



Strengthening routine immunization

Key lessons from **Niger**

The Gates Foundation launched the Routine Immunization Strengthening Program (RISP) in 2019 to improve routine immunization (RI) in subnational areas with low immunization coverage and high risk of polio transmission. From 2023 to 2026, the RISP Learning Consortium (LC) synthesized evidence across RISP countries to foster cross-country learning, identify lessons from different implementation approaches, and generate practical evidence to inform future immunization policies, programs, and investments.

KEY LESSONS



In Niger, the unexpected government transition disrupted memorandum of understanding (MoU) implementation and led to its early closure.

Shifts in authority and governance—along with disruptions to governance structures, relationships between the foundations and government counterparts, and data transparency—eroded partner trust and the political environment needed to successfully implement the MoU.



Digital innovations improved the transparency, speed, and resilience of financial flows.

While frontline providers viewed the changes favorably, some regional and national health system actors were resistant to the digital innovations. Prolonged lapses in partner-provided technical assistance (TA) limited change management support, leaving insufficient time and dedicated engagement to enable full adoption and sustained uptake by these health system actors.



The MoU addressed critical funding gaps and contributed meaningfully to service delivery.

The MoU's contribution was most evident in communities with limited access to health care, including Diffa, where access barriers were greatest. Mobile strategies may have played a role in supporting observed reductions in zero-dose prevalence.



ROUTINE IMMUNIZATION
STRENGTHENING PROGRAM
LEARNING CONSORTIUM

BACKGROUND

The regions of Diffa, Maradi, and Zinder, home to large numbers of refugees and internally displaced people, face an increased risk of conflict linked to armed group activity, which has disrupted RI services. According to the 2017 coverage survey, the proportion of children vaccinated with a third dose of the pentavalent vaccine (Penta3) was estimated at 66 percent in Diffa, 84 percent in Maradi, and 82 percent in Zinder. These three regions are home to a notable number of unvaccinated children: 27,090 in Zinder (5 percent), 23,520 in Maradi (1 percent), and 8,330 in Diffa (9 percent).

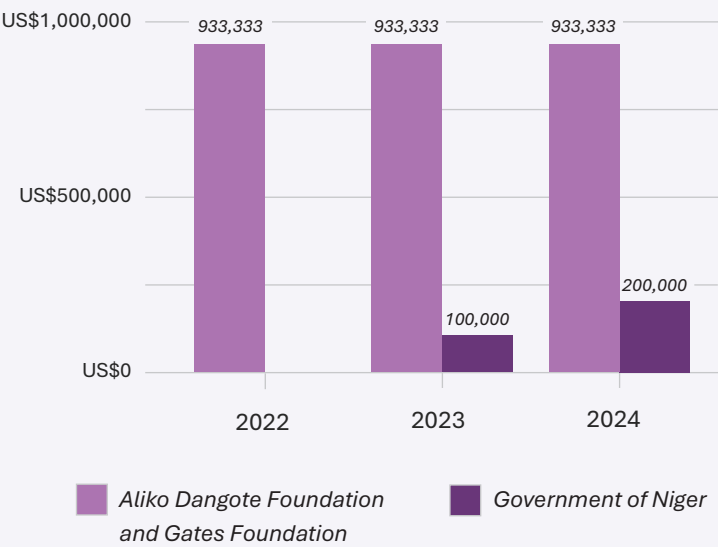


The Gates Foundation and the Aliko Dangote Foundation signed an MoU with the government of Niger on May 6, 2022, to strengthen RI in the regions of Diffa, Maradi, and Zinder. Niger’s health system is centrally governed, with limited devolved authority at regional levels. As such, national ministries (health, interior, and finance) signed the MoU.

THE GOALS OF THE MOU INCLUDED:

- Achieve 90 percent full immunization coverage.
- Achieve 90 percent Penta3 coverage in 90 percent of districts.
- Vaccinate 90 percent of identified zero-dose children.
- Stop poliovirus transmission.
- Maintain national financing and supply of routine vaccines.

The government of Niger and the foundations collectively committed US\$3.1 million, with phased government cost-sharing.



The MoU aimed to boost immunization coverage, manage polio outbreaks, enhance equitable immunization coverage, and progressively transfer program management to local governments. Key features included pooled basket funding with phased government cost-sharing, transparent financial management, real-time monitoring and accountability mechanisms, and a gradual reduction in external TA as regional capacity increased.

Following the unexpected government transition in 2023, the Gates Foundation temporarily adjusted its grantmaking approach, shifting from direct government funding to channeling resources through a third-party grantee between December 2023 and May 2024. While funding flows to the government resumed in May 2024, the overarching MoU with the government was not renewed after December 2023. The only direct agreement that remained in place was the grant between the Foundation and the Ministry of Health and Public Hygiene, which continues through June 2026.

