

**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.

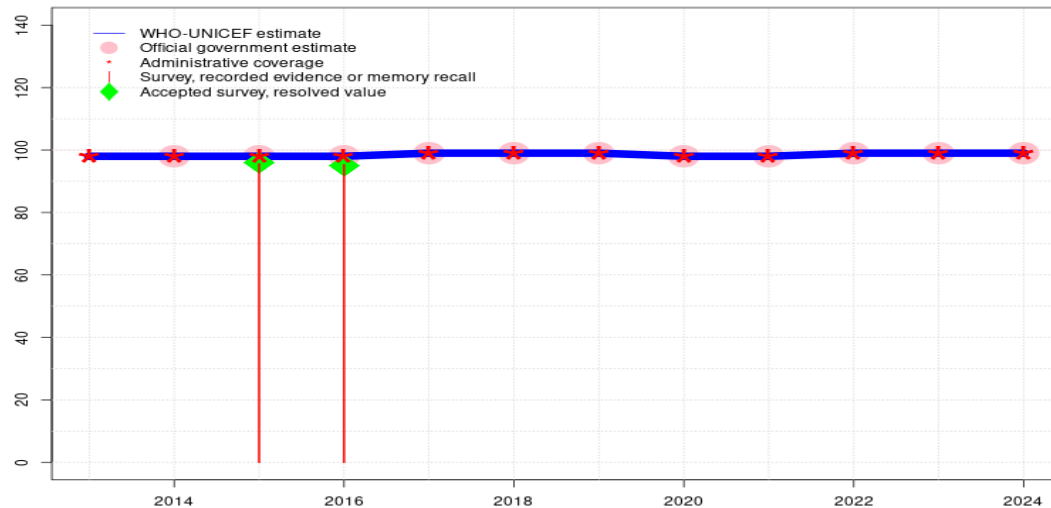
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**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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# Tajikistan - BCG

TJK - BCG



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	98	98	98	99	99	99	98	98	99	99	99
Estimate GoC	•	••	•••	•••	•	•	•	••	•	•	••	••
Official	-	98	98	98	99	99	99	98	98	99	99	99
Administrative	98	98	98	98	99	99	99	98	98	99	99	99
Survey	-	-	96	95	-	-	-	-	-	-	-	-

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.

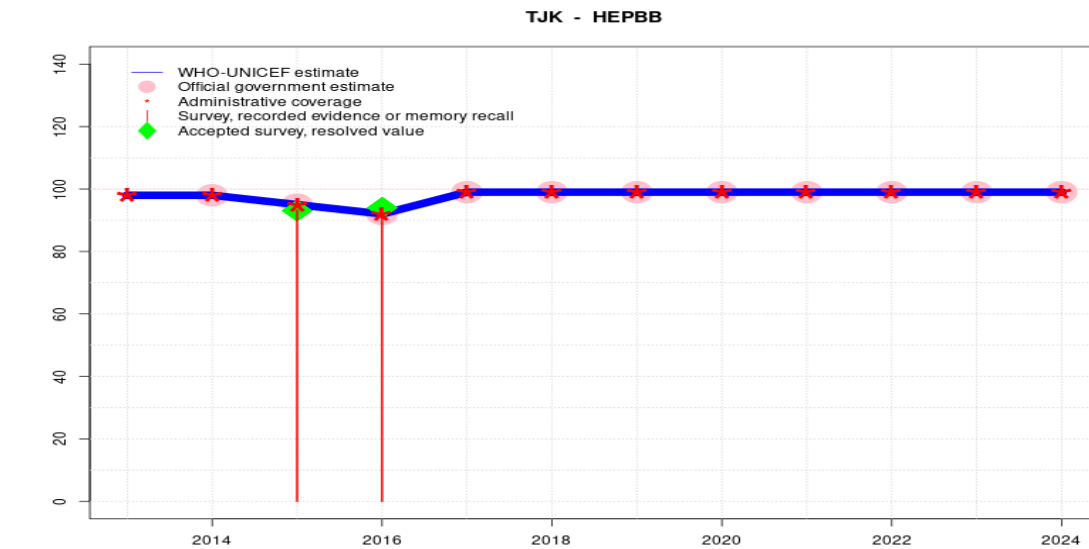
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.
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## Description:

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- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimated coverage likely an overestimate. Declines observed in numerators between 2020 and 2021 but not reflected in reported coverage. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) 2020-2021. A data review exercise conducted in 2021 suggested heterogeneity in coverage. Estimate challenged by: D-
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- 2016: Estimate informed by reported data supported by survey. Survey evidence of 95 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 96 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported administrative data. Estimate challenged by: D-

# Tajikistan - HEPBB



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	98	95	92	99	99	99	99	99	99	99	99
Estimate GoC	•	•••	•••	•••	•	•	•	••	•	••	••	••
Official	-	98	95	92	99	99	99	99	99	99	99	99
Administrative	98	98	95	92	99	99	99	99	99	99	99	99
Survey	-	-	93	94	-	-	-	-	-	-	-	-

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- 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.
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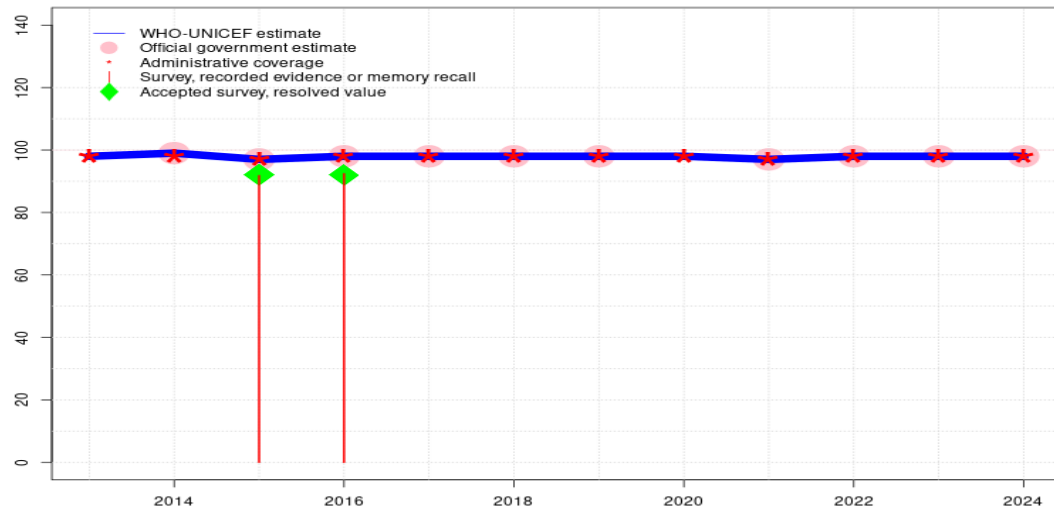
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- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 94 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 93 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported administrative data. Estimate challenged by: D-

