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IMMUNIZATION TANZANIA

Vaccines are one of the most cost-effective and lasting health investments, playing a vital role in reducing child mortality. While Tanzania has high coverage in routine immunizations, discrepancies exist in terms of geographic location, socioeconomic status, and level of education. Faced with lack of electricity and inadequate roads in many regions, transporting supplies under continuous cold storage to Tanzania's mostly rural population is a persistent challenge. Sector-wide obstacles, including a lack of trained health staff and sufficient financing, limit the country's ability to supervise, monitor, and fund efforts.

The United States is one of the largest donors to the Global Alliance for Vaccines and Immunization (GAVI), committing more than \$1.2 billion over the last 12 years to expand access to vaccines in the world's poorest countries. Since 2000, approximately \$400 million has supported Tanzania's routine immunization system and enabled the nationwide introduction of the pneumococcal conjugate vaccine (PCV) and rotavirus vaccine to combat two of the leading causes of death in children under five: pneumonia and diarrhea. Surveillance data has shown that in 2016 only 19% of children admitted with severe gastroenteritis were due to rotavirus compared to 40% before vaccine introduction.

Recognizing the need for additional support in simultaneously launching, and monitoring the impact of two new vaccines, in 2011, USAID provided technical assistance to the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) through the Maternal and Child Health Integrated Program (MCHIP). In collaboration with partners such as UNICEF and the World Health Organization, MCHIP assisted in strengthening the Tanzania Immunization and Vaccine Development Program's capacity to oversee the timely and comprehensive introduction of the pneumococcal (PCV) and rotavirus vaccines nationally. USAID also supported the introduction of the measles second dose vaccine and measles-rubella (MR) combination vaccine in 2015 through work in advocacy, community mobilization, logistics management, and training health workers and managers.

IMMUNIZATION OVERVIEW

FUNDING LEVEL

- Approximately \$1 million annually

MAJOR PARTNERS

- Ministry of Health, Community Development, Gender, Elderly and Children
- President's Office-Regional Administration/Local Government
- WHO
- UNICEF
- Jhpiego/JHU Int'l Vaccine Access Center

GEOGRAPHIC LOCATION

- National level: 2011 to present
- Regional level: 2013 to 2019 in Kagera, Tabora, Simiyu, Shinyanga; 2020-2021 in Kagera, Mara, Kilimanjaro, South/North Pemba, North Unguja and Pwani

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At the end of MCHIP, USAID continued its commitment to reducing vaccine-preventable deaths through support to the Maternal and Child Survival Program (MCSP), which provided technical assistance to improve Tanzania's routine immunization coverage for each annual birth cohort of over 1.8 million children. From 2014 to 2019, MCSP supported the introduction of new vaccines and development and roll out of electronic systems for data collection. That support improved equity and quality of immunization services in poorer-performing districts, and achieved an 87.5% reduction in the number of unimmunized children in target regions from 40,000 in 2013 to less than 5,000 in 2017. In Fiscal year 2020, USAID will continue to support the Tanzania Immunization Program through a new global mechanism, MOMENTUM Country and Global leadership.

GAVI has been the largest funder of Tanzania's immunization program which has received approximately \$400 million in the last 20 years. Tanzania provides co-financing for new and traditional vaccines. Tanzania is mapping out its program needs towards full self-financing and graduation from GAVI support.

FACING CHALLENGES

While immunization coverage in Tanzania is high compared to many countries, variability among districts can result in low coverage. In 2009, Simiyu, Tabora, and Kagera regions had coverage below the 80 percent target. USAID improved district microplanning, cold chain and data management, and supervision; this enabled an increased immunization coverage in low coverage priority regions, where almost 97% of children aged less than 12 months received the DPT3/Penta3 vaccine to protect against deadly diseases.

While the Government of Tanzania is committed to its immunization program, it often lacks sufficient domestic resources to cover recurrent operational costs required to implement the program. Additionally, continued capacity building and performance improvement is needed for health staff at all levels.

IMPACT

Since the successful 2013 simultaneous launch of the PCV and rotavirus vaccines within the routine immunization platform, the measles second dose and rubella vaccines, injectable polio virus and human papillomavirus vaccines have also been successfully introduced with USAID support.

Nationwide vaccine coverage rates for 2019 were:

- 99 percent for the BCG (tuberculosis) vaccine
- 98 percent for DTP-Hib-HepB3 (covers diphtheria, tetanus, pertussis, Haemophilus influenzae type b, and hepatitis B)
- 98 percent for the rotavirus vaccine last dose
- 97 percent for the pneumococcal vaccine third dose
- 99 percent for the measles first dose vaccine
- 88 percent for the measles second dose vaccine