INTERVENTION DOMAINS:

- Monitoring and evaluation and data management.
- Community engagement and social mobilization.
- Reaching zero-dose and under-vaccinated children.
- Governance, leadership, and program management.
- Cold chain maintenance.
- Financing and financial management.

TECHNICAL ASSISTANCE PARTNERS:

- **Askaan Santé**—overall support for activity implementation).
- **2AC Associés Audit et Conseil**—fiduciary agent.
- **Bluesquare**—data dashboard.
- **McKing Consulting Corporation**—political advocacy and coordination.
- **Solina Centre for International Development and Research**—overall support for activity implementation.
- **The Center for Advancing Public Health**—third-party fund manager.

STRENGTH OF EVIDENCE

The RISP LC applied a strength-of-evidence rating (strong/moderate/limited) to each finding, reflecting the level of convergence across sources:

STRENGTH OF EVIDENCE: **STRONG**

- Clear convergence across multiple, diverse sources; rich and credible evidence supporting program theory; minimal uncertainty.

STRENGTH OF EVIDENCE: **MODERATE**

- Partial convergence or convergence within a smaller set of data sources; theory-supported with some remaining uncertainty.

STRENGTH OF EVIDENCE: **LIMITED**

- Mixed or inconsistent signals; lower information power; exploratory interpretations.

LESSON 1

In Niger, the unexpected government transition disrupted MoU implementation and led to its early closure.

Shifts in authority and governance—along with disruptions to governance structures, relationships between the foundations and government counterparts, and data transparency—eroded the partner trust and political environment needed to successfully implement the MoU.

STRENGTH OF EVIDENCE: **STRONG**

FINDINGS

- **Initial gains in RI coordination and performance monitoring were short-lived.** The MoU successfully established coordination and performance monitoring mechanisms, but these structures were abandoned or became nonfunctional after leadership changes.
- **Following the change in government, the government demonstrated strong resistance to external technical support and to routine data transparency.** Although Bluesquare created a digital dashboard, the data were incomplete and not updated regularly, undermining its usefulness and reflecting broader resistance to data sharing.
- **The highly centralized governance structure was not well aligned with the MoU model intended to strengthen subnational systems.** Government partners in Niger noted that limited adaptation to the local context, where there is little devolved authority and where regional leaders face constrained oversight with limited capacity to use data, undermined progress and reduced the overall success of the MoU approach.

TIMELINE

KEY

- Management decisions
- Political and programmatic shocks

2021

Q1: Gates Foundation begins work with the Ministry of Health and Public Hygiene

2022

Feb: TA partners engaged

May: MoU is signed

Oct: National vaccination forum

Nov: Gates Foundation contributions disbursed

2023

July: Change in government

Dec: Decision by the Foundation leadership not to renew the MoU and to use a third-party grantee to support humanitarian activities

2024

Mar: Regional program reviews

Mar: TA partner contract ended

May: Funding to the Ministry resumed

Jun: National program review

Jul: New TA partner contract signed

No-cost extension of the grant through June 2026 using carryforward funding

2025

Jan: New TA partner staff assigned to MoU regions

2026

Jun: Grant end date

Change in government triggers major disruption to MoU coordination and donor funding seven months into implementation

Ten-month gap in TA partner support in the three MoU regions negatively impacts financial and programmatic operations

- **Global financial sanctions imposed following the July 2023 change in government disrupted public financing channels and reduced fiscal space.** While the government did not explicitly cite sanctions as the cause of nonpayment, these constraints likely contributed to delays in meeting financial commitments. Of the US\$300,000 committed by the government, only US\$100,000 was disbursed in December 2025 using resources granted by the World Bank rather than national revenues, as intended.
- **The politically unstable context constrained the effective implementation of the MoU model.** MoU effectiveness depends on several key enabling conditions—notably, stable leadership, aligned priorities, and mutual trust and transparency between the foundations and government counterparts.

CONSIDERATIONS

- **Donors and development partners should codesign MoUs with government counterparts to explicitly enable subnational implementation, even amid changes in central-level governance.** In highly centralized or politically unstable settings, MoUs agreed upon at the national level may impede subnational system strengthening unless they are paired with explicit mechanisms to improve devolution of authority, data use, and subnational decision-making capacity.
- **Donors should build stronger safeguards for data.** Fragile settings may require stronger safeguards with the government to ensure data transparency, monitoring, and the continuity of performance structures, such as minimum transparency and data-sharing clauses in the MoU.
- **Donors and government partners should adopt flexible and context-appropriate cofinancing arrangements.** Government cofinancing expectations should reflect realistic fiscal capacity and political risk. More adaptive models may be necessary for objectives to remain pragmatic and achievable and to avoid delays when governments face sanctions or revenue shortfalls.

