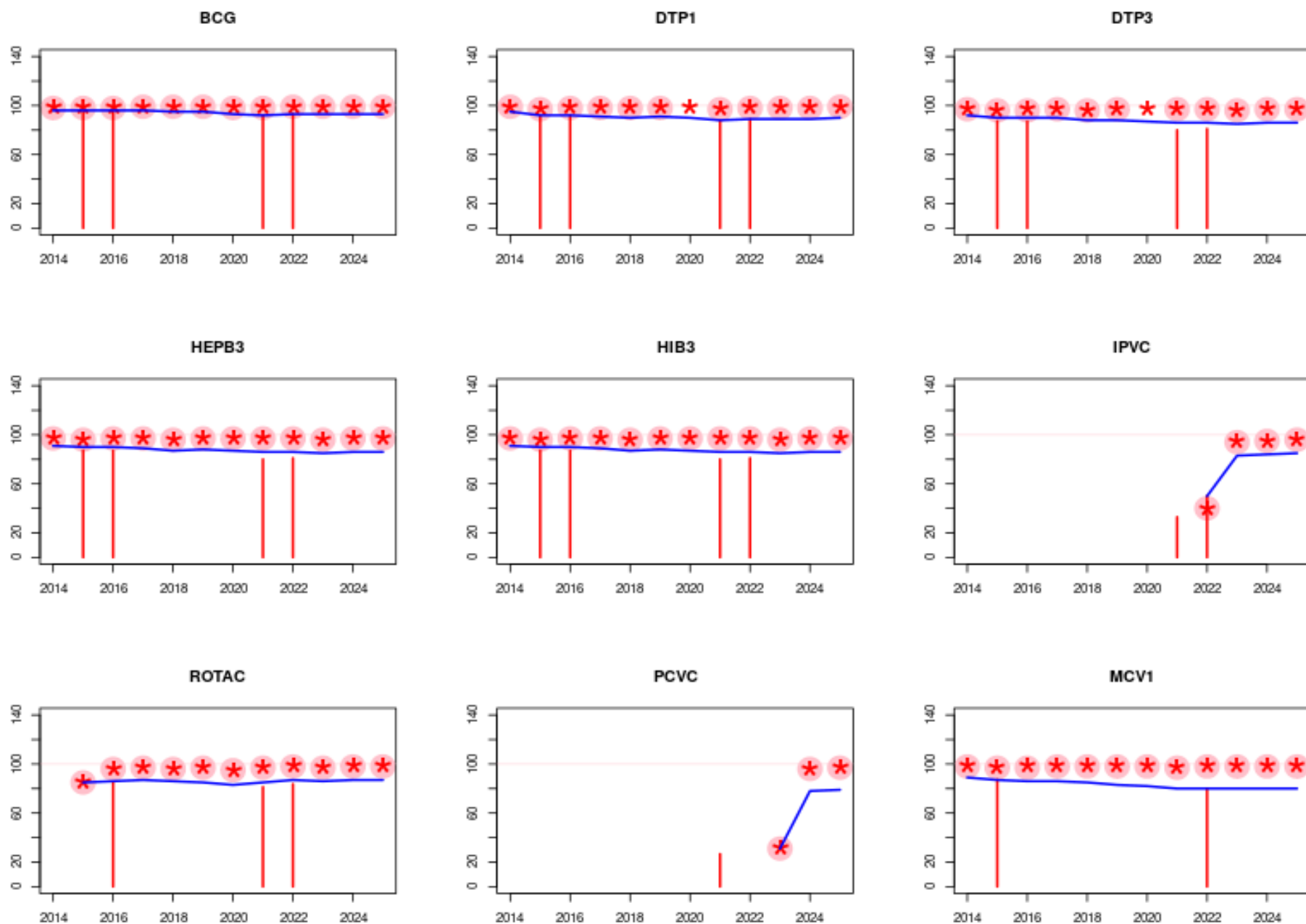




**BACKGROUND NOTE** Each year WHO and UNICEF jointly review reports submitted by Member States regarding national immunization coverage, finalized survey reports as well as data from published and grey literature. Based on these data, with due consideration to potential biases and the views of local 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. The estimates refer to immunizations delivered through routine immunization services to children less than 12 months of age, or at the age specified in the recommended immunization schedule, for whom vaccinations are recorded. Immunizations received through supplemental immunization activities, such as polio and measles campaigns, are not included.

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.

**IPV1:** percentage of surviving infants who received the first dose of inactivated polio vaccine.

**IPVC:** percentage of surviving infants who received the final recommended dose of IPV in the primary series, according to the national immunization schedule primary series (e.g., second or third dose).

**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.

**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.

**PCVC:** percentage of surviving infants who received the final recommended dose of pneumococcal conjugate vaccine according to the national immunization schedule (e.g., second or third dose).

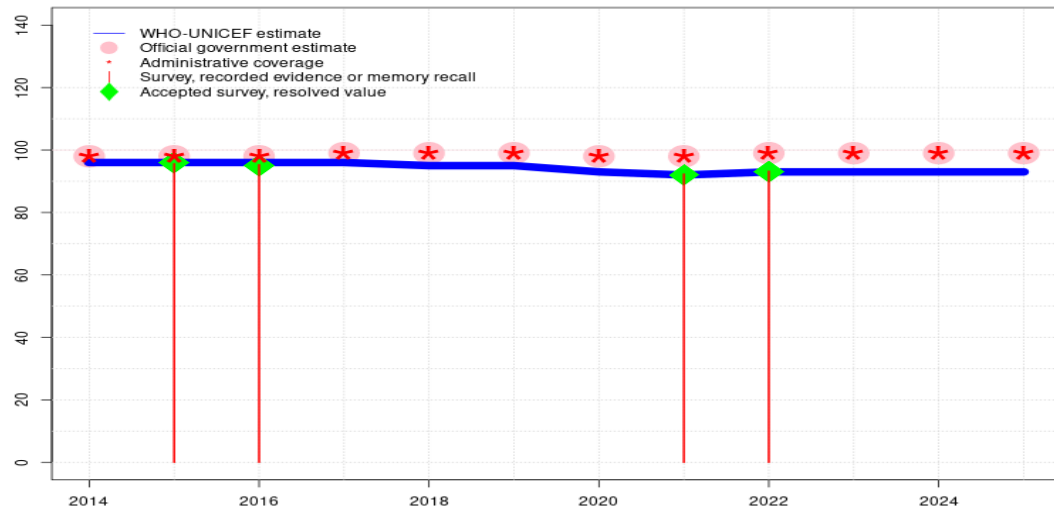
**YFV:** percentage of surviving infants who received one dose of yellow fever vaccine in countries where YFV is part of the national immunization schedule for children or is recommended in at risk areas; coverage estimates are annualized for the entire cohort of surviving infants.

**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



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 96   | 96   | 96   | 96   | 95   | 95   | 93   | 92   | 93   | 93   | 93   | 93   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 98   | 98   | 98   | 99   | 99   | 99   | 98   | 98   | 99   | 99   | 99   | 99   |
| Administrative | 98   | 98   | 98   | 99   | 99   | 99   | 98   | 98   | 99   | 99   | 99   | 99   |
| Survey         | -    | 96   | 95   | -    | -    | -    | -    | 92   | 93   | -    | -    | -    |

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.

