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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 and socioeconomic status. Faced with inadequate roads in many regions, transporting supplies under continuous cold storage (known as "cold chain") to Tanzania's mostly rural population is a persistent challenge. Sector-wide obstacles, such as a lack of trained health staff, financing, and infrastructure also limit the ability to supervise, monitor, and fund immunization 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. Of this, over $250 million has gone to the United Republic of Tanzania since 2000. Introductory GAVI funds were used by Tanzania to co-fund the nationwide introduction of the pneumococcal conjugate vaccine (PCV) and rotavirus vaccine in 2012 to combat two of the leading causes of death in children under five: pneumonia and diarrhea.

Recognizing the need for additional support in simultaneously planning, launching, and monitoring two new vaccines, the U.S. Government, through USAID, provided immunization assistance to the Ministry of Health, Community Development, Gender, Elderly and Children through the Maternal and Child Health Integrated Program (MCHIP) beginning 2011. 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 PCV and rotavirus vaccines nationally. USAID also supported the introduction of the measles second dose vaccine and measles-rubella combination vaccine in 2014 through work in advocacy, community mobilization, logistics management, and training health workers and managers.

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IMMUNIZATION OVERVIEW

FUNDING LEVEL

- Approximately $1 million annually

MAJOR PARTNERS

- Ministry of Health, Community Development, Gender, Elderly and Children
- World Health Organization
- UNICEF
- Clinton Health Access Initiative
- PATH International
- The Centers for Disease Control and Prevention
- John Snow International

GEOGRAPHIC LOCATION

- National level: 2011 to present
- Regional level: 2013 to present in Kagera, Tabora, Simiyu

Districts:

- Kagera: Karagwe, Kyerwa, Ngara, Muleba
- Tabora: Urambo Kaluua, Tabora Urban
- Simiyu: Bariadi Council, Bariadi Town Council, Itinima

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Since 2014, USAID has continued its commitment to reducing vaccine-preventable deaths through support to the Maternal and Child Survival Program (MCSP). MCSP is providing technical assistance to improve Tanzania's routine immunization coverage for each annual birth cohort of over 1.8 million children, as well as guidance on introducing vaccines for rubella and polio. This support aims to improve equity and quality of immunization services in 19 poorer-performing districts in Tanzania, and to reach the roughly 150,000 children who are not receiving their full complement of vaccines. Additionally, USAID collaborated with the Bill and Melinda Gates Foundation to support the development of a surveillance tool known as the Vaccine Information Management System (VIMS). VIMS has strengthened the collection and use of data on routine immunizations, stock management, and cold chain equipment management. Together with the WHO, USAID is strengthening Tanzania's vaccine preventable disease surveillance efforts in anticipation of measles elimination.

CHALLENGES

- While immunization coverage in Tanzania is high compared to other African countries, variability among districts can result in low coverage in some regions. For example, Simiyu, Tabora, and Kagera previously had coverage below the 80 percent target since 2009. In these districts, USAID supports the development of comprehensive plans to expand coverage, including cold chain, supervision, data management, and building linkages with communities to track infants who miss vaccinations. This contributed to an increase in coverage of the Penta3 vaccine (which provides protection against five deadly diseases) to over 90 percent in 2016 for 13 focus districts.
- Although the Government of Tanzania is committed to its immunization program, recurrent operational costs often lack sufficient resources due to the need for better domestic resource mobilization, planning, and targeting of funds at subnational levels. Also, capacity building and performance improvement in preventive services like immunization are needed for health staff at all levels due to lack of training and staff attrition.

IMPACT

Since the successful 2013 national rollout of the PCV and rotavirus vaccines within the routine immunization program, the measles second dose and rubella vaccines have also been introduced. Nationwide vaccine coverage rates for 2016 were:

- 100 percent for the BCG (tuberculosis) vaccine
- 97 percent for DTP-Hib-HepB3 (covers diphtheria, tetanus, pertussis, haemophilus influenzae type b, and hepatitis B)
- 96 percent for the rotavirus vaccine last dose
- 96 percent for the pneumococcal vaccine third dose
- 90 percent for the measles first dose vaccine
- 71 percent for the measles second dose vaccine