# Tajikistan - DTP1

TJK - DTP1



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
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- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports results from vaccination coverage survey conducted in 12 rayons in October 2018 among children aged 12 to 35 months for 2016 birth cohort. Survey results consistent with high levels of access and utilization of vaccination services. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). Programme reports a vaccine stockout at the national level for two months. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 92 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Estimate of 99 percent changed from previous revision value of 98 percent. GoC=R+ S+ D+
- 2013: Estimate informed by reported administrative data. GoC=R+ S+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	98	99	97	98	98	98	98	98	97	98	98	98
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●	●●	●●	●●
Official	-	99	97	98	98	98	98	98	-	97	98	98
Administrative	98	98	97	98	98	98	98	98	97	98	98	98
Survey	-	-	92	92	-	-	-	-	-	-	-	-

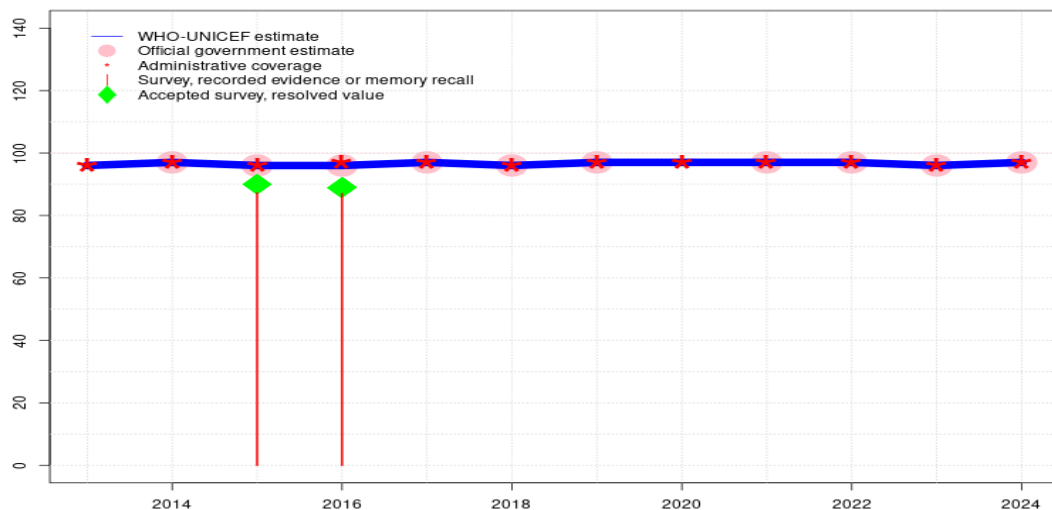
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# Tajikistan - DTP3

TJK - DTP3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	97	96	96	97	96	97	97	97	97	96	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●	●	●●	●●
Official	-	97	96	96	97	96	97	-	97	97	96	97
Administrative	96	97	96	97	97	96	97	97	97	97	96	97
Survey	-	-	87	87	-	-	-	-	-	-	-	-

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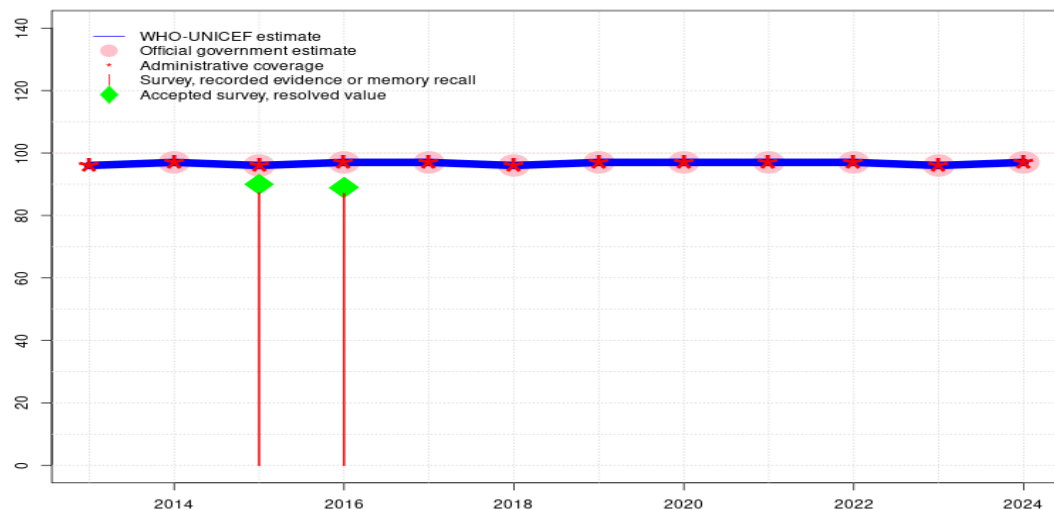
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# Tajikistan - HEPB3

TJK - HEPB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	97	96	97	97	96	97	97	97	97	96	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●	●	●●	●●
Official	-	97	96	97	97	96	97	97	97	97	96	97
Administrative	96	97	96	97	97	96	97	97	97	97	96	97
Survey	-	-	87	87	-	-	-	-	-	-	-	-

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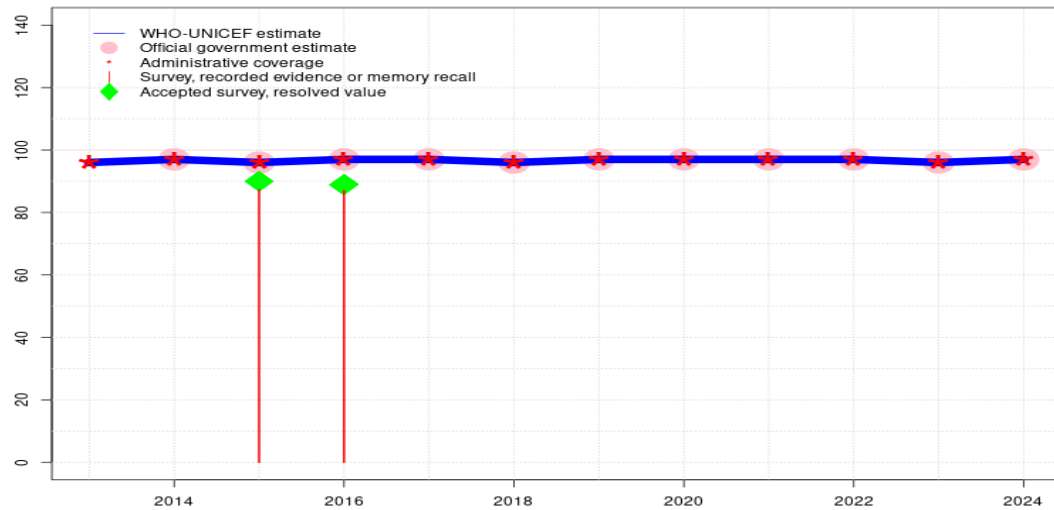
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# Tajikistan - HIB3

