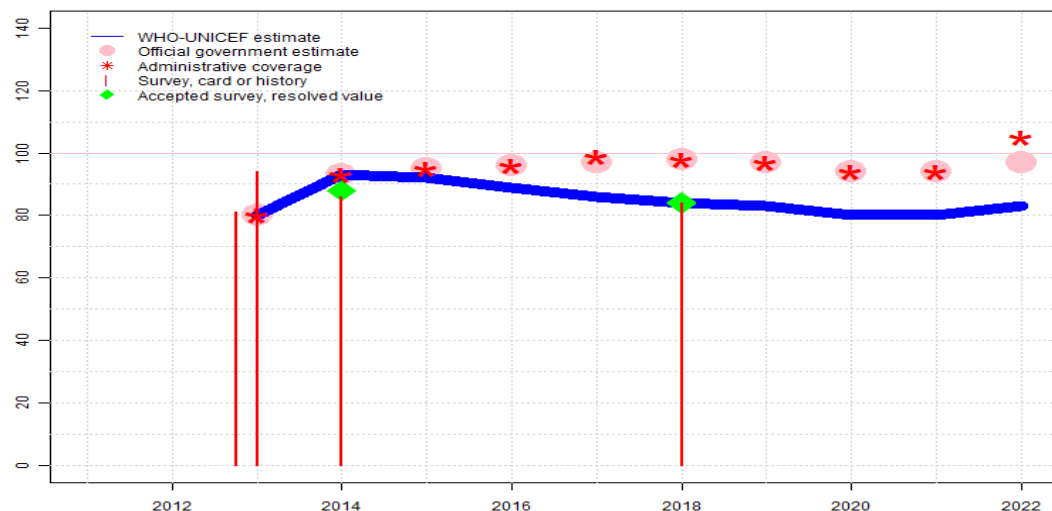
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

Description:

- 2022: Estimated coverage based on the relative difference in administrative coverage between 2021 and 2022 applied to the 2021 estimated coverage. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Programme reported three months vaccine stockout at national and subnational levels. Estimate challenged by: D-R-
- 2021: The 2021 coverage estimate is based on the difference between administrative coverage between 2020 and 2021 applied to the 2020 estimated coverage. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. WHO and UNICEF note the discrepant patterns suggested by the trend in reported data and the lower coverage level suggested by the survey. Estimate challenged by: D-R-
- 2018: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 85 percent based on 1 survey(s). Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). GoC=R+ S+ D+
- 2013: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 2 survey(s). Rotavirus vaccine introduced nationally in January 2013. GoC=R+ S+ D+

United Republic of Tanzania - PcV3

TZA - PcV3



Description:

- 2022: Reported data calibrated to 2018 levels. WHO and UNICEF are aware of an ongoing Demographic and Health Survey (DHS) and await the final results. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2018 levels. Decline in doses administered for most vaccines between 2020 and 2021 is not reflected in reported official coverage. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2018 levels. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2018 levels. Country notes a transition from use of the DVDMT to the Vaccine Information Management System (VIMS) for recording and reporting routine immunization data. WHO and UNICEF note the discrepant patterns suggested by the trend in reported data and the lower coverage level suggested by the survey. Estimate challenged by: R-
- 2018: Survey evidence does not support reported data. Estimate based on survey results. Survey evidence of 84 percent based on 1 survey(s). Estimate challenged by: R-
- 2017: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2016: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2015: Reported data calibrated to 2014 and 2018 levels. Estimate challenged by: R-
- 2014: Estimate informed by reported data supported by survey. Survey evidence of 88 percent based on 1 survey(s). Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 86 percent modified for recall bias to 88 percent based on 1st dose card or history coverage of 95 percent, 1st dose card only coverage of 82 percent and 3rd dose card only coverage of 76 percent. GoC=R+ S+ D+
- 2013: Estimate informed by reported data. Post Integrated Measles Rubella Campaign Evaluation and Routine Immunization Coverage Survey 2014 results ignored by working group. Survey results likely include children vaccinated outside of the target population during the vaccine introduction period. Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 results ignored by working group. Survey results likely include children vaccinated outside of the target population during the vaccine introduction period. Tanzania Demographic and Health and Malaria Indicator Survey 2015-16 card or history results of 81 percent modified for recall bias to 84 percent based on 1st dose card or history coverage of 88 percent, 1st dose card only coverage of 65 percent and 3rd dose card only coverage of 62 percent. Pneumococcal conjugate vaccine introduced nationally in January 2013. GoC=R+ S+ D+

