

Act now: Advance immunization equity in Africa

With renewed commitment, strategic action, and robust partnerships, we can still save millions of lives.



Despite its proven impact and strong continental commitments, immunization in Africa is increasingly under threat—jeopardizing hard-won progress and putting millions at risk.

Few investments deliver as much impact as immunization. Vaccines are not only a proven strategy for preventing disease and saving lives—they also reduce long-term health care costs and drive economic growth. According to the United Nations Children's Fund (UNICEF), every US\$1 invested in vaccines yields up to \$26 in return, making immunization one of the most cost-effective public health tools available.

In 2017, recognizing the critical role of immunization in advancing public health, African leaders endorsed the Addis Declaration on Immunization (ADI), committing to universal access to vaccines as a cornerstone of the continent's health and development agenda. By committing to financing strong health systems, the leaders set a clear vision for the continent.

Three years later, the global community built on that vision with the Immunization Agenda 2030 (IA2030). While the ADI represented a political commitment, IA2030 provided a technical roadmap, outlining measurable targets and strategic priorities to help turn commitments into action. Together, these frameworks helped position immunization as a pathway to better health and resilience across Africa.

Yet despite its proven value and commitments made to advance immunization at the continental level, immunization in Africa faces mounting threats—from funding cuts at both global and national levels, to competing priorities amid a polycrisis, to strained health systems recovering from COVID-19 while coping with other emergencies—all of which jeopardize progress. These pressures threaten to roll back hard-won gains, leaving millions of children at risk of contracting vaccine-preventable diseases.

Progress amid challenges

Despite ongoing challenges, Africa has made remarkable strides in expanding vaccine access. The 2024 World Health Organization (WHO) and UNICEF immunization coverage estimates underscore the lifesaving impact of vaccines and their role in strengthening health security.

In 2024, vaccination efforts saved at least 1.8 million lives in the African region—nearly half of the global total. Through the “Big Catch-Up” initiative, over 5 million previously unvaccinated children in 24 priority countries received essential vaccines.

Routine immunization is also recovering post COVID-19. The third dose of diphtheria, pertussis, and tetanus coverage among one-year-olds rose from 72% to 74%, despite a growing birth cohort. The fight against polio has also seen major gains, with a 93% drop in circulating variant poliovirus type 1 cases and a 65% decline in overall cases in 2023 and 2024.

Human papillomavirus (HPV) vaccine coverage also increased from 28% to 40%, marking significant progress in protecting girls against cervical cancer. Sub-Saharan Africa now ranks second globally in HPV coverage.

While the progress is promising, it remains fragile. To maintain momentum, African governments must strengthen their commitment by increasing co-financing for vaccine programs in collaboration with Gavi, the Vaccine Alliance, UNICEF, and WHO.

This strengthened commitment can (1) support action to address persistent gaps in unvaccinated or undervaccinated children and (2) support the management of recurring outbreaks such as measles and other preventable diseases, which continue to strain health systems.



Victorine Wasonga, Vaccines and Immunization Coordinator, demonstrates the vaccine contingency plan at Chuowe Health Centre in Homa Bay, Kenya.

The Opportunity

Taking action now will not only protect hard-won gains but also push the continent closer to achieving global immunization goals.

Africa stands at a pivotal moment in its immunization journey. With renewed momentum and a strong foundation for success, countries have a unique opportunity to sustain progress, close persistent gaps, and accelerate toward the targets outlined in the ADI and IA2030. A key example is the ongoing development of the Africa Centres for Disease Control and Prevention's (Africa CDC's) Continental Immunization Strategy, which guides collective action to strengthen immunization programs as part of resilient, domestically financed, epidemic-ready primary health care systems in Africa.

The largely successful 2025 Gavi replenishment—over \$9 billion pledged, plus \$4.5 billion in complementary financing—will enable implementation of Gavi's 6.0 strategy and strengthen country systems. Regional leadership is also advancing, with Africa CDC and partners driving the Continental Immunization Strategy, and the launch of the African Vaccine Manufacturing Accelerator signaling a bold step toward health sovereignty.