TJK - HIB3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	96	97	96	97	97	96	97	97	97	97	96	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●	●	●●	●●
Official	-	97	96	97	97	96	97	97	97	97	96	97
Administrative	96	97	96	97	97	96	97	97	97	97	96	97
Survey	-	-	87	87	-	-	-	-	-	-	-	-

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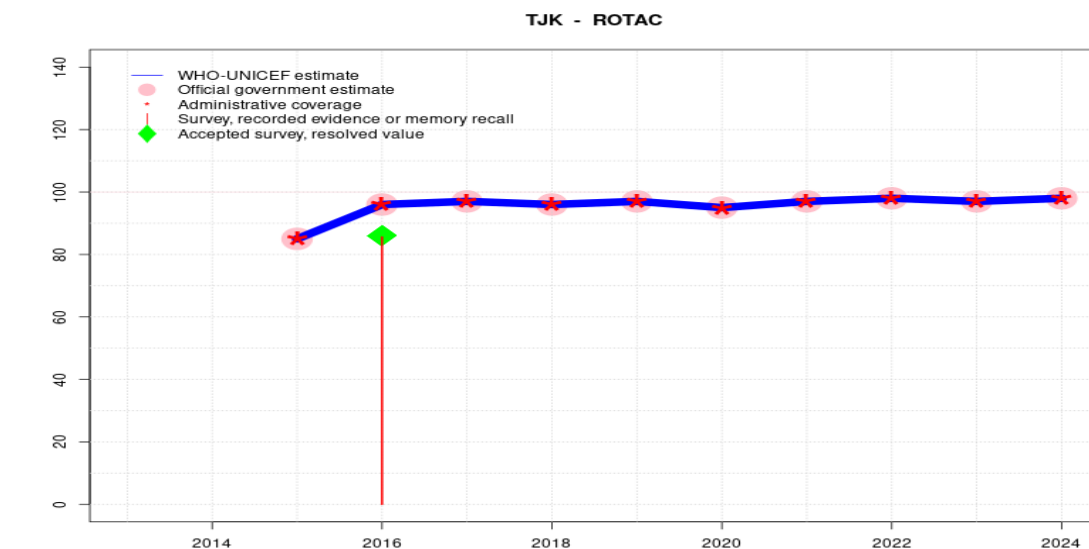
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- 2017: Estimate informed by reported data. Estimate of 97 percent changed from previous revision value of 96 percent. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tajikistan Demographic and Health Survey 2017 record or recall results of 87 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 83 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 90 percent based on 1 survey(s). Tajikistan Demographic and Health Survey 2017 record or recall results of 87 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 83 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. GoC=R+ S+ D+
- 2013: Estimate informed by reported administrative data. GoC=R+ S+ D+



# Tajikistan - ROTAC



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimated coverage likely an overestimate. Declines observed in numerators between 2020 and 2021 but not reflected in reported coverage. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) 2020-2021. A data review exercise conducted in 2021 suggested heterogeneity in coverage. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports results from vaccination coverage survey conducted in 12 rayons in October 2018 among children aged 12 to 35 months for 2016 birth cohort. Survey results consistent with high levels of access and utilization of vaccination services. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. Estimate challenged by: S-
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 86 percent based on 1 survey(s). GoC=R+ S+ D+
- 2015: Estimate informed by reported data. Rotavirus vaccine introduced in January 2015. GoC=R+ S+ D+

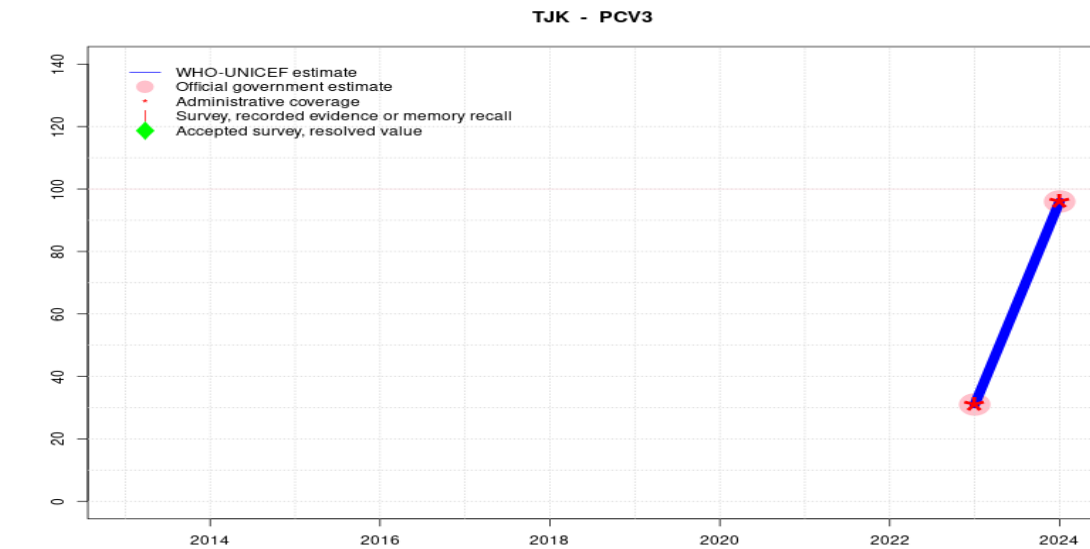
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	85	96	97	96	97	95	97	98	97	98
Estimate GoC	-	-	●●●	●●●	●	●●●	●●	●●	●	●	●●	●●
Official	-	-	85	96	97	96	97	95	97	98	97	98
Administrative	-	-	85	96	97	96	97	95	97	98	97	98
Survey	-	-	-	86	-	-	-	-	-	-	-	-

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.