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Estimate	NA	NA	80	93	92	89	86	84	83	80	80	83
Estimate GoC	NA	NA	●●●	●●●	●	●	●	●	●	●	●	●
Official	NA	NA	80	93	95	96	97	98	97	94	94	97
Administrative	NA	NA	80	93	95	96	99	98	97	94	94	105
Survey	NA	NA	*	86	NA	NA	NA	84	NA	NA	NA	NA

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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2022 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

United Republic of Tanzania - survey details

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

2018 Tanzania Post Measles-Rubella Campaign Evaluation 2019

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	77.2	12-23 m	3394	85
BCG	Card or History	91.2	12-23 m	4002	85
DTP1	Card	78.4	12-23 m	3452	85
DTP1	Card or History	90.7	12-23 m	3975	85
DTP3	Card	76.3	12-23 m	3347	85
DTP3	Card or History	89.4	12-23 m	3915	85
HepB1	Card	78.4	12-23 m	3452	85
HepB1	Card or History	90.7	12-23 m	3975	85
HepB3	Card	76.3	12-23 m	3452	85
HepB3	Card or History	89.4	12-23 m	3975	85
Hib1	Card	78.4	12-23 m	3452	85
Hib1	Card or History	90.7	12-23 m	3975	85
Hib3	Card	76.3	12-23 m	3452	85
Hib3	Card or History	89.4	12-23 m	3975	85
MCV1	Card	75.1	12-23 m	3298	85
MCV1	Card or History	88.2	12-23 m	3866	85
PCV1	Card	75.2	12-23 m	3298	85
PCV1	Card or History	86.4	12-23 m	3781	85
PCV3	Card	73	12-23 m	3189	85
PCV3	Card or History	84.2	12-23 m	3672	85
Pol1	Card	73.8	12-23 m	3230	85
Pol1	Card or History	87.5	12-23 m	3827	85
Pol3	Card	69.2	12-23 m	3043	85
Pol3	Card or History	83	12-23 m	3640	85

RotaC	Card	73.9	12-23 m	3229	85
RotaC	Card or History	85	12-23 m	3706	85

2014 Tanzania Demographic and Health and Malaria Indicator Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	95.6	12-23 m	2134	84
BCG	Card	82.7	12-23 m	1797	84
BCG	Card or History	96	12-23 m	2134	84
DTP1	C or H <12 months	96.6	12-23 m	2134	84
DTP1	Card	83.6	12-23 m	1797	84
DTP1	Card or History	97	12-23 m	2134	84
DTP3	C or H <12 months	87.7	12-23 m	2134	84
DTP3	Card	78.4	12-23 m	1797	84
DTP3	Card or History	89	12-23 m	2134	84
HepB1	C or H <12 months	96.6	12-23 m	2134	84
HepB1	Card	83.6	12-23 m	1797	84
HepB1	Card or History	97	12-23 m	2134	84
HepB3	C or H <12 months	87.7	12-23 m	2134	84
HepB3	Card	78.4	12-23 m	1797	84
HepB3	Card or History	89	12-23 m	2134	84
Hib1	C or H <12 months	96.6	12-23 m	2134	84
Hib1	Card	83.6	12-23 m	1797	84
Hib1	Card or History	97	12-23 m	2134	84
Hib3	C or H <12 months	87.7	12-23 m	2134	84
Hib3	Card	78.4	12-23 m	1797	84
Hib3	Card or History	89	12-23 m	2134	84
MCV1	C or H <12 months	78	12-23 m	2134	84
MCV1	Card	74.4	12-23 m	1797	84
MCV1	Card or History	86	12-23 m	2134	84
MCV2	C or H <12 months	28.7	24-35 m	1817	84
MCV2	Card	24.1	24-35 m	1280	84
MCV2	Card or History	31.5	24-35 m	1817	84
PCV1	C or H <12 months	94.9	12-23 m	2134	84
PCV1	Card	82.4	12-23 m	1797	84
PCV1	Card or History	95.3	12-23 m	2134	84
PCV3	C or H <12 months	84.5	12-23 m	2134	84
PCV3	Card	75.6	12-23 m	1797	84