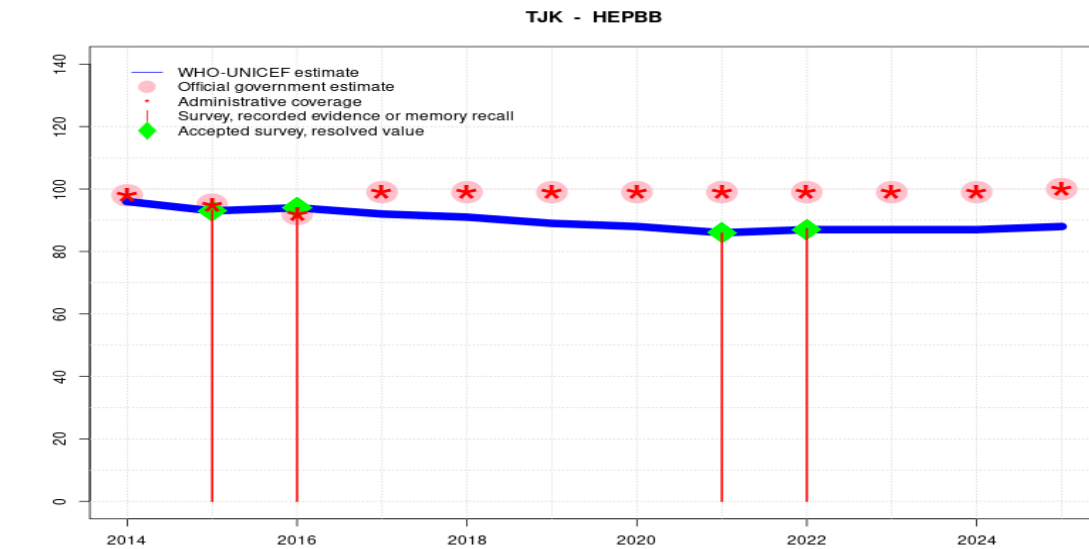
- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk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

- 2025: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 93 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate of 93 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2022: Estimate of 93 percent assigned by working group. Estimate based on survey results. Estimate of 93 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2021: Estimate of 92 percent assigned by working group. Estimate based on survey results. 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 of 92 percent changed from previous revision value of 98 percent. Estimate challenged by: D-R-
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- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate of 95 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 and 2021 levels. 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 of 95 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Estimate of 96 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2016: Estimate of 96 percent assigned by working group. Estimate based on survey results. Estimate of 96 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
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- 2014: Reported data calibrated to 2007 and 2015 levels. Estimate of 96 percent changed from previous revision value of 98 percent. Estimate challenged by: R-

# Tajikistan - HEPBB



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 96   | 93   | 94   | 92   | 91   | 89   | 88   | 86   | 87   | 87   | 87   | 88   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 98   | 95   | 92   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 100  |
| Administrative | 98   | 95   | 92   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 100  |
| Survey         | -    | 93   | 94   | -    | -    | -    | -    | 86   | 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.
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- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

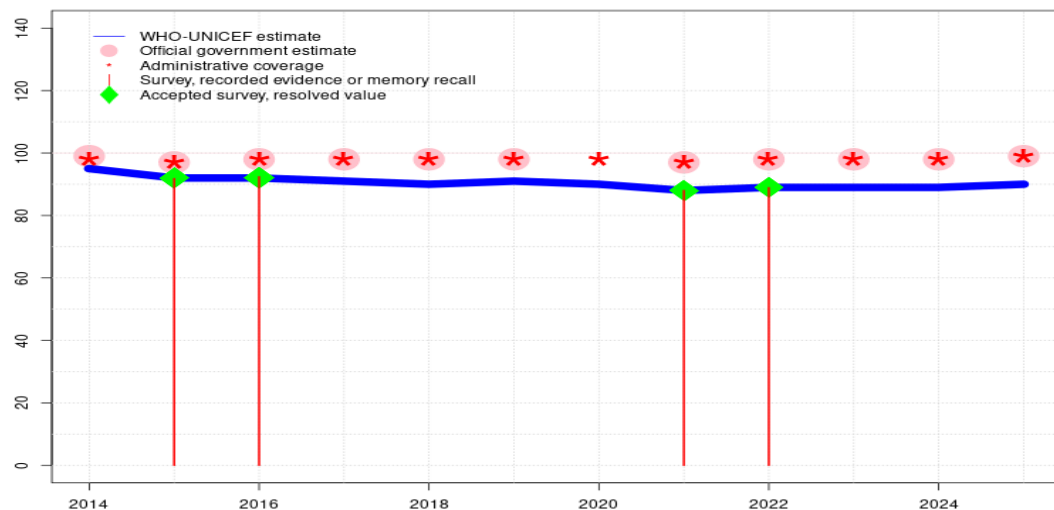
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2025: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 87 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate of 87 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 87 percent based on 1 survey(s). Estimate of 87 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). 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 of 86 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
- 2020: Estimate informed by interpolation between 2016 and 2021 levels. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. Estimate of 88 percent changed from previous revision value of 99 percent. Estimate challenged by: R-
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- 2016: Estimate of 94 percent assigned by working group. Estimate based on survey results. Estimate of 94 percent changed from previous revision value of 92 percent. Estimate challenged by: R-
- 2015: Estimate of 93 percent assigned by working group. Estimate based on survey results. Estimate of 93 percent changed from previous revision value of 95 percent. Estimate challenged by: R-
- 2014: Reported data calibrated to 2007 and 2015 levels. Estimate of 96 percent changed from previous revision value of 98 percent. Estimate challenged by: R-

# Tajikistan - DTP1

TJK - DTP1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 95   | 92   | 92   | 91   | 90   | 91   | 90   | 88   | 89   | 89   | 89   | 90   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 99   | 97   | 98   | 98   | 98   | 98   | -    | 97   | 98   | 98   | 98   | 99   |
| Administrative | 98   | 97   | 98   | 98   | 98   | 98   | 98   | 97   | 98   | 98   | 98   | 99   |
| Survey         | -    | 92   | 92   | -    | -    | -    | -    | 88   | 89   | -    | -    | -    |

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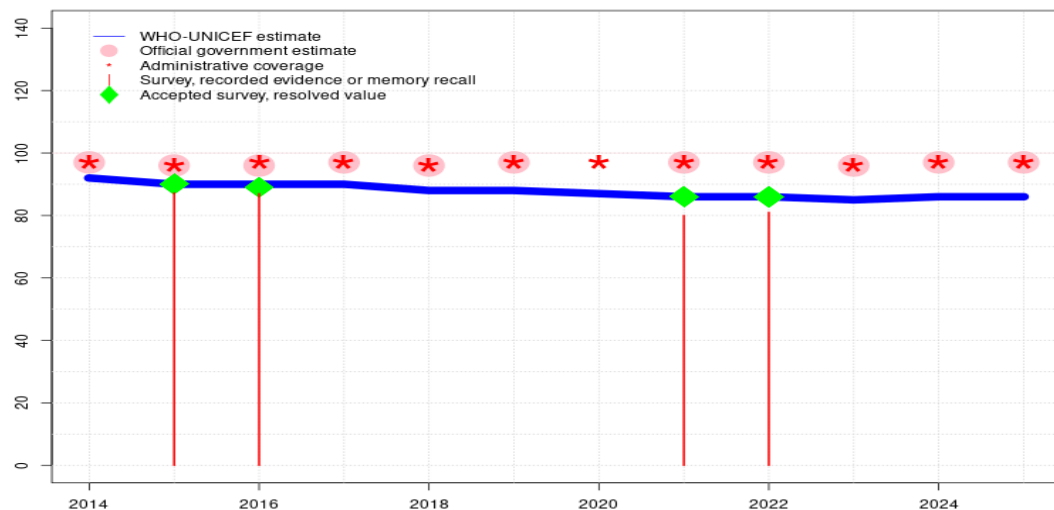
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## Description:

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- 2024: Reported data calibrated to 2022 levels. Estimate of 89 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate of 89 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2022: Estimate of 89 percent assigned by working group. Estimate based on survey results. Estimate of 89 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
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- 2014: Reported data calibrated to 2007 and 2015 levels. Estimate of 95 percent changed from previous revision value of 99 percent. Estimate challenged by: R-