The recently launched [Africa Regional Advocacy Strategy on Immunization 2025–2030](#), developed to drive joint advocacy to accelerate immunization equity in Africa, further aligns efforts and elevates African voices in global forums. Crucially, African governments are increasing domestic financing, as seen in the [19% rise in co-financing contributions in 2024](#). These developments create a powerful ecosystem for impact.

At PATH, we believe that taking action now will not only protect hard-won gains but also push the continent closer to achieving global immunization goals and securing a healthier future for all. As political instability, climate change, emerging health challenges, and fiscal constraints at both the country and global levels continue to take center stage, more advocacy is needed to capitalize on the momentum, help drive political action, and hold leaders accountable for their commitments.

Four priority action areas toward sustaining and driving immunization progress are as follows:



Strengthen political commitment and accountability



Increase domestic health investments



Promote African vaccine manufacturing



Strengthen coordinated, evidence-based communication



A vaccine conservation officer during a Yellow Fever vaccination campaign in Gbado-lité, North Ubangi, DRC.



Strengthen political commitment and accountability



HE Julius Maada Bio, President of Sierra Leone, delivers his keynote speech at the high-level side session on reaffirming Africa's commitment to immunization during the 38th African Union Summit in Addis Ababa, Ethiopia.

Political leadership is essential to ensuring health issues are prioritized, funded, and followed through on with accountability. Where strong commitment exists, countries have expanded vaccine coverage, reduced the number of zero-dose children, and introduced new vaccines.

Now more than ever, sustained political will and investment are needed to keep immunization high on the global health agenda, despite competing priorities. This means translating commitments into action—advancing policies that promote equity, increasing national budget allocations, and ensuring donor countries fully fund Gavi's \$11.9 billion target to reach over 500 million children between 2026 and 2030.

Despite the endorsement of the ADI by African Member States, accountability remains weak. Regional commitments often fail to translate into national policies due to blurred enforcement mechanisms, unclear budget allocations, and competing priorities. These gaps hinder transparency, delay resource disbursement, and reduce impact at the community level.

Reliable data are critical for effective decision-making, from setting global targets to delivering local services. Yet, access to timely, accurate health data remains limited, leaving policymakers and advocates without the evidence needed to design responsive policies or allocate resources effectively. Strengthening accountability mechanisms and improving data access are key to unlocking the full potential of the ADI and driving progress toward universal immunization coverage.

The African Union, governments, and heads of state all have a critical role to play in driving immunization forward:

- **The African Union and the Regional Economic Communities** should reinforce accountability for regional immunization commitments, including IA2030, the ADI, and national strategies.
- **Governments** must establish clear, enforceable accountability mechanisms for immunization policies and financing—ensuring transparent tracking of strategies, defined budget allocations, and timely resource disbursement. Strengthening governance, improving data use, and developing effective financing strategies are essential to turning commitments into measurable action and expanding coverage. Partners like Gavi, WHO, and UNICEF can support capacity-building efforts.

- **Heads of state** should champion immunization at the highest level, ensuring regional frameworks like the ADI are translated into actionable national policies and programs.
- **Ministries of finance and health** must enhance financial transparency and oversight by improving budget tracking and reporting, and ensuring timely, efficient use of resources, especially in underserved communities.

Championship in action

At the 38th African Union Summit, [President Julius Maada Bio of Sierra Leone emerged as a leading voice for immunization](#), calling for bold leadership and urgent action to accelerate progress toward continental health goals. Speaking at a high-level side session co-hosted by PATH, the African Union, Gavi, WHO, UNICEF, and other partners, President Bio emphasized that immunization is not just a health priority but a cornerstone of national security.