FUTURE LEARNING

- *Are MoUs appropriate for politically unstable or centralized government systems?*
- *In politically unstable settings, what MoU adaptations work best to improve government/political engagement?*
- *In centralized governance settings, what MoU adaptations work best to strengthen subnational systems?*

LESSON 2

Digital innovations improved the transparency, speed, and resilience of financial flows.

While frontline providers viewed the changes favorably, some regional and national health system actors were resistant to the digital innovations. Prolonged lapses in partner-provided TA limited change management support, leaving insufficient time and dedicated engagement to enable full adoption and sustained uptake by these health system actors.

STRENGTH OF EVIDENCE: **STRONG**

CONTEXT

The Niger MoU established a pooled basket fund for RI—supported by the government of Niger, the Gates Foundation, and the Aliko Dangote Foundation—and introduced several digital innovations to strengthen financial management. As of June 2024, US\$2 million had been deposited into the basket fund, with US\$1.4 million transferred via mobile money through the Airtel network to regional and district immunization coordinators to support program activities and US\$600,000 transferred to the National Immunization Directorate. The MoU introduced electronic expenditure justification through the open-source IASO data collection platform, digitizing receipts and improving transparency, accountability, and reporting efficiency.

FINDINGS

- **Mobile money recipients reported faster, more secure transfers and improved financial transparency.** Mobile transfers helped sustain program activities during the 2023 banking system collapse.
- **National and subnational health system actors were uncomfortable with the mobile money approach.** Shifting direct payments to frontline coordinators bypassed the Administrative and Financial Service (SAF) and district managers, changing financial control and altering established accountability pathways. As a result, SAF and district managers were reluctant to justify MoU-related expenditures, contributing to a low justification rate and delays in audit processes.
- **Initial expectations that mobile money and electronic justification would drive rapid, large-scale change were not met.** National government actors emphasized the need for greater flexibility and adaptation to allow reforms to unfold gradually in stages.

“Beneficiaries are happier to have their money without intermediaries.”

—Regional government actor

“We need to innovate and change the way we do things, but we need to innovate gradually and in stages. Unfortunately, we haven’t been able to pace ourselves, and that’s caused a lot of difficulties.”

—National government actor

“For any financial procedure, there are existing mechanisms that maintain a system of accountability. With the arrival of the MoU, they said we were going to innovate financing, but they didn’t respect the chain of accountability.”

—National government actor

- **Reluctance to adopt new financial accountability and resource management procedures highlighted differing incentives among system actors.** The preexisting SAF-district manager-managed cash disbursement system may have provided financial or operational advantages to intermediary actors, which could help explain their limited support for a shift to direct payments to frontline staff.
- **TA lacked the duration and consistency needed to overcome challenges.** Extended gaps in support—four months at the national level and ten months at the regional level—stemmed from a prolonged government-led process to endorse a new TA partner and approve staff selection. These delays disrupted planned activities and weakened the continuity required to sustain effective change management.

CONSIDERATIONS

- **Donors should adapt financial reforms to existing accountability structures and political economy dynamics.** Mapping formal and informal financial flows to understand beneficiaries of the current system can help highlight potential areas of resistance.
- **Donors should ensure sustained, well-sequenced TA to support change management.** Longer-duration, consistently staffed TA is essential to reconcile differing perspectives between financial and technical units and build shared ownership of reforms among health system actors.
- **Donors and government partners should strengthen institutional capacity, accountability, and transparency within the financial management system.** Provide support to address incentive structures by reinforcing accountability mechanisms, improving transparency across financial processes, and creating safeguards that reduce opportunities for actors to benefit from the cash disbursement system.

FUTURE LEARNING

- *What strategies are most effective in reducing resistance among health system actors to financial management reforms?*
- *What TA approaches best support change management?*
- *What factors contribute to sustained government ownership of reforms?*

LESSON 3

The MoU addressed critical funding gaps and contributed meaningfully to service delivery.

The MoU’s contribution was most evident in communities with limited access to health care, including Diffa, where access barriers were greatest. Mobile strategies may have played a role in supporting observed reductions in zero-dose prevalence.