# Tajikistan - PCV3



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Pneumococcal conjugate vaccine introduced in late 2022 . Vaccine recommended for administration at 2 months, 4 months and 12 months. Reported coverage reflects that for the booster dose at 12 months. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	-	31	96
Estimate GoC	-	-	-	-	-	-	-	-	-	-	●●	●●
Official	-	-	-	-	-	-	-	-	-	-	31	96
Administrative	-	-	-	-	-	-	-	-	-	-	31	96
Survey	-	-	-	-	-	-	-	-	-	-	-	-

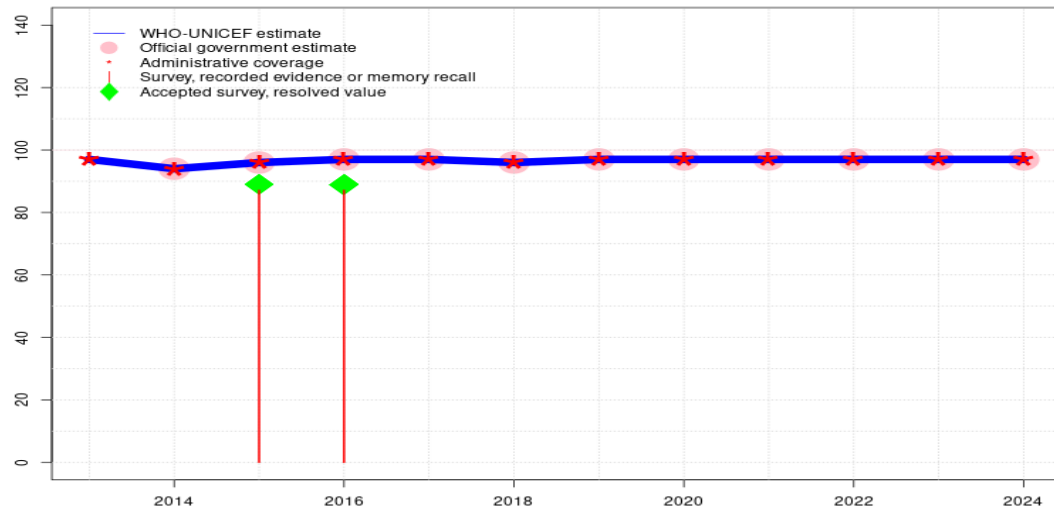
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Tajikistan - POL3

TJK - POL3



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	94	96	97	97	96	97	97	97	97	97	97
Estimate GoC	●●●	●●●	●●●	●●●	●●●	●●●	●●	●●	●	●●	●●	●●
Official	-	94	96	97	97	96	97	97	97	97	97	97
Administrative	97	94	96	97	97	96	97	97	97	97	97	97
Survey	-	-	87	87	-	-	-	-	-	-	-	-

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.

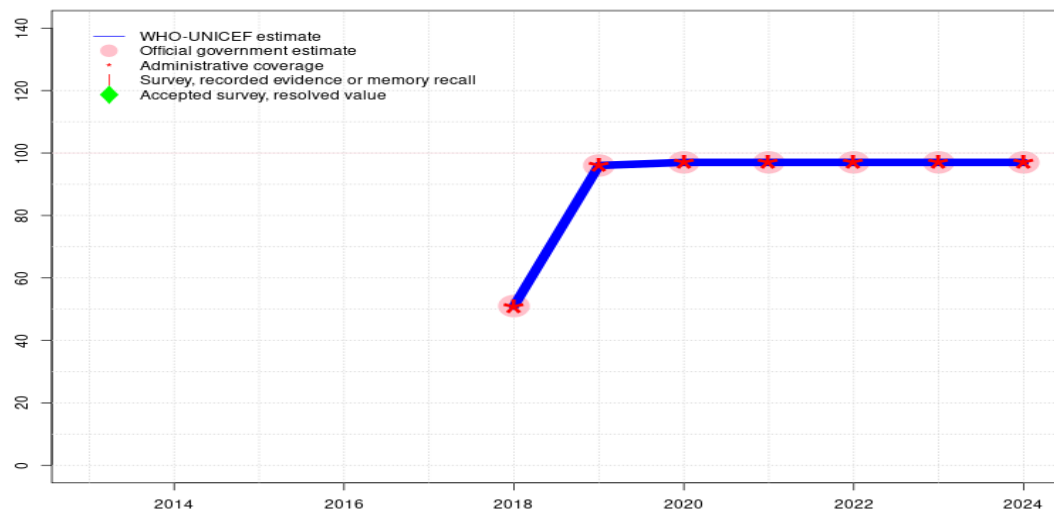
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage likely an overestimate. Declines observed in numerators between 2020 and 2021 but not reflected in reported coverage. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) 2020-2021. A data review exercise conducted in 2021 suggested heterogeneity in coverage. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports results from vaccination coverage survey conducted in 12 rayons in October 2018 among children aged 12 to 35 months for 2016 birth cohort. Survey results consistent with high levels of access and utilization of vaccination services. GoC=R+ S+ D+
- 2017: Estimate informed by reported data. GoC=R+ S+ D+
- 2016: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tajikistan Demographic and Health Survey 2017 record or recall results of 87 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 87 percent and 3rd dose record only coverage of 84 percent. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 89 percent based on 1 survey(s). Tajikistan Demographic and Health Survey 2017 record or recall results of 87 percent modified for recall bias to 89 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 86 percent and 3rd dose record only coverage of 83 percent. GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Programme reports one month stockout at national level. GoC=R+ S+ D+
- 2013: Estimate informed by reported administrative data. GoC=R+ S+ D+

# Tajikistan - IPV1

TJK - IPV1



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. GoC=R+ D+
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage likely an overestimate. Declines observed in numerators between 2020 and 2021 but not reflected in reported coverage. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) 2020-2021. A data review exercise conducted in 2021 suggested heterogeneity in coverage. Estimate challenged by: D-
- 2020: Estimate informed by reported data. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate informed by reported data following introduction. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports results from vaccination coverage survey conducted in 12 rayons in October 2018 among children aged 12 to 35 months for 2016 birth cohort. Survey results consistent with high levels of access and utilization of vaccination services. Inactivated polio vaccine introduced in July 2018. GoC=R+ D+