# Tajikistan - DTP3

TJK - DTP3



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 92   | 90   | 90   | 90   | 88   | 88   | 87   | 86   | 86   | 85   | 86   | 86   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 97   | 96   | 96   | 97   | 96   | 97   | -    | 97   | 97   | 96   | 97   | 97   |
| Administrative | 97   | 96   | 97   | 97   | 96   | 97   | 97   | 97   | 97   | 96   | 97   | 97   |
| Survey         | -    | 87   | 87   | -    | -    | -    | -    | 80   | 81   | -    | -    | -    |

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## Description:

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- 2024: Reported data calibrated to 2022 levels. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
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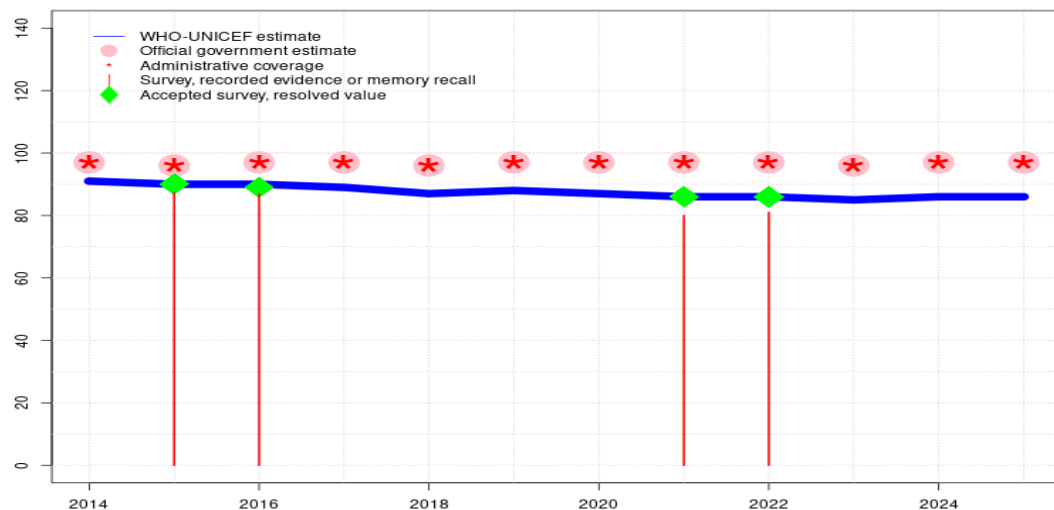
# Tajikistan - DTP3

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- 2015: Estimate of 90 percent assigned by working group. Estimate based on survey results. 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. Estimate of 90 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
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# Tajikistan - HEPB3

TJK - HEPB3



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 91   | 90   | 90   | 89   | 87   | 88   | 87   | 86   | 86   | 85   | 86   | 86   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 97   | 96   | 97   | 97   | 96   | 97   | 97   | 97   | 97   | 96   | 97   | 97   |
| Administrative | 97   | 96   | 97   | 97   | 96   | 97   | 97   | 97   | 97   | 96   | 97   | 97   |
| Survey         | -    | 87   | 87   | -    | -    | -    | -    | 80   | 81   | -    | -    | -    |

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- 2017: Reported data calibrated to 2016 and 2021 levels. Estimate of 89 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2016: Estimate of 90 percent assigned by working group. Estimate based on survey results. 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. Estimate of 90 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2015: Estimate of 90 percent assigned by working group. Estimate based on survey results.

# Tajikistan - HEPB3

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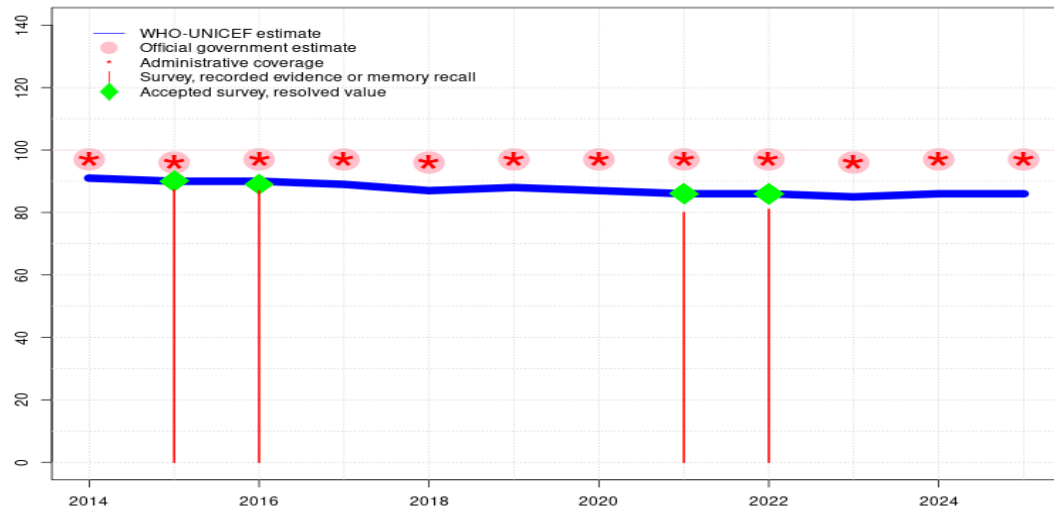
Tajikistan Demographic and Health Survey 2017 record or recall results of 87 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 83 percent. Estimate of 90 percent changed from previous revision value of 96 percent.

Estimate challenged by: R-

2014: Reported data calibrated to 2007 and 2015 levels. Estimate of 91 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

# Tajikistan - Hib3

TJK - Hib3



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 91   | 90   | 90   | 89   | 87   | 88   | 87   | 86   | 86   | 85   | 86   | 86   |
| Estimate GoC   | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | 97   | 96   | 97   | 97   | 96   | 97   | 97   | 97   | 97   | 96   | 97   | 97   |
| Administrative | 97   | 96   | 97   | 97   | 96   | 97   | 97   | 97   | 97   | 96   | 97   | 97   |
| Survey         | -    | 87   | 87   | -    | -    | -    | -    | 80   | 81   | -    | -    | -    |

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:

- 2025: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate of 85 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Tajikistan Demographic and Health Survey 2023 record or recall results of 81 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 89 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 76 percent. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Tajikistan Demographic and Health Survey 2023 record or recall results of 80 percent modified for recall bias to 86 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 76 percent and 3rd dose record only coverage of 74 percent. 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 of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. Estimate of 87 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate of 88 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 and 2021 levels. 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 of 87 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Estimate of 89 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2016: Estimate of 90 percent assigned by working group. Estimate based on survey results. 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. Estimate of 90 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2015: Estimate of 90 percent assigned by working group. Estimate based on survey results.