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PCV3	Card or History	86.1	12-23 m	2134	84
Pol1	C or H <12 months	96.2	12-23 m	2134	84
Pol1	Card	83.3	12-23 m	1797	84
Pol1	Card or History	96.5	12-23 m	2134	84
Pol3	C or H <12 months	81.5	12-23 m	2134	84
Pol3	Card	76.4	12-23 m	1797	84
Pol3	Card or History	82.5	12-23 m	2134	84
RotaC	C or H <12 months	88.4	12-23 m	2134	84
RotaC	Card	77.7	12-23 m	1797	84
RotaC	Card or History	89.4	12-23 m	2134	84

2013 Post Integrated Measles Rubella Campaign Evaluation and Routine Immunization Coverage Survey 2014

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card	84.8	12-23 m	9674	84
BCG	Card or History	98.3	12-23 m	9674	84
BCG	Scar	95.8	12-23 m	9674	84
DTP1	Card	83.5	12-23 m	9674	84
DTP1	Card or History	98.3	12-23 m	9674	84
DTP3	Card	83.2	12-23 m	9674	84
DTP3	Card or History	96.5	12-23 m	9674	84
HepB3	Card	83.2	12-23 m	9674	84
HepB3	Card or History	96.5	12-23 m	9674	84
Hib3	Card	83.2	12-23 m	9674	84
Hib3	Card or History	96.5	12-23 m	9674	84
MCV1	Card	80.4	12-23 m	9674	84
MCV1	Card or History	93.5	12-23 m	9674	84
PcV3	Card	80.7	12-23 m	9674	84
PcV3	Card or History	93.9	12-23 m	9674	84
Pol3	Card	81.7	12-23 m	9674	84
Pol3	Card or History	94.9	12-23 m	9674	84
RotaC	Card	80.5	12-23 m	9674	84
RotaC	Card or History	93.9	12-23 m	9674	84

2013 Tanzania Demographic and Health and Malaria Indicator Survey 2015-2016

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.4	24-35 m	1817	84
BCG	Card	69.5	24-35 m	1280	84
BCG	Card or History	95.7	24-35 m	1817	84
DTP1	C or H <12 months	95.2	24-35 m	1817	84
DTP1	Card	70.2	24-35 m	1280	84
DTP1	Card or History	95.9	24-35 m	1817	84
DTP3	C or H <12 months	86.1	24-35 m	1817	84
DTP3	Card	68	24-35 m	1280	84
DTP3	Card or History	88.3	24-35 m	1817	84
HepB1	C or H <12 months	95.2	24-35 m	1817	84
HepB1	Card	70.2	24-35 m	1280	84
HepB1	Card or History	95.9	24-35 m	1817	84
HepB3	C or H <12 months	86.1	24-35 m	1817	84
HepB3	Card	68	24-35 m	1280	84
HepB3	Card or History	88.3	24-35 m	1817	84
Hib1	C or H <12 months	95.2	24-35 m	1817	84
Hib1	Card	70.2	24-35 m	1280	84
Hib1	Card or History	95.9	24-35 m	1817	84
Hib3	C or H <12 months	86.1	24-35 m	1817	84
Hib3	Card	68	24-35 m	1280	84
Hib3	Card or History	88.3	24-35 m	1817	84
MCV1	C or H <12 months	79.8	24-35 m	1817	84
MCV1	Card	66.7	24-35 m	1280	84
MCV1	Card or History	90.4	24-35 m	1817	84
PCV1	C or H <12 months	87.4	24-35 m	1817	84
PCV1	Card	65	24-35 m	1280	84
PCV1	Card or History	88.2	24-35 m	1817	84
PCV3	C or H <12 months	78.9	24-35 m	1817	84
PCV3	Card	62.2	24-35 m	1280	84
PCV3	Card or History	81.1	24-35 m	1817	84
Pol1	C or H <12 months	94.3	24-35 m	1817	84
Pol1	Card	69.7	24-35 m	1280	84
Pol1	Card or History	95.1	24-35 m	1817	84
Pol3	C or H <12 months	75.9	24-35 m	1817	84
Pol3	Card	66.3	24-35 m	1280	84
Pol3	Card or History	78	24-35 m	1817	84
RotaC	C or H <12 months	80.6	24-35 m	1817	84
RotaC	Card	61.8	24-35 m	1280	84