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	51	96	97	97	97	97	97
Estimate GoC	-	-	-	-	-	••	••	••	•	••	••	••
Official	-	-	-	-	-	51	96	97	97	97	97	97
Administrative	-	-	-	-	-	51	96	97	97	97	97	97
Survey	-	-	-	-	-	-	-	-	-	-	-	-

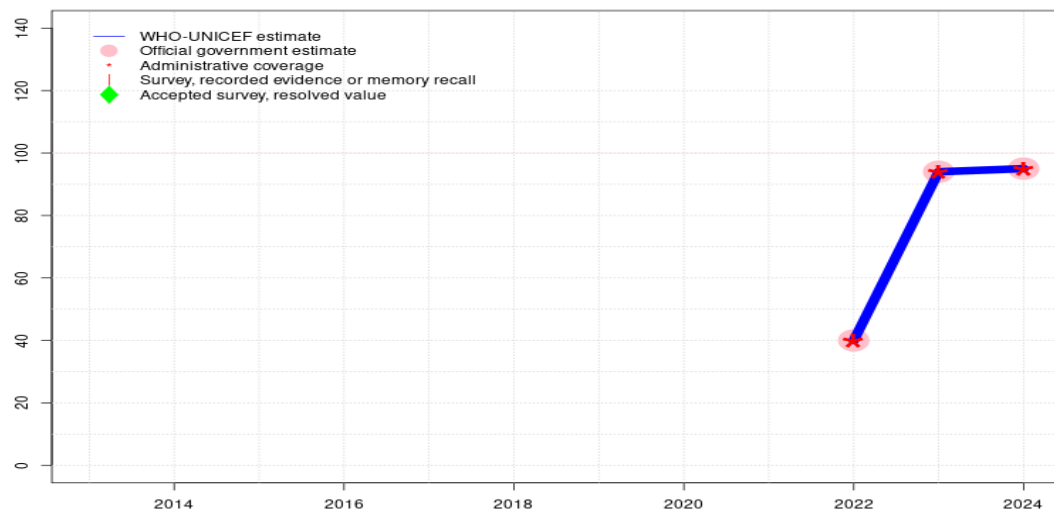
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

# Tajikistan - IPV2

TJK - IPV2



## Description:

2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+

2023: Estimate informed by reported data. GoC=R+ D+

2022: Estimate informed by reported data. Second dose of inactivated polio vaccine introduced in 2022. GoC=R+ D+

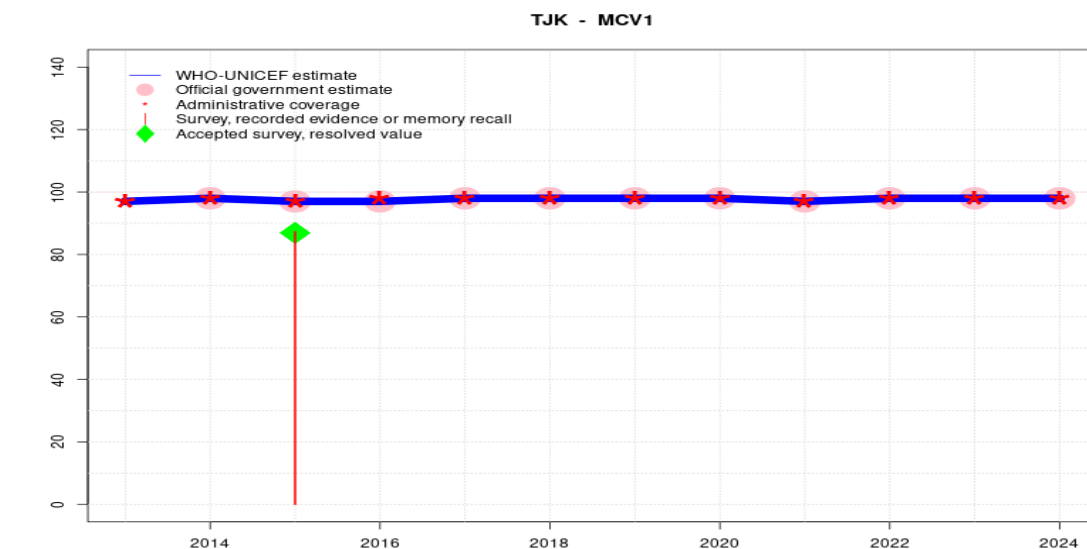
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	-	-	-	-	-	-	-	-	-	40	94	95
Estimate GoC	-	-	-	-	-	-	-	-	-	●●	●●	●●
Official	-	-	-	-	-	-	-	-	-	40	94	95
Administrative	-	-	-	-	-	-	-	-	-	40	94	95
Survey	-	-	-	-	-	-	-	-	-	-	-	-

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.

# Tajikistan - MCV1



## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. Estimate challenged by: D-
- 2021: Estimate informed by reported data. Estimated coverage likely an overestimate. Declines observed in numerators between 2020 and 2021 but not reflected in reported coverage. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) 2020-2021. A data review exercise conducted in 2021 suggested heterogeneity in coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. GoC=R+ D+
- 2019: Estimate informed by reported data. GoC=R+ D+
- 2018: Estimate informed by reported data. Programme reports results from vaccination coverage survey conducted in 12 rayons in October 2018 among children aged 12 to 35 months for 2016 birth cohort. Survey results consistent with high levels of access and utilization of vaccination services. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: S-
- 2016: Estimate informed by reported data. GoC=R+ S+ D+
- 2015: Estimate informed by reported data supported by survey. Survey evidence of 87 percent based on 1 survey(s). GoC=R+ S+ D+
- 2014: Estimate informed by reported data. Estimate challenged by: D-S-
- 2013: Estimate informed by reported administrative data. Estimate challenged by: D-

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	98	97	97	98	98	98	98	97	98	98	98
Estimate GoC	•	•	•••	•••	•	•	••	••	••	•	•	••
Official	-	98	97	97	98	98	98	98	97	98	98	98
Administrative	97	98	97	98	98	98	98	98	97	98	98	98
Survey	-	-	87	-	-	-	-	-	-	-	-	-

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.