# Tajikistan - HIB3

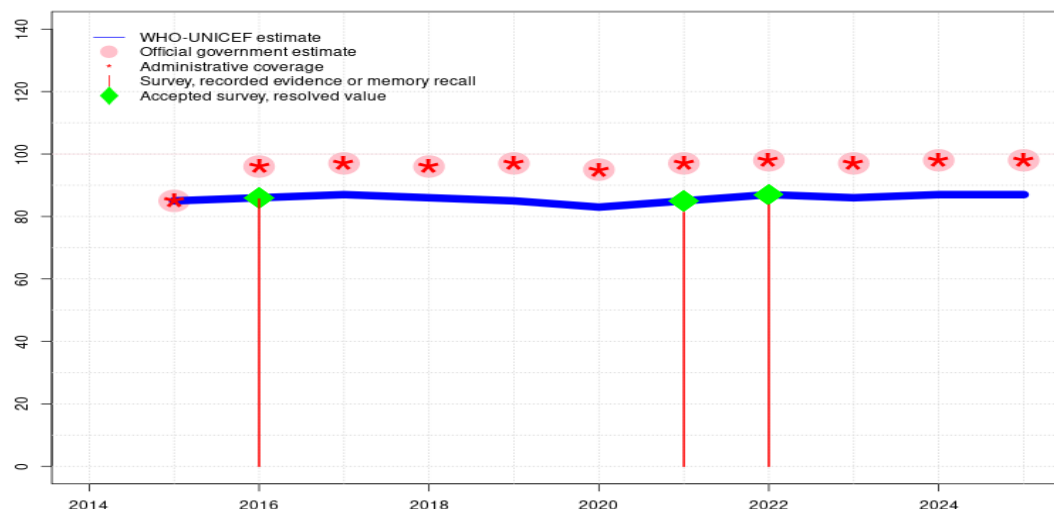
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Tajikistan Demographic and Health Survey 2017 record or recall results of 87 percent modified for recall bias to 90 percent based on 1st dose record or recall coverage of 92 percent, 1st dose record only coverage of 85 percent and 3rd dose record only coverage of 83 percent. Estimate of 90 percent changed from previous revision value of 96 percent. Estimate challenged by: R-

2014: Reported data calibrated to 2015 levels. Estimate of 91 percent changed from previous revision value of 97 percent. Estimate challenged by: R-

# Tajikistan - ROTAC

TJK - ROTAC



## Description:

- 2025: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 87 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 87 percent based on 1 survey(s). Tajikistan Demographic and Health Survey 2023 record or recall results of 84 percent modified for recall bias to 87 percent based on 1st dose record or recall coverage of 88 percent, 1st dose record only coverage of 79 percent and 3rd dose record only coverage of 78 percent. Estimate of 87 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 85 percent based on 1 survey(s). Tajikistan Demographic and Health Survey 2023 record or recall results of 81 percent modified for recall bias to 85 percent based on 1st dose record or recall coverage of 86 percent, 1st dose record only coverage of 75 percent and 3rd dose record only coverage of 74 percent. 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 of 85 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2016 and 2021 levels. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. Estimate of 83 percent changed from previous revision value of 95 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2016 and 2021 levels. Estimate of 85 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2016 and 2021 levels. 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 of 86 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2016 and 2021 levels. Estimate of 87 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2016: Estimate of 86 percent assigned by working group. Estimate based on survey results. Estimate of 86 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
- 2015: Rotavirus vaccine introduced in January 2015. Estimate challenged by: R-

|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | 85   | 86   | 87   | 86   | 85   | 83   | 85   | 87   | 86   | 87   | 87   |
| Estimate GoC   | -    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | -    | 85   | 96   | 97   | 96   | 97   | 95   | 97   | 98   | 97   | 98   | 98   |
| Administrative | -    | 85   | 96   | 97   | 96   | 97   | 95   | 97   | 98   | 97   | 98   | 98   |
| Survey         | -    | -    | 86   | -    | -    | -    | -    | 81   | 84   | -    | -    | -    |

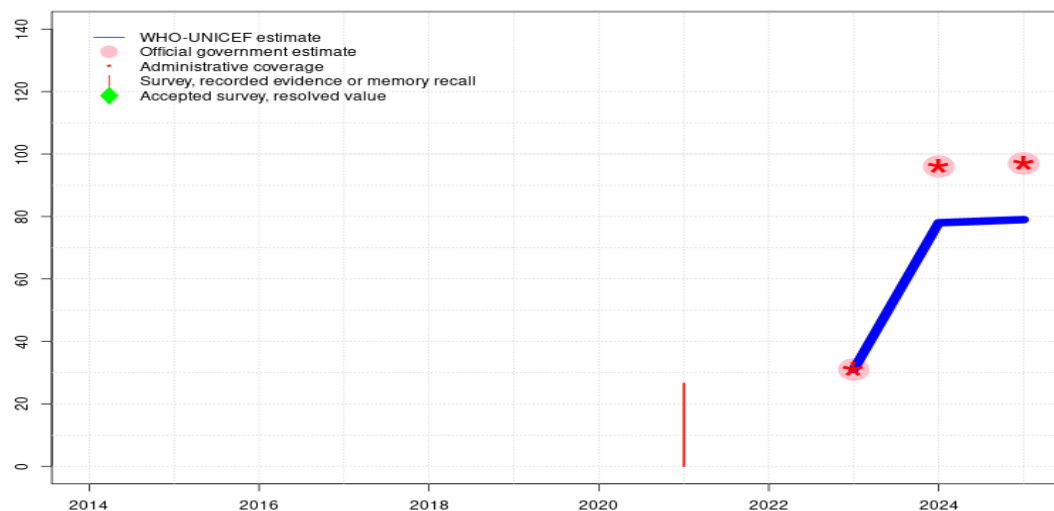
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

- Estimate is supported by reported data [R+], coverage recalculated with an independent denominator from the World Population Prospects: 2024 revision from the UN Population Division (D+), and at least one supporting survey within 2 years [S+]. While well supported, the estimate still carries a risk of being wrong.
- Estimate is supported by at least one data source; [R+], [S+], or [D+]; and no data source, [R-], [D-], or [S-], challenges the estimate.
- There are no directly supporting data; or data from at least one source; [R-], [D-], [S-]; challenge the estimate.

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

# Tajikistan - PCVC

TJK - PCVC



## Description:

- 2025: Reported data calibrated to 2024 levels. Estimate challenged by: D-R-
- 2024: Estimate of 78 percent assigned by working group. Estimate based on the relationship between MCV1 surveys results and reported data applied to the reported PCVC coverage. Estimate of 78 percent changed from previous revision value of 96 percent. Estimate challenged by: D-R-
- 2023: 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. Estimate challenged by: R-

|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | -    | -    | -    | -    | -    | -    | -    | -    | 31   | 78   | 79   |
| Estimate GoC   | -    | -    | -    | -    | -    | -    | -    | -    | -    | ●    | ●    | ●    |
| Official       | -    | -    | -    | -    | -    | -    | -    | -    | -    | 31   | 96   | 97   |
| Administrative | -    | -    | -    | -    | -    | -    | -    | -    | -    | 31   | 96   | 97   |
| Survey         | -    | -    | -    | -    | -    | -    | -    | 27   | -    | -    | -    | -    |

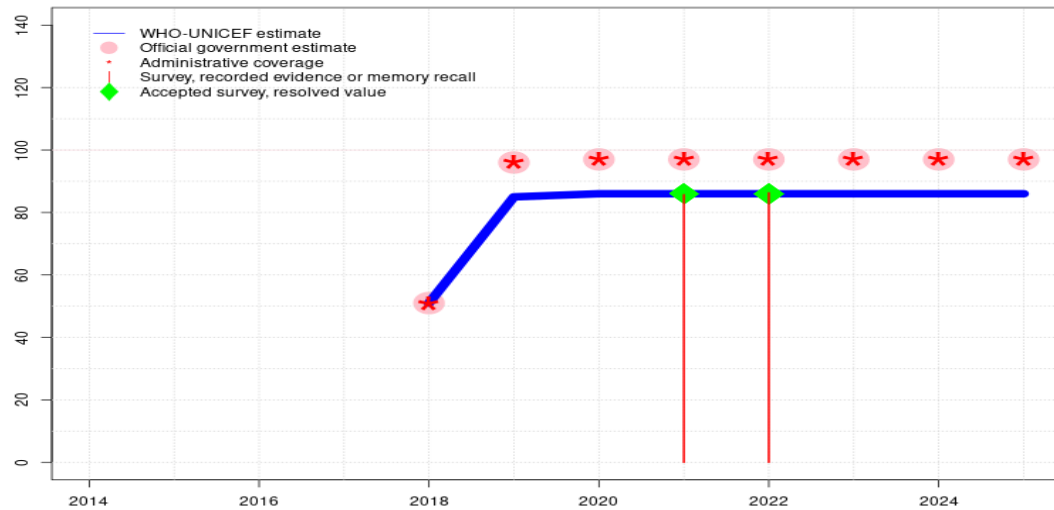
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability 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 - IPV1