He urged African nations to take ownership of their immunization agendas and reduce dependence on external funding. As he powerfully stated, “Africa's immunization agenda must be owned and led by Africans today, with an urgency that cannot be overstated. . . . [It] must be seen as a non-negotiable pillar of national security—because, without a healthy population, nothing else matters.” His leadership reinforces the critical role of political will in driving the immunization agenda.



Increase domestic health investments



PATH's Esther Nasikye moderates a panel discussion on immunization financing with parliamentarians during the pre-NEAPACOH meeting session in Dar es Salaam, Tanzania, March 5, 2025.

To ensure all children receive the benefits of lifesaving vaccines, political will must translate into tangible investments.

As global financing landscapes shift and donor reliability declines, national governments must step up with equitable domestic investments in immunization. The potential to save lives, strengthen health systems, and advance equity through vaccines is unprecedented—but urgent and sustained political action is demanded. Immunization budgets are rising due to new vaccine introductions, growing birth cohorts, and expanded coverage across the life course. Reaching zero-dose and underimmunized communities adds further complexity. Governments must take bold steps to explore innovative financing strategies, foster cross-sector collaboration, and engage civil society to ensure national priorities are reflected in funding decisions.

In a challenging fiscal environment, where decision-makers must balance competing demands for limited resources, strong advocacy is essential to champion immunization and promote creative, sustainable approaches to financing.

To achieve this:

- **Governments** should fulfill their co-funding commitments to Gavi funding in support of Gavi 6.0 and the replenishment effort. Supporting Gavi in its efforts to expand access to immunization is one of the best buys in global health.
- **Governments** should reduce reliance on external aid by mobilizing domestic investments for immunization.
- **Governments** should leverage public-private partnerships to drive additional investments and improve vaccine access and delivery.
- **Ministries of health and finance**, with support from development partners, should ensure predictable funding to sustain routine immunization and respond effectively to health emergencies.

Funding Gavi 6.0

The 2025 Global Summit: Health & Prosperity through Immunisation secured unprecedented support for Gavi, with a record number of traditional and new donors—including the Central African Republic, Rwanda, and Uganda—joining the effort.

Notably, both current and former Gavi-supported countries pledged to Gavi's 6.0 strategy, demonstrating strong ownership and commitment to advancing global immunization goals. Robust pledges from implementing countries further reinforced the collective momentum toward expanding vaccine access and equity worldwide.

In addition to donor support, over US\$4.5 billion in innovative financing instruments were announced, including \$3 billion from multilateral development banks to support countries transitioning from aid to self-financing, and a \$1.5 billion liquidity facility for outbreak response. Vaccine manufacturers also committed to improving access and affordability, with price reductions and innovations projected to save Gavi up to \$200 million by 2030.



Expand access to low-cost, high-impact health innovations



Arthur Dani Hziidi examines slides for malaria parasites at the Institut National de Recherche Biologique (INRB). With PATH/MalariaCARE support, the INRB is helping to build a national archive of malaria slides.

Africa relies heavily on imported vaccines, leaving the continent vulnerable to supply delays, high costs, and uneven coverage. The African Union has set a goal to produce 60% of vaccines locally by 2040, but achieving this will require addressing limited manufacturing capacity, fragmented regulation, and unpredictable demand.

There are promising developments in this area. For starters, the African Union launched the African Medicines Agency (AMA)—a bold initiative to streamline medicine regulation across the continent. The initiative ensures access to safe, effective, and affordable medical products by establishing a unified regulatory system that supports local production and speeds up approval processes for priority health needs. Complementing this is the Platform for Harmonized African Health Products Manufacturing, which is working to scale up regional production of vaccines, diagnostics, and essential health products.

These efforts require accelerated and targeted investments, coordinated policy reform, and demand certainty. Without these, Africa's health security and universal immunization goals remain at risk.

