**Introduction:**

About 61% of the total population qualifies to receive vaccines. This includes women of reproductive age (47.3%), children under 2 years (6.62%) and girls aged 9-14 years (7.75%). Tanzania has been recorded to have high immunization coverage and its program two overarching objectives for 2016-2020 were (a) Expand immunization service to life course approach, (b) Sustain high coverage while reaching every last child equitably. By 2012 Tanzania was certified to have eliminated neonatal tetanus and by 2015 Tanzania achieved free status of Polio and is in elimination phase for measles. According to Tanzania Demographic Health Survey (2015) all vaccine antigen coverage levels are above 90% expect for the 2nd dose of measles at 71% in 2015.

**Progress towards leaving no one behind:**

Majority of Tanzania (71%) of population lives in rural (Tanzania Bureau of Statistics, 2013). Data show that there is a 10% difference in vaccination coverage in urban areas compared to rural areas, which means in order to leave no one behind, specific strategies to reach more rural areas are needed. See the graph below.

![Graph showing vaccination coverage](image)

The inequality is also around geographical coverage (Regional disparities). There are some regions whose coverage is about 93% (Kilimanjaro). The regions with the lowest immunization coverage which are Katavi (54.1%), Shinyanga (55.5%) and Tabora (58.9%). See the graph below.
Policy/strategic issues:

From the analysis above, inequality issues affecting “leaving no one behind” are rural-urban and regional disparity. Using the 2017 National Bureau of Statistics population estimation, the three regions has population of about 5Million, and using 6.6% as children under two years, then there are 331,150 needing vaccination. Using the reported regional coverage, arithmetic's show that about 111,330 children are missing vaccination annually. As we embark on Universal Health Coverage journey, this is not politically and public health perspective correct.

Policy Recommendations:

1. We call upon the responsible government Ministries of Health, President Office Regional Administration and Local Government, to develop specific strategies that address regional and urban Vs Rural disparities,

2. We urge Political leaders in these regions (Members of Parliament and councillors, District commissioners and Regional Commissioner) to mobilize communities to ensure their children are seeking health services,

3. We request Development Partners in Health to support Government initiative to significantly reduce these inequalities in accessing immunization

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