TJK - IPV1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | -    | -    | -    | 51   | 85   | 86   | 86   | 86   | 86   | 86   | 86   |
| Estimate GoC   | -    | -    | -    | -    | •    | •    | •    | •    | •    | •    | •    | •    |
| Official       | -    | -    | -    | -    | 51   | 96   | 97   | 97   | 97   | 97   | 97   | 97   |
| Administrative | -    | -    | -    | -    | 51   | 96   | 97   | 97   | 97   | 97   | 97   | 97   |
| Survey         | -    | -    | -    | -    | -    | -    | -    | 86   | 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.

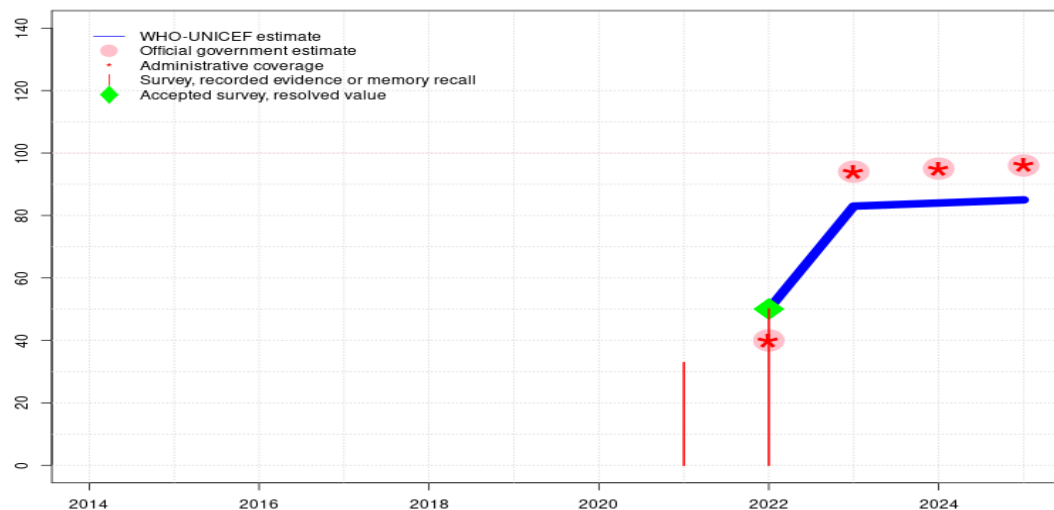
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2025: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2021: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 86 percent based on 1 survey(s). 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 of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2021 levels. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2021 levels. Estimate informed by reported data following introduction. Estimate of 85 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
- 2018: Inactivated polio vaccine introduced in July 2018. 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: R-

# Tajikistan - IPVC

TJK - IPVC



## Description:

- 2025: Reported data calibrated to 2023 levels. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2023 levels. Estimate of 84 percent changed from previous revision value of 95 percent. Estimate challenged by: R-S-
- 2023: Estimate of 83 percent assigned by working group. Estimate based on the relationship between IPV1 surveys results and reported data applied to the reported IPVC coverage. Estimate of 83 percent changed from previous revision value of 94 percent. Estimate challenged by: R-S-
- 2022: Estimate of 50 percent assigned by working group. Estimate based on survey results. Second dose of inactivated polio vaccine introduced in 2022. Estimate of 50 percent changed from previous revision value of 40 percent. Estimate challenged by: D-R-

|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | -    | -    | -    | -    | -    | -    | -    | -    | 50   | 83   | 84   | 85   |
| Estimate GoC   | -    | -    | -    | -    | -    | -    | -    | -    | ●    | ●    | ●    | ●    |
| Official       | -    | -    | -    | -    | -    | -    | -    | -    | 40   | 94   | 95   | 96   |
| Administrative | -    | -    | -    | -    | -    | -    | -    | -    | 40   | 94   | 95   | 96   |
| Survey         | -    | -    | -    | -    | -    | -    | -    | 33   | 50   | -    | -    | -    |

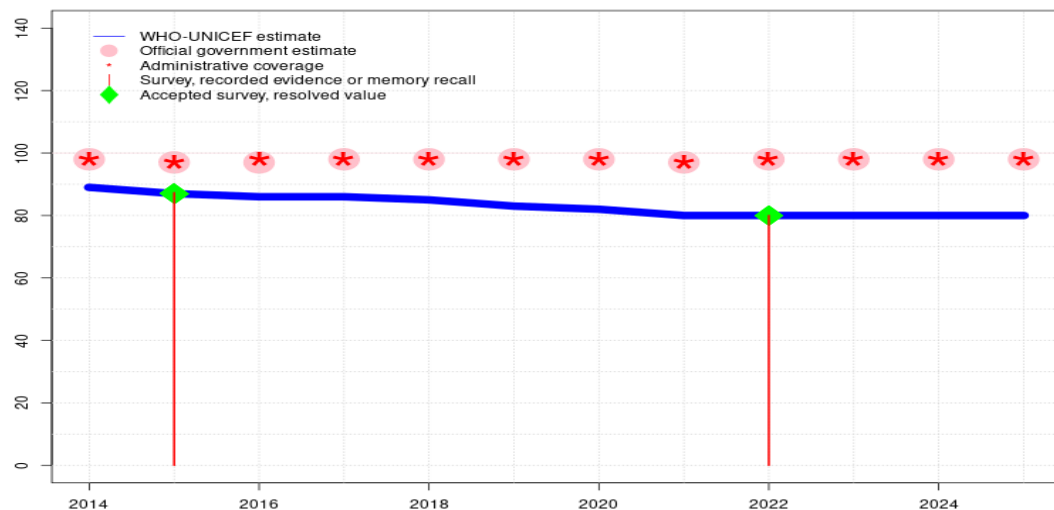
The WHO and UNICEF estimates of national immunization coverage (wuenic) are based on data and information that are of varying, and, in some instances, unknown quality. Beginning with the 2011 revision we describe the grade of confidence (GoC) we have in these estimates. As there is no underlying probability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

TJK - MCV1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 89   | 87   | 86   | 86   | 85   | 83   | 82   | 80   | 80   | 80   | 80   | 80   |
| Estimate GoC   | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | 98   | 97   | 97   | 98   | 98   | 98   | 98   | 97   | 98   | 98   | 98   | 98   |
| Administrative | 98   | 97   | 98   | 98   | 98   | 98   | 98   | 97   | 98   | 98   | 98   | 98   |
| Survey         | -    | 87   | -    | -    | -    | -    | -    | -    | 80   | -    | -    | -    |

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.