To progress forward:

- **Governments, the African Union, and Africa CDC** should invest in building local vaccine manufacturing capacity. [PATH's R&D commitment tracker](#) showed that there is a severe gap in end-to-end manufacturing, clinical trial infrastructure, regulatory alignment, and technology transfers. These should be priority areas for investment in the short term, while in the longer term, the most strategic investments should focus on building capacity to manufacture antigens locally, therefore mitigating reliance on technology transfer and building end-to-end manufacturing capabilities.
- **African Union Member States** should ratify and implement the AMA treaty to harmonize regulatory systems across countries and improve vaccine approval and distribution.

- **The African Union** should operationalize the African Vaccine Manufacturing Accelerator to expand vaccine production capacity.
- **African heads of state** should lead the charge to promote the production and procurement of locally manufactured vaccines to enhance sustainability, strengthen the market, and build public trust in African-made vaccines.

Ratifying the AMA treaty

The African Medicines Agency (AMA) Treaty, adopted in 2019, was mandated to enhance the approval process for safe and high-quality medical products by facilitating collaboration and reliance mechanisms. It provides regulatory and scientific guidance for priority diseases, emerging diseases, and traditional medicines.

As of publication, only 39 out of 55 African countries had ratified the treaty and deposited their written instruments of ratification, which provide formal evidence of consent to be bound by the treaty and may include reservations and declarations. This slow process delays the intention to harmonize and strengthen regulatory systems at a continental level. [PATH supports the African Union Development Agency-NEPAD, regional bodies, health and development partners, and national governments to help shape an enabling environment for AMA's establishment and ratification.](#)



Strengthen coordinated, evidence-based communication



A member of a village health team (right) checks the immunization status of a child during a home visit in Southwestern Uganda.

COVID-19 unleashed two parallel pandemics: a biological one that swept across the globe, and a social one—an infodemic of misinformation—that spread rapidly through digital platforms. According to the World Bank, this wave of falsehoods threatens to deepen vaccine hesitancy, disrupt routine immunization, complicate new vaccine rollouts, and erode public trust in health systems.

Across Africa, vaccine confidence continues to suffer from the aftershocks of this infodemic. Misinformation and disinformation—often amplified through social media, cultural misconceptions, and politicized narratives—are undermining uptake of vaccines for HPV, COVID-19, malaria, cholera, and dengue. Even health workers, traditionally trusted messengers, are not immune to its influence.

Addressing this challenge requires sustained investment in evidence-based communication, culturally grounded community engagement, digital tools to counter falsehoods, and strengthened capacity for health workers and local leaders to rebuild public trust.

We must act now to rebuild trust and restore confidence in vaccines. To do this:

- **Ministries of health** should prioritize sustained, evidence-based risk communication and social listening systems that counter misinformation, engage communities, and reinforce trust in vaccines.
- **Community leaders, local health workers, civil society organizations, and advocates** should be trained and equipped with tools to address vaccine hesitancy, promote informed decision-making, and actively champion immunization within their communities.

Government CSO partnership delivering immunization gains in Uganda

In 2025, 25 civil society organizations (CSOs) in Uganda, supported by Gavi funding and managed through PATH Uganda, initiated their first-ever partnership with the Ministry of Health's immunization program. Together, CSOs and the Ministry are working across 98 districts to strengthen routine immunization, expand human papillomavirus (HPV) vaccine coverage, and reach children who have received few or no vaccines.

Since the program's launch in January 2025, the CSOs have achieved powerful early results. They successfully identified 17,648 zero-dose children and 39,808 underimmunized children. Crucially, they ensured that 12,393 zero-dose children and 26,936 underimmunized children received the necessary vaccines. To bring services closer to communities, the organizations supported 1,964 immunization outreaches, reaching a total of 112,861 children with vaccines and other health services. Furthermore, in the drive to prevent cervical cancer, the CSOs helped identify 69,440 girls eligible for HPV vaccination, with 42,904 receiving the vaccine. This demonstrates the vital role local partners are playing in extending the reach and impact of Uganda's immunization efforts.