STRENGTH OF EVIDENCE: LIMITED

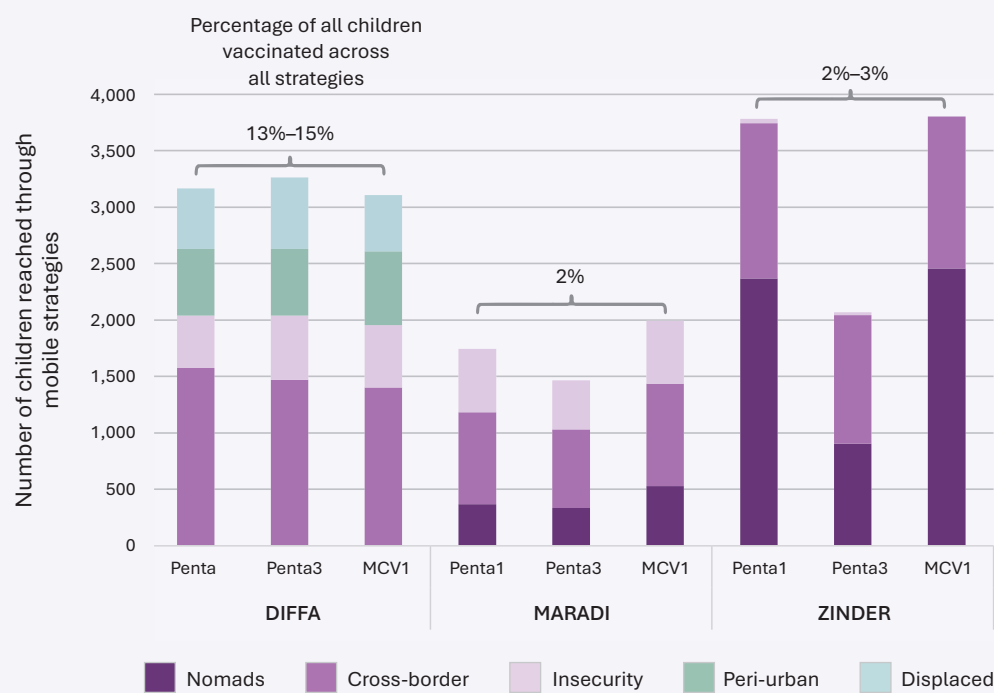
CONTEXT

The MoU invested in targeted strategies to improve RI coverage in populations with limited access to health care and strengthen community engagement to improve vaccine acceptance and demand. Interventions included mapping nomadic and insecure areas to inform special vaccination strategies; conducting mobile vaccination in urban, nomadic, insecure, and cross-border settings; and engaging community leaders to plan and implement vaccination activities to help increase acceptance.

FINDINGS

- The MoU filled a critical resource gap that enabled the government to implement special vaccination strategies in urban, nomadic, insecure, and cross-border areas with limited access to services.
- Mobile outreach contributed modestly to total vaccinations in Zinder and Maradi (2 to 3 percent) but had a larger role in Diffa (13 to 15 percent). In Diffa, where insecurity and humanitarian conditions made access especially challenging, these strategies may have contributed to the decline in zero-dose prevalence (from 9 to 7 percent) between the 2017 baseline and the 2024 coverage survey.

Relative to fixed and outreach services, mobile strategies accounted for a larger share of vaccinated children in Diffa (13%–15%) compared with Maradi and Zinder (2%–3%).



Source:
Administrative data from 2023, as reported in the presentation: Routine Immunization Strengthening Program in Niger – 2023 Review and 2024 Outlook, November 2023.

Abbreviations:
MCV1, first dose of meningococcal conjugate vaccine; Penta, pentavalent vaccine; Penta1, first dose of pentavalent vaccine; Penta3, third dose of pentavalent vaccine.

- **Observed Penta3 coverage trends during the MoU period suggest immunization system resilience more than program-specific impact.** Between 2017 and 2024, coverage increased substantially in Diffa (from 66 to 79 percent), while Maradi and Zinder experienced slight declines yet remained at relatively high levels (82 percent and 80 percent, respectively), demonstrating the system's ability to sustain performance amid recurring shocks.
- **Engagement with traditional and religious leaders shows promise for improving demand.** Health facility chiefs reported shifting community perceptions toward vaccination, attributing these changes to health worker sensitization and advocacy by local authorities and traditional and religious leaders. However, the overall influence on immunization coverage remains undetermined, as several activities were introduced after data collection for the 2024 coverage survey, limiting the ability to assess their effects.
- **Sustaining special vaccination strategies without donor support will be difficult.** The government lacks sufficient resources to maintain these strategies in remote or insecure settings.

CONSIDERATIONS

- **Donors and government partners should assess the appropriateness of the MoU model in high immunization coverage settings.** Where the incremental impact on coverage is likely to be modest, the resource-intensive nature of MoUs may limit cost-effectiveness. Selective strategies to overcome clearly defined barriers may offer greater value than system-wide implementation.
- **Donors, partners, and governments should plan for sustainability from the outset.** Ensure effective outreach models are funded through routine program budgets and planning cycles to provide a sustained funding pathway for resource-intensive strategies.
- **Donors and government partners should assess the community outreach activities that have the greatest impact on improved vaccine acceptance.** Understanding the approaches that improve demand allows for tailored strategies that resonate within a community and ultimately improve vaccine coverage.

FUTURE LEARNING

- *What are the effects of specific demand generation activities on immunization coverage?*
- *How can delivery models—fixed, outreach, and mobile—be optimized to address distinct access barriers across different regions? What is the effect on immunization coverage?*



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