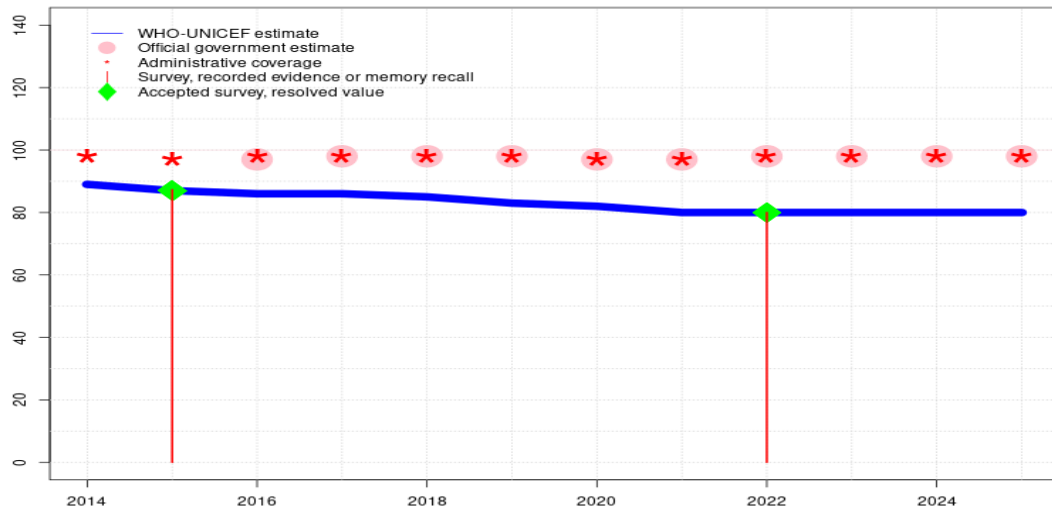
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2025: Reported data calibrated to 2022 levels. Estimate challenged by: D-R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 80 percent changed from previous revision value of 98 percent. Estimate challenged by: D-R-
- 2023: Reported data calibrated to 2022 levels. Estimate of 80 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2022: Survey evidence does not support reported data. Estimate based on survey result. Survey evidence of 80 percent based on 1 survey(s). Estimate of 80 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2021: Reported data calibrated to 2015 and 2022 levels. Estimated coverage likely an over-estimate. 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 of 80 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2020: Reported data calibrated to 2015 and 2022 levels. Estimated coverage likely an over-estimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. Estimate of 82 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2019: Reported data calibrated to 2015 and 2022 levels. Estimate of 83 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2022 levels. 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 of 85 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2022 levels. Estimate of 86 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2022 levels. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: D-R-
- 2015: Estimate of 87 percent assigned by working group. Estimate based on survey results. Estimate of 87 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2014: Reported data calibrated to 2007 and 2015 levels. Estimate of 89 percent changed from previous revision value of 98 percent. Estimate challenged by: R-

# Tajikistan - RCV1

TJK - RCV1



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 89   | 87   | 86   | 86   | 85   | 83   | 82   | 80   | 80   | 80   | 80   | 80   |
| Estimate GoC   | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | -    | -    | 97   | 98   | 98   | 98   | 97   | 97   | 98   | 98   | 98   | 98   |
| Administrative | 98   | 97   | 98   | 98   | 98   | 98   | 97   | 97   | 98   | 98   | 98   | 98   |
| Survey         | -    | 87   | -    | -    | -    | -    | -    | -    | 80   | -    | -    | -    |

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.

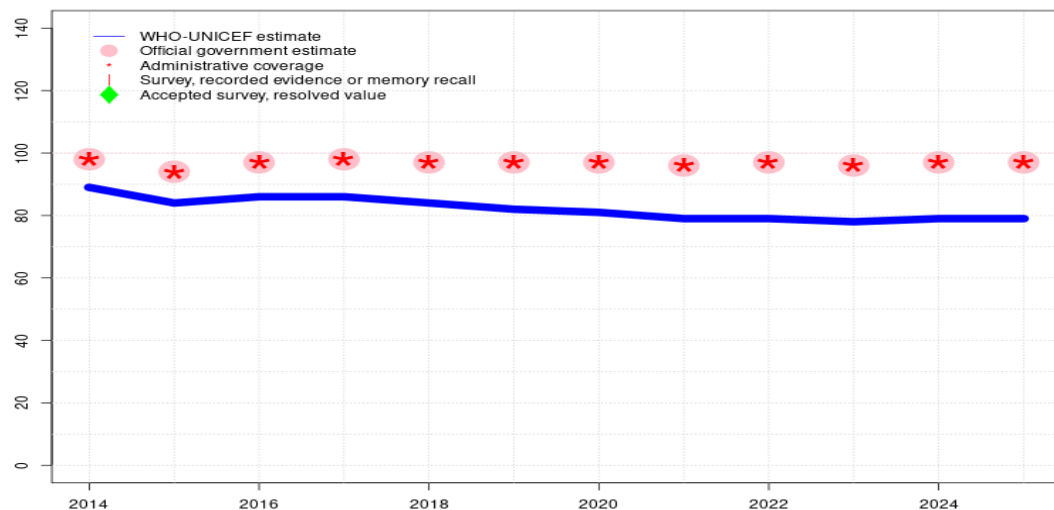
In all cases these estimates should be used with caution and should be assessed in light of the objective for which they are being used.

## Description:

- 2025: Estimate based on estimated MCV1. Estimate challenged by: D-R-
- 2024: Estimate based on estimated MCV1. Estimate of 80 percent changed from previous revision value of 98 percent. Estimate challenged by: D-R-
- 2023: Estimate based on estimated MCV1. Estimate of 80 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2022: Estimate based on estimated MCV1. Estimate of 80 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 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. Estimate of 80 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2020: Estimate based on estimated MCV1. Estimated coverage likely an overestimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. Estimate of 82 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2019: Estimate based on estimated MCV1. Estimate of 83 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 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 of 85 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2017: Estimate based on estimated MCV1. Estimate of 86 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2016: Estimate based on estimated MCV1. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: D-R-
- 2015: Estimate based on estimated MCV1. Estimate of 87 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2014: Estimate based on estimated MCV1. Estimate of 89 percent changed from previous revision value of 98 percent. Estimate challenged by: R-

# Tajikistan - MCV2

TJK - MCV2



|                | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|
| Estimate       | 89   | 84   | 86   | 86   | 84   | 82   | 81   | 79   | 79   | 78   | 79   | 79   |
| Estimate GoC   | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |
| Official       | 98   | 94   | 97   | 98   | 97   | 97   | 97   | 96   | 97   | 96   | 97   | 97   |
| Administrative | 98   | 94   | 97   | 98   | 97   | 97   | 97   | 96   | 97   | 96   | 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.

## Description:

- 2025: Reported data calibrated to 2022 levels. Estimate challenged by: R-
- 2024: Reported data calibrated to 2022 levels. Estimate of 79 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2023: Reported data calibrated to 2022 levels. Estimate of 78 percent changed from previous revision value of 96 percent. Estimate challenged by: R-
- 2022: Estimate of 79 percent assigned by working group. Estimate based on the relationship between MCV1 surveys results and reported data applied to the reported MCV2 coverage. Estimate of 79 percent changed from previous revision value of 97 percent. Estimate challenged by: D-R-
- 2021: Reported data calibrated to 2015 and 2022 levels. Estimated coverage likely an over-estimate. 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 of 79 percent changed from previous revision value of 96 percent. Estimate challenged by: D-R-
- 2020: Reported data calibrated to 2015 and 2022 levels. Estimated coverage likely an over-estimate. Country experienced an outbreak of circulating vaccine-derived poliovirus (cVDPV) during 2020-2021. Estimate of 81 percent changed from previous revision value of 97 percent. Estimate challenged by: D-R-
- 2019: Reported data calibrated to 2015 and 2022 levels. Estimate of 82 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2018: Reported data calibrated to 2015 and 2022 levels. 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 of 84 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2017: Reported data calibrated to 2015 and 2022 levels. Estimate of 86 percent changed from previous revision value of 98 percent. Estimate challenged by: R-
- 2016: Reported data calibrated to 2015 and 2022 levels. Estimate of 86 percent changed from previous revision value of 97 percent. Estimate challenged by: R-
- 2015: Estimate of 84 percent assigned by working group. Estimate based on the relationship between MCV1 surveys results and reported data applied to the reported MCV2 coverage. Estimate of 84 percent changed from previous revision value of 94 percent. Estimate challenged by: D-R-
- 2014: Reported data calibrated to 2007 and 2015 levels. Estimate of 89 percent changed from previous revision value of 98 percent. Estimate challenged by: D-R-