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RotaC	Card or History	82.8	24-35 m	1817	84
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2010 Integrated Measles and Routine Immunization: Post Campaign Coverage Evaluation Survey 2011

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	Card or History	98.6	12-23 m	9132	76
DTP1	Card or History	97.1	12-23 m	9132	76
DTP3	Card or History	95.1	12-23 m	9132	76
HepB1	Card or History	97.1	12-23 m	9132	76
HepB3	Card or History	95.1	12-23 m	9132	76
Hib1	Card or History	97.1	12-23 m	9132	76
Hib3	Card or History	95.1	12-23 m	9132	76
MCV1	Card or History	95.1	12-23 m	9132	76
Pol1	Card or History	96.6	12-23 m	9132	76
Pol3	Card or History	91.9	12-23 m	9132	76

2009 Tanzania Demographic and Health Survey 2010

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	94.9	12-23 m	1576	84
BCG	Card	82.3	12-23 m	1576	84
BCG	Card or History	95.5	12-23 m	1576	84
BCG	History	13.2	12-23 m	1576	84
DTP1	C or H <12 months	95.2	12-23 m	1576	84
DTP1	Card	82.8	12-23 m	1576	84
DTP1	Card or History	95.7	12-23 m	1576	84
DTP1	History	13	12-23 m	1576	84
DTP3	C or H <12 months	86.1	12-23 m	1576	84
DTP3	Card	77.6	12-23 m	1576	84
DTP3	Card or History	88	12-23 m	1576	84
DTP3	History	10.4	12-23 m	1576	84
HepB1	C or H <12 months	95.2	12-23 m	1576	84
HepB1	Card	82.8	12-23 m	1576	84
HepB1	Card or History	95.7	12-23 m	1576	84
HepB1	History	13	12-23 m	1576	84
HepB3	C or H <12 months	86.1	12-23 m	1576	84

HepB3	Card	77.6	12-23 m	1576	84
HepB3	Card or History	88	12-23 m	1576	84
HepB3	History	10.4	12-23 m	1576	84
Hib1	C or H <12 months	95.2	12-23 m	1576	84
Hib1	Card	82.8	12-23 m	1576	84
Hib1	Card or History	95.7	12-23 m	1576	84
Hib1	History	13	12-23 m	1576	84
Hib3	C or H <12 months	86.1	12-23 m	1576	84
Hib3	Card	77.6	12-23 m	1576	84
Hib3	Card or History	88	12-23 m	1576	84
Hib3	History	10.4	12-23 m	1576	84
MCV1	C or H <12 months	74.6	12-23 m	1576	84
MCV1	Card	73	12-23 m	1576	84
MCV1	Card or History	84.5	12-23 m	1576	84
MCV1	History	11.5	12-23 m	1576	84
Pol1	C or H <12 months	95.8	12-23 m	1576	84
Pol1	Card	83.7	12-23 m	1576	84
Pol1	Card or History	96.6	12-23 m	1576	84
Pol1	History	12.9	12-23 m	1576	84
Pol3	C or H <12 months	82.4	12-23 m	1576	84
Pol3	Card	77.7	12-23 m	1576	84
Pol3	Card or History	84.9	12-23 m	1576	84
Pol3	History	7.2	12-23 m	1576	84