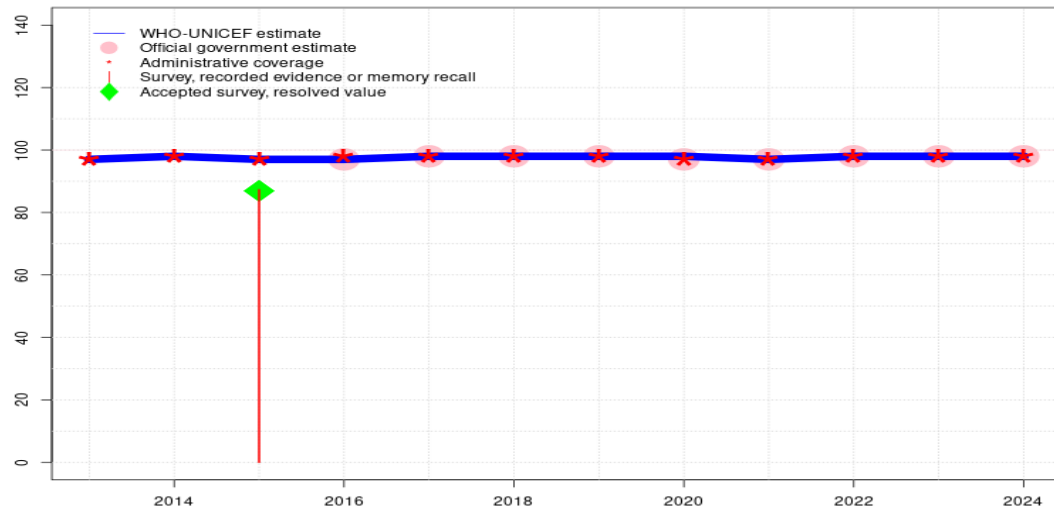
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk 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.



# Tajikistan - RCV1

TJK - RCV1



## Description:

- 2024: Estimate based on estimated MCV1. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2022: Estimate based on estimated MCV1. Estimate challenged by: D-
- 2021: Estimate based on estimated MCV1. Estimated coverage likely an overestimate. Declines observed in numerators between 2020 and 2021 but not reflected in reported coverage. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) 2020-2021. A data review exercise conducted in 2021 suggested heterogeneity in coverage. GoC=R+ D+
- 2020: Estimate based on estimated MCV1. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. GoC=R+ D+
- 2019: Estimate based on estimated MCV1. GoC=R+ D+
- 2018: Estimate based on estimated MCV1. Programme reports results from vaccination coverage survey conducted in 12 rayons in October 2018 among children aged 12 to 35 months for 2016 birth cohort. Survey results consistent with high levels of access and utilization of vaccination services. Estimate challenged by: D-
- 2017: Estimate based on estimated MCV1. Estimate challenged by: S-
- 2016: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2015: Estimate based on estimated MCV1. GoC=R+ S+ D+
- 2014: Estimate based on estimated MCV1. Estimate challenged by: D-S-
- 2013: Estimate based on estimated MCV1. Estimate challenged by: D-

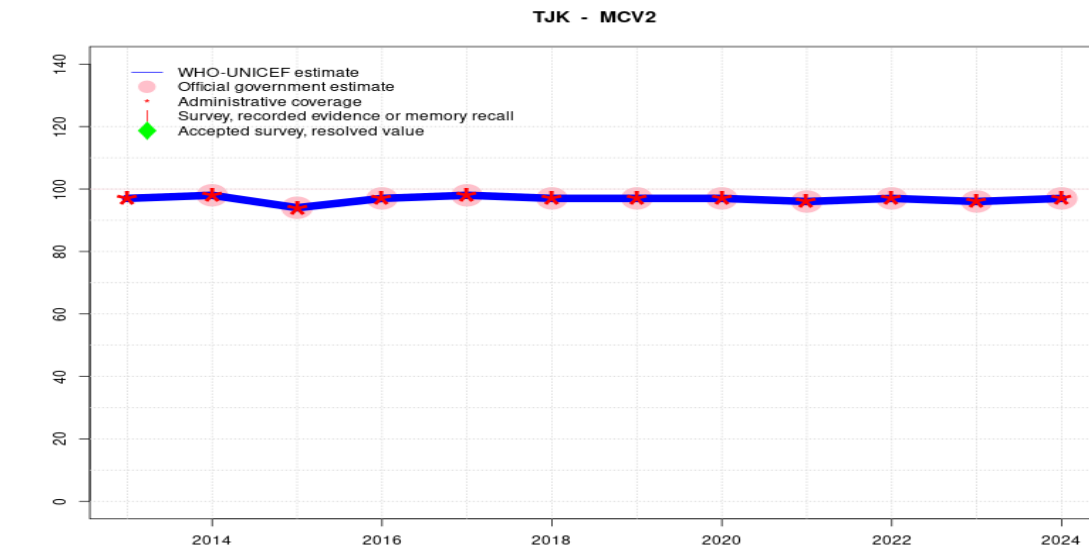
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	98	97	97	98	98	98	98	97	98	98	98
Estimate GoC	●	●	●●	●●	●	●	●●	●●	●●	●	●	●●
Official	-	-	-	97	98	98	98	97	97	98	98	98
Administrative	97	98	97	98	98	98	98	97	97	98	98	98
Survey	-	-	87	-	-	-	-	-	-	-	-	-

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.

# Tajikistan - MCV2



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Estimate	97	98	94	97	98	97	97	97	96	97	96	97
Estimate GoC	●	●	●	●	●	●	●	●●	●●	●●	●	●●
Official	-	98	94	97	98	97	97	97	96	97	96	97
Administrative	97	98	94	97	98	97	97	97	96	97	96	97
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.

## Description:

- 2024: Estimate informed by reported data. No nationally representative household survey for the most recent 5 annual birth cohorts. WHO and UNICEF recommend a high-quality survey to verify reported levels of coverage. GoC=R+ D+
- 2023: Estimate informed by reported data. Estimate challenged by: D-
- 2022: Estimate informed by reported data. GoC=R+ D+
- 2021: Estimate informed by reported data. Estimated coverage likely an overestimate. Declines observed in numerators between 2020 and 2021 but not reflected in reported coverage. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) 2020-2021. A data review exercise conducted in 2021 suggested heterogeneity in coverage. GoC=R+ D+
- 2020: Estimate informed by reported data. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. GoC=R+ D+
- 2019: Estimate informed by reported data. Estimate challenged by: D-
- 2018: Estimate informed by reported data. Programme reports results from vaccination coverage survey conducted in 12 rayons in October 2018 among children aged 12 to 35 months for 2016 birth cohort. Survey results consistent with high levels of access and utilization of vaccination services. Estimate challenged by: D-
- 2017: Estimate informed by reported data. Estimate challenged by: D-
- 2016: Estimate informed by reported data. Estimate challenged by: D-
- 2015: Estimate informed by reported data. Estimate challenged by: D-
- 2014: Estimate informed by reported data. Estimate challenged by: D-
- 2013: Estimate informed by reported administrative data. Estimate challenged by: D-