# 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.

## 2022 Tajikistan Demographic and Health Survey 2023

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG     | Recall              | 12.2     | 12-23 m    | 182    | 82            |
| BCG     | Record              | 81       | 12-23 m    | 824    | 82            |
| BCG     | Record or Recall    | 93.2     | 12-23 m    | 1006   | 82            |
| DTP1    | Recall              | 10.2     | 12-23 m    | 182    | 82            |
| DTP1    | Record              | 78.7     | 12-23 m    | 824    | 82            |
| DTP1    | Record or Recall    | 88.9     | 12-23 m    | 1006   | 82            |
| DTP3    | Recall              | 5        | 12-23 m    | 182    | 82            |
| DTP3    | Record              | 75.9     | 12-23 m    | 824    | 82            |
| DTP3    | Record or Recall    | 81       | 12-23 m    | 1006   | 82            |
| HEPB1   | Recall              | 10.2     | 12-23 m    | 182    | 82            |
| HEPB1   | Record              | 78.7     | 12-23 m    | 824    | 82            |
| HEPB1   | Record or Recall    | 88.9     | 12-23 m    | 1006   | 82            |
| HEPB3   | Recall              | 5        | 12-23 m    | 182    | 82            |
| HEPB3   | Record              | 75.9     | 12-23 m    | 824    | 82            |
| HEPB3   | Record or Recall    | 81       | 12-23 m    | 1006   | 82            |
| HEPBB   | Recall              | 11.2     | 12-23 m    | 182    | 82            |
| HEPBB   | Record              | 76.1     | 12-23 m    | 824    | 82            |
| HEPBB   | Record or Recall    | 87.3     | 12-23 m    | 1006   | 82            |
| HIB1    | Recall              | 10.2     | 12-23 m    | 182    | 82            |

|       |                  |      |         |      |    |
|-------|------------------|------|---------|------|----|
| HIB1  | Record           | 78.7 | 12-23 m | 824  | 82 |
| HIB1  | Record or Recall | 88.9 | 12-23 m | 1006 | 82 |
| HIB3  | Recall           | 5    | 12-23 m | 182  | 82 |
| HIB3  | Record           | 75.9 | 12-23 m | 824  | 82 |
| HIB3  | Record or Recall | 81   | 12-23 m | 1006 | 82 |
| IPV1  | Recall           | 9.8  | 12-23 m | 182  | 82 |
| IPV1  | Record           | 76.5 | 12-23 m | 824  | 82 |
| IPV1  | Record or Recall | 86.3 | 12-23 m | 1006 | 82 |
| IPVC  | Recall           | 5.5  | 12-23 m | 182  | 82 |
| IPVC  | Record           | 44.6 | 12-23 m | 824  | 82 |
| IPVC  | Record or Recall | 50.1 | 12-23 m | 1006 | 82 |
| MCV1  | Recall           | 9.8  | 24-35 m | 204  | 79 |
| MCV1  | Record           | 70.2 | 24-35 m | 754  | 79 |
| MCV1  | Record or Recall | 80   | 24-35 m | 958  | 79 |
| PCV1  | Recall           | 8.4  | 12-23 m | 182  | 82 |
| PCV1  | Record           | 40.6 | 12-23 m | 824  | 82 |
| PCV1  | Record or Recall | 49   | 12-23 m | 1006 | 82 |
| RCV1  | Recall           | 9.8  | 24-35 m | 204  | 79 |
| RCV1  | Record           | 70.2 | 24-35 m | 754  | 79 |
| RCV1  | Record or Recall | 80   | 24-35 m | 958  | 79 |
| ROTAC | Recall           | 5.5  | 12-23 m | 182  | 82 |
| ROTAC | Record           | 78.1 | 12-23 m | 824  | 82 |
| ROTAC | Record or Recall | 83.7 | 12-23 m | 1006 | 82 |

## 2021 Tajikistan Demographic and Health Survey 2023

| Vaccine | Confirmation method | Coverage | Age cohort | Sample | Evidence seen |
|---------|---------------------|----------|------------|--------|---------------|
| BCG     | Recall              | 15       | 24-35 m    | 204    | 79            |
| BCG     | Record              | 77.2     | 24-35 m    | 754    | 79            |
| BCG     | Record or Recall    | 92.3     | 24-35 m    | 958    | 79            |
| DTP1    | Recall              | 12.2     | 24-35 m    | 204    | 79            |
| DTP1    | Record              | 75.8     | 24-35 m    | 754    | 79            |
| DTP1    | Record or Recall    | 88       | 24-35 m    | 958    | 79            |
| DTP3    | Recall              | 6.3      | 24-35 m    | 204    | 79            |
| DTP3    | Record              | 73.6     | 24-35 m    | 754    | 79            |
| DTP3    | Record or Recall    | 80       | 24-35 m    | 958    | 79            |
| HEPB1   | Recall              | 12.2     | 24-35 m    | 204    | 79            |
| HEPB1   | Record              | 75.8     | 24-35 m    | 754    | 79            |
| HEPB1   | Record or Recall    | 88       | 24-35 m    | 958    | 79            |