2003 Tanzania Demographic and Health Survey 2004-2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Cards seen
BCG	C or H <12 months	91.1	12-23 m	1658	79
BCG	Card	75.3	12-23 m	1658	79
BCG	Card or history	91.4	12-23 m	1658	79
BCG	History	16.1	12-23 m	1658	79
DTP1	C or H <12 months	92.6	12-23 m	1658	79
DTP1	Card	77.3	12-23 m	1658	79
DTP1	Card or history	93.3	12-23 m	1658	79
DTP1	History	16.1	12-23 m	1658	79
DTP3	C or H <12 months	83.7	12-23 m	1658	79
DTP3	Card	72.6	12-23 m	1658	79
DTP3	Card or history	85.9	12-23 m	1658	79
DTP3	History	13.3	12-23 m	1658	79

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HepB1	C or H <12 months	92.6	12-23 m	1658	79	BCG	C or H <12 months	92	12-23 m	593	74
HepB1	Card	77.3	12-23 m	1658	79	BCG	Card	73.1	12-23 m	593	74
HepB1	Card or history	93.3	12-23 m	1658	79	BCG	Card or History	92.7	12-23 m	593	74
HepB1	History	16.1	12-23 m	1658	79	BCG	History	19.6	12-23 m	593	74
HepB3	C or H <12 months	83.7	12-23 m	1658	79	DTP1	C or H <12 months	91.4	12-23 m	593	74
HepB3	Card	72.6	12-23 m	1658	79	DTP1	Card	73.1	12-23 m	593	74
HepB3	Card or history	85.9	12-23 m	1658	79	DTP1	Card or History	91.9	12-23 m	593	74
HepB3	History	13.3	12-23 m	1658	79	DTP1	History	18.8	12-23 m	593	74
MCV1	C or H <12 months	70.2	12-23 m	1658	79	DTP3	C or H <12 months	77.3	12-23 m	593	74
MCV1	Card	65.8	12-23 m	1658	79	DTP3	Card	68.9	12-23 m	593	74
MCV1	Card or history	79.9	12-23 m	1658	79	DTP3	Card or History	81	12-23 m	593	74
MCV1	History	14.1	12-23 m	1658	79	DTP3	History	12.1	12-23 m	593	74
Pol1	C or H <12 months	93.5	12-23 m	1658	79	MCV1	C or H <12 months	69.3	12-23 m	593	74
Pol1	Card	77.5	12-23 m	1658	79	MCV1	Card	63.7	12-23 m	593	74
Pol1	Card or history	94.2	12-23 m	1658	79	MCV1	Card or History	78.1	12-23 m	593	74
Pol1	History	16.7	12-23 m	1658	79	MCV1	History	14.4	12-23 m	593	74
Pol3	C or H <12 months	82	12-23 m	1658	79	Pol1	C or H <12 months	92.6	12-23 m	593	74
Pol3	Card	71.9	12-23 m	1658	79	Pol1	Card	73.3	12-23 m	593	74
Pol3	Card or history	83.6	12-23 m	1658	79	Pol1	Card or History	93.1	12-23 m	593	74
Pol3	History	11.7	12-23 m	1658	79	Pol1	History	19.8	12-23 m	593	74
						Pol3	C or H <12 months	77.2	12-23 m	593	74
						Pol3	Card	67.7	12-23 m	593	74
						Pol3	Card or History	79.9	12-23 m	593	74
						Pol3	History	12.2	12-23 m	593	74

1998 Tanzania Reproductive and Child Health Survey 1999, 2000

Vaccine Confirmation method Coverage Age cohort Sample Cards seen

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Further information and estimates for previous years are available at:

<https://data.unicef.org/topic/child-health/immunization/>

<https://immunizationdata.who.int/listing.html>