# Tajikistan - 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.

## 2016 Tajikistan Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	7.2	12-23 m	141	90
BCG	Record	88	12-23 m	1253	90
BCG	Record or Recall	95.3	12-23 m	1394	90
BCG	Record or Recall<12m	94.9	12-23 m	1394	90
DTP1	Recall	6.2	12-23 m	141	90
DTP1	Record	86.2	12-23 m	1253	90
DTP1	Record or Recall	92.4	12-23 m	1394	90
DTP1	Record or Recall<12m	92.2	12-23 m	1394	90
DTP3	Recall	4.3	12-23 m	141	90
DTP3	Record	82.7	12-23 m	1253	90
DTP3	Record or Recall	87	12-23 m	1394	90
DTP3	Record or Recall<12m	85	12-23 m	1394	90
HEPB1	Recall	6.2	12-23 m	141	90
HEPB1	Record	86.2	12-23 m	1253	90
HEPB1	Record or Recall	92.4	12-23 m	1394	90
HEPB1	Record or Recall<12m	92.2	12-23 m	1394	90
HEPB3	Recall	4.3	12-23 m	141	90
HEPB3	Record	82.7	12-23 m	1253	90
HEPB3	Record or Recall	87	12-23 m	1394	90

HEPB3	Record or Recall<12m	85	12-23 m	1394	90
HEPBB	Recall	7	12-23 m	141	90
HEPBB	Record	86.7	12-23 m	1253	90
HEPBB	Record or Recall	93.7	12-23 m	1394	90
HEPBB	Record or Recall<12m	92.1	12-23 m	1394	90
HIB1	Recall	6.2	12-23 m	141	90
HIB1	Record	86.2	12-23 m	1253	90
HIB1	Record or Recall	92.4	12-23 m	1394	90
HIB1	Record or Recall<12m	92.2	12-23 m	1394	90
HIB3	Recall	4.3	12-23 m	141	90
HIB3	Record	82.7	12-23 m	1253	90
HIB3	Record or Recall	87	12-23 m	1394	90
HIB3	Record or Recall<12m	85	12-23 m	1394	90
POL1	Recall	5.7	12-23 m	141	90
POL1	Record	86.8	12-23 m	1253	90
POL1	Record or Recall	92.4	12-23 m	1394	90
POL1	Record or Recall<12m	92.3	12-23 m	1394	90
POL3	Recall	3.5	12-23 m	141	90
POL3	Record	83.5	12-23 m	1253	90
POL3	Record or Recall	87.1	12-23 m	1394	90
POL3	Record or Recall<12m	85.3	12-23 m	1394	90
ROTAC	Recall	4.4	12-23 m	141	90
ROTAC	Record	81.2	12-23 m	1253	90
ROTAC	Record or Recall	85.6	12-23 m	1394	90
ROTAC	Record or Recall<12m	84.8	12-23 m	1394	90

## 2015 Tajikistan Demographic and Health Survey 2017

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	8.5	24-35 m	150	-
BCG	Record	87.1	24-35 m	1119	-
BCG	Record or Recall	95.6	24-35 m	1269	-
BCG	Record or Recall<12m	94.5	24-35 m	1269	-
DTP1	Recall	6.4	24-35 m	150	-
DTP1	Record	85.4	24-35 m	1119	-
DTP1	Record or Recall	91.8	24-35 m	1269	-
DTP1	Record or Recall<12m	90.3	24-35 m	1269	-
DTP3	Recall	4.3	24-35 m	150	-
DTP3	Record	82.9	24-35 m	1119	-

# Tajikistan - Survey Details

DTP3	Record or Recall	87.2	24-35 m	1269	-	2011 Tajikistan Demographic and Health Survey 2012					
DTP3	Record or Recall<12m	83.6	24-35 m	1269	-						
HEPB1	Recall	6.4	24-35 m	150	-	Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
HEPB1	Record	85.4	24-35 m	1119	-	BCG	Recall	7.6	18-29 m	103	91
HEPB1	Record or Recall	91.8	24-35 m	1269	-	BCG	Record	90.6	18-29 m	1044	91
HEPB1	Record or Recall<12m	90.3	24-35 m	1269	-	BCG	Record or Recall	98.3	18-29 m	1148	91
HEPB3	Recall	4.3	24-35 m	150	-	BCG	Record or Recall<18m	98.3	18-29 m	1148	91
HEPB3	Record	82.9	24-35 m	1119	-	DTP1	Recall	6.9	18-29 m	103	91
HEPB3	Record or Recall	87.2	24-35 m	1269	-	DTP1	Record	90.6	18-29 m	1044	91
HEPB3	Record or Recall<12m	83.6	24-35 m	1269	-	DTP1	Record or Recall	97.5	18-29 m	1148	91
HEPBB	Recall	8.1	24-35 m	150	-	DTP1	Record or Recall<18m	97.4	18-29 m	1148	91
HEPBB	Record	85.1	24-35 m	1119	-	DTP3	Recall	4.6	18-29 m	103	91
HEPBB	Record or Recall	93.2	24-35 m	1269	-	DTP3	Record	88.5	18-29 m	1044	91
HEPBB	Record or Recall<12m	91.1	24-35 m	1269	-	DTP3	Record or Recall	93.1	18-29 m	1148	91
HIB1	Recall	6.4	24-35 m	150	-	DTP3	Record or Recall<18m	91.7	18-29 m	1148	91
HIB1	Record	85.4	24-35 m	1119	-	HEPB1	Recall	6.9	18-29 m	103	91
HIB1	Record or Recall	91.8	24-35 m	1269	-	HEPB1	Record	90.6	18-29 m	1044	91
HIB1	Record or Recall<12m	90.3	24-35 m	1269	-	HEPB1	Record or Recall	97.5	18-29 m	1148	91
HIB3	Recall	4.3	24-35 m	150	-	HEPB1	Record or Recall<18m	97.4	18-29 m	1148	91
HIB3	Record	82.9	24-35 m	1119	-	HEPB3	Recall	4.6	18-29 m	103	91
HIB3	Record or Recall	87.2	24-35 m	1269	-	HEPB3	Record	88.5	18-29 m	1044	91
HIB3	Record or Recall<12m	83.6	24-35 m	1269	-	HEPB3	Record or Recall	93.1	18-29 m	1148	91
MCV1	Recall	5.7	24-35 m	150	-	HEPB3	Record or Recall<18m	91.7	18-29 m	1148	91
MCV1	Record	81.6	24-35 m	1119	-	HEPBB	Recall	5	18-29 m	103	91
MCV1	Record or Recall	87.3	24-35 m	1269	-	HEPBB	Record	88.5	18-29 m	1044	91
MCV1	Record or Recall<24m	85.3	24-35 m	1269	-	HEPBB	Record or Recall	93.4	18-29 m	1148	91
POL1	Recall	6.5	24-35 m	150	-	HEPBB	Record or Recall<18m	93.4	18-29 m	1148	91
POL1	Record	85.8	24-35 m	1119	-	HIB1	Recall	6.9	18-29 m	103	91
POL1	Record or Recall	92.3	24-35 m	1269	-	HIB1	Record	90.6	18-29 m	1044	91
POL1	Record or Recall<12m	90.9	24-35 m	1269	-	HIB1	Record or Recall	97.5	18-29 m	1148	91
POL3	Recall	3.8	24-35 m	150	-	HIB1	Record or Recall<18m	97.4	18-29 m	1148	91
POL3	Record	83.4	24-35 m	1119	-	HIB3	Recall	4.6	18-29 m	103	91
POL3	Record or Recall	87.1	24-35 m	1269	-	HIB3	Record	88.5	18-29 m	1044	91
POL3	Record or Recall<12m	84.1	24-35 m	1269	-	HIB3	Record or Recall	93.1	18-29 m	1148	91
RCV1	Recall	5.7	24-35 m	150	-	HIB3	Record or Recall<18m	91.7	18-29 m	1148	91
RCV1	Record	81.6	24-35 m	1119	-	MCV1	Recall	6.7	18-29 m	103	91
RCV1	Record or Recall	87.3	24-35 m	1269	-	MCV1	Record	88.5	18-29 m	1044	91
RCV1	Record or Recall<24m	85.3	24-35 m	1269	-	MCV1	Record or Recall	95.2	18-29 m	1148	91
						MCV1	Record or Recall<18m	91.4	18-29 m	1148	91
						POL1	Recall	6.8	18-29 m	103	91