# Tajikistan - Survey Details

|       |                      |      |         |      |    |       |                      |      |         |      |    |
|-------|----------------------|------|---------|------|----|-------|----------------------|------|---------|------|----|
| HEPB3 | Recall               | 6.3  | 24-35 m | 204  | 79 | DTP3  | Recall               | 4.3  | 12-23 m | 141  | 90 |
| HEPB3 | Record               | 73.6 | 24-35 m | 754  | 79 | DTP3  | Record               | 82.7 | 12-23 m | 1253 | 90 |
| HEPB3 | Record or Recall     | 80   | 24-35 m | 958  | 79 | DTP3  | Record or Recall     | 87   | 12-23 m | 1394 | 90 |
| HEPB3 | Record or Recall<12m | 85   | 24-35 m | 1394 | 90 | DTP3  | Record or Recall<12m | 85   | 12-23 m | 1394 | 90 |
| HEPBB | Recall               | 13.9 | 24-35 m | 204  | 79 | HEPB1 | Recall               | 6.2  | 12-23 m | 141  | 90 |
| HEPBB | Record               | 72   | 24-35 m | 754  | 79 | HEPB1 | Record               | 86.2 | 12-23 m | 1253 | 90 |
| HEPBB | Record or Recall     | 85.9 | 24-35 m | 958  | 79 | HEPB1 | Record or Recall     | 92.4 | 12-23 m | 1394 | 90 |
| HIB1  | Recall               | 12.2 | 24-35 m | 204  | 79 | HEPB1 | Record or Recall<12m | 92.2 | 12-23 m | 1394 | 90 |
| HIB1  | Record               | 75.8 | 24-35 m | 754  | 79 | HEPB3 | Recall               | 4.3  | 12-23 m | 141  | 90 |
| HIB1  | Record or Recall     | 88   | 24-35 m | 958  | 79 | HEPB3 | Record               | 82.7 | 12-23 m | 1253 | 90 |
| HIB3  | Recall               | 6.3  | 24-35 m | 204  | 79 | HEPB3 | Record or Recall     | 87   | 12-23 m | 1394 | 90 |
| HIB3  | Record               | 73.6 | 24-35 m | 754  | 79 | HEPB3 | Record or Recall<12m | 85   | 12-23 m | 1394 | 90 |
| HIB3  | Record or Recall     | 80   | 24-35 m | 958  | 79 | HEPBB | Recall               | 7    | 12-23 m | 141  | 90 |
| IPV1  | Recall               | 11.9 | 24-35 m | 204  | 79 | HEPBB | Record               | 86.7 | 12-23 m | 1253 | 90 |
| IPV1  | Record               | 73.8 | 24-35 m | 754  | 79 | HEPBB | Record or Recall     | 93.7 | 12-23 m | 1394 | 90 |
| IPV1  | Record or Recall     | 85.7 | 24-35 m | 958  | 79 | HEPBB | Record or Recall<12m | 92.1 | 12-23 m | 1394 | 90 |
| IPVC  | Recall               | 6.6  | 24-35 m | 204  | 79 | HIB1  | Recall               | 6.2  | 12-23 m | 141  | 90 |
| IPVC  | Record               | 26.4 | 24-35 m | 754  | 79 | HIB1  | Record               | 86.2 | 12-23 m | 1253 | 90 |
| IPVC  | Record or Recall     | 32.9 | 24-35 m | 958  | 79 | HIB1  | Record or Recall     | 92.4 | 12-23 m | 1394 | 90 |
| PCV1  | Recall               | 10.2 | 24-35 m | 204  | 79 | HIB1  | Record or Recall<12m | 92.2 | 12-23 m | 1394 | 90 |
| PCV1  | Record               | 39.5 | 24-35 m | 754  | 79 | HIB3  | Recall               | 4.3  | 12-23 m | 141  | 90 |
| PCV1  | Record or Recall     | 49.7 | 24-35 m | 958  | 79 | HIB3  | Record               | 82.7 | 12-23 m | 1253 | 90 |
| PCVC  | Recall               | 4    | 24-35 m | 204  | 79 | HIB3  | Record or Recall     | 87   | 12-23 m | 1394 | 90 |
| PCVC  | Record               | 22.6 | 24-35 m | 754  | 79 | HIB3  | Record or Recall<12m | 85   | 12-23 m | 1394 | 90 |
| PCVC  | Record or Recall     | 26.6 | 24-35 m | 958  | 79 | ROTAC | Recall               | 4.4  | 12-23 m | 141  | 90 |
| ROTAC | Recall               | 7.1  | 24-35 m | 204  | 79 | ROTAC | Record               | 81.2 | 12-23 m | 1253 | 90 |
| ROTAC | Record               | 74.2 | 24-35 m | 754  | 79 | ROTAC | Record or Recall     | 85.6 | 12-23 m | 1394 | 90 |
| ROTAC | Record or Recall     | 81.3 | 24-35 m | 958  | 79 | ROTAC | Record or Recall<12m | 84.8 | 12-23 m | 1394 | 90 |

## 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            |

## 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 | - | BCG   | Record or Recall     | 98.3 | 18-29 m | 1148 | 91 |
| DTP3  | Recall               | 4.3  | 24-35 m | 150  | - | BCG   | Record or Recall<18m | 98.3 | 18-29 m | 1148 | 91 |
| DTP3  | Record               | 82.9 | 24-35 m | 1119 | - | DTP1  | Recall               | 6.9  | 18-29 m | 103  | 91 |
| DTP3  | Record or Recall     | 87.2 | 24-35 m | 1269 | - | DTP1  | Record               | 90.6 | 18-29 m | 1044 | 91 |
| DTP3  | Record or Recall<12m | 83.6 | 24-35 m | 1269 | - | DTP1  | Record or Recall     | 97.5 | 18-29 m | 1148 | 91 |
| HEPB1 | Recall               | 6.4  | 24-35 m | 150  | - | DTP1  | Record or Recall<18m | 97.4 | 18-29 m | 1148 | 91 |
| HEPB1 | Record               | 85.4 | 24-35 m | 1119 | - | DTP3  | Recall               | 4.6  | 18-29 m | 103  | 91 |
| HEPB1 | Record or Recall     | 91.8 | 24-35 m | 1269 | - | DTP3  | Record               | 88.5 | 18-29 m | 1044 | 91 |
| HEPB1 | Record or Recall<12m | 90.3 | 24-35 m | 1269 | - | DTP3  | Record or Recall     | 93.1 | 18-29 m | 1148 | 91 |
| HEPB3 | Recall               | 4.3  | 24-35 m | 150  | - | DTP3  | Record or Recall<18m | 91.7 | 18-29 m | 1148 | 91 |
| HEPB3 | Record               | 82.9 | 24-35 m | 1119 | - | HEPB1 | Recall               | 6.9  | 18-29 m | 103  | 91 |
| HEPB3 | Record or Recall     | 87.2 | 24-35 m | 1269 | - | HEPB1 | Record               | 90.6 | 18-29 m | 1044 | 91 |
| HEPB3 | Record or Recall<12m | 83.6 | 24-35 m | 1269 | - | HEPB1 | Record or Recall     | 97.5 | 18-29 m | 1148 | 91 |
| HEPBB | Recall               | 8.1  | 24-35 m | 150  | - | HEPB1 | Record or Recall<18m | 97.4 | 18-29 m | 1148 | 91 |
| HEPBB | Record               | 85.1 | 24-35 m | 1119 | - | HEPB3 | Recall               | 4.6  | 18-29 m | 103  | 91 |
| HEPBB | Record or Recall     | 93.2 | 24-35 m | 1269 | - | HEPB3 | Record               | 88.5 | 18-29 m | 1044 | 91 |
| HEPBB | Record or Recall<12m | 91.1 | 24-35 m | 1269 | - | HEPB3 | Record or Recall     | 93.1 | 18-29 m | 1148 | 91 |
| HIB1  | Recall               | 6.4  | 24-35 m | 150  | - | HEPB3 | Record or Recall<18m | 91.7 | 18-29 m | 1148 | 91 |
| HIB1  | Record               | 85.4 | 24-35 m | 1119 | - | HEPBB | Recall               | 5    | 18-29 m | 103  | 91 |
| HIB1  | Record or Recall     | 91.8 | 24-35 m | 1269 | - | HEPBB | Record               | 88.5 | 18-29 m | 1044 | 91 |
| HIB1  | Record or Recall<12m | 90.3 | 24-35 m | 1269 | - | HEPBB | Record or Recall     | 93.4 | 18-29 m | 1148 | 91 |
| HIB3  | Recall               | 4.3  | 24-35 m | 150  | - | HEPBB | Record or Recall<18m | 93.4 | 18-29 m | 1148 | 91 |
| HIB3  | Record               | 82.9 | 24-35 m | 1119 | - | HIB1  | Recall               | 6.9  | 18-29 m | 103  | 91 |
| HIB3  | Record or Recall     | 87.2 | 24-35 m | 1269 | - | HIB1  | Record               | 90.6 | 18-29 m | 1044 | 91 |
| HIB3  | Record or Recall<12m | 83.6 | 24-35 m | 1269 | - | HIB1  | Record or Recall     | 97.5 | 18-29 m | 1148 | 91 |
| MCV1  | Recall               | 5.7  | 24-35 m | 150  | - | HIB1  | Record or Recall<18m | 97.4 | 18-29 m | 1148 | 91 |
| MCV1  | Record               | 81.6 | 24-35 m | 1119 | - | HIB3  | Recall               | 4.6  | 18-29 m | 103  | 91 |
| MCV1  | Record or Recall     | 87.3 | 24-35 m | 1269 | - | HIB3  | Record               | 88.5 | 18-29 m | 1044 | 91 |
| MCV1  | Record or Recall<24m | 85.3 | 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 |

## 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 | - |
|------|------------------|------|---------|--------|---|

# 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 | - |

# 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            |

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