# Tajikistan - Survey Details

POL1	Record	90.6	18-29 m	1044	91
POL1	Record or Recall	97.4	18-29 m	1148	91
POL1	Record or Recall<18m	97.3	18-29 m	1148	91
POL3	Recall	3.8	18-29 m	103	91
POL3	Record	88.5	18-29 m	1044	91
POL3	Record or Recall	92.3	18-29 m	1148	91
POL3	Record or Recall<18m	91.7	18-29 m	1148	91

## 2006 Tajikistan Living Standards Measurement Survey 2007

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Record or Recall	87.5	12-23 m	157759	-
MCV1	Record or Recall	57.3	12-23 m	157759	-
POL1	Record or Recall	83.3	12-23 m	157759	-
POL3	Record or Recall	50.3	12-23 m	157759	-

## 2004 Tajikistan Multiple Indicator Cluster Survey 2005

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	13.9	18-29 m	826	-
BCG	Record	81	18-29 m	826	-
BCG	Record or Recall	94.9	18-29 m	826	-
BCG	Record or Recall<12m	94.5	18-29 m	826	-
DTP1	Recall	11.3	18-29 m	826	-
DTP1	Record	81.6	18-29 m	826	-
DTP1	Record or Recall	93	18-29 m	826	-
DTP1	Record or Recall<12m	91	18-29 m	826	-
DTP3	Recall	6.1	18-29 m	826	-
DTP3	Record	80.2	18-29 m	826	-
DTP3	Record or Recall	86.3	18-29 m	826	-
DTP3	Record or Recall<12m	81.6	18-29 m	826	-
HEPB1	Recall	14.9	18-29 m	826	-
HEPB1	Record	70.3	18-29 m	826	-
HEPB1	Record or Recall	85.2	18-29 m	826	-
HEPB1	Record or Recall<12m	84.5	18-29 m	826	-
HEPB3	Recall	6	18-29 m	826	-
HEPB3	Record	67	18-29 m	826	-

HEPB3	Record or Recall	72.9	18-29 m	826	-
HEPB3	Record or Recall<12m	68.9	18-29 m	826	-
MCV1	Recall	14.3	18-29 m	826	-
MCV1	Record	77.8	18-29 m	826	-
MCV1	Record or Recall	92	18-29 m	826	-
MCV1	Record or Recall<12m	91.1	18-29 m	826	-
POL1	Recall	11.9	18-29 m	826	-
POL1	Record	81.2	18-29 m	826	-
POL1	Record or Recall	93.1	18-29 m	826	-
POL1	Record or Recall<12m	91.9	18-29 m	826	-
POL3	Recall	3.2	18-29 m	826	-
POL3	Record	79	18-29 m	826	-
POL3	Record or Recall	82.1	18-29 m	826	-
POL3	Record or Recall<12m	78.9	18-29 m	826	-

## 1999 Multiple Indicator Cluster Survey, Tajikistan 2000

Vaccine	Confirmation method	Coverage	Age cohort	Sample	Evidence seen
BCG	Recall	15.6	12-23 m	745	78
BCG	Record	76.2	12-23 m	745	78
BCG	Record or Recall	91.8	12-23 m	745	78
BCG	Record or Recall<12m	88.7	12-23 m	745	78
DTP1	Recall	11.4	12-23 m	745	78
DTP1	Record	76.2	12-23 m	745	78
DTP1	Record or Recall	87.6	12-23 m	745	78
DTP1	Record or Recall<12m	83.8	12-23 m	745	78
DTP3	Recall	18.1	12-23 m	745	78
DTP3	Record	74.5	12-23 m	745	78
DTP3	Record or Recall	81.9	12-23 m	745	78
DTP3	Record or Recall<12m	75.6	12-23 m	745	78
MCV1	Recall	12.1	12-23 m	745	78
MCV1	Record	66.7	12-23 m	745	78
MCV1	Record or Recall	78.8	12-23 m	745	78
MCV1	Record or Recall<12m	61.2	12-23 m	745	78
POL1	Recall	14.1	12-23 m	745	78
POL1	Record	77.6	12-23 m	745	78
POL1	Record or Recall	91.7	12-23 m	745	78
POL1	Record or Recall<12m	89.3	12-23 m	745	78
POL3	Recall	9.1	12-23 m	745	78

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POL3	Record	75.2	12-23 m	745	78		POL3	Record or Recall<12m	78.3	12-23 m	745	78
POL3	Record or Recall	84.3	12-23 m	745	78							

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