

Key findings

- **Government funding declined as a source of immunization financing**, ranging from 43 percent to 29 percent between 2017 and 2022.
- **Domestic expenditures were low for immunization programs and vaccines**. Immunization accounted for 4 percent of the current health expenditure and 10 percent of domestic general government health expenditure in 2020, respectively. Vaccine spending accounted for 2 percent of the current health expenditure and 7 percent of domestic general government health expenditure in 2020, respectively.
- **Government expenditures for health did not meet the 2001 Abuja Declaration threshold of 15 percent.**
- **Immunization financing is a declining priority**, and a lack of government investment threatens the sustainability of immunization services.
- **Donor dependence threatens the sustainability of health and immunization services.**

Immunization progress and challenges for financing in Ethiopia

Approximately 19 million children under the age of 5 are directly at risk of vaccine-preventable illnesses in Ethiopia. Low government investment is compounded by ongoing conflict, which weakens health systems and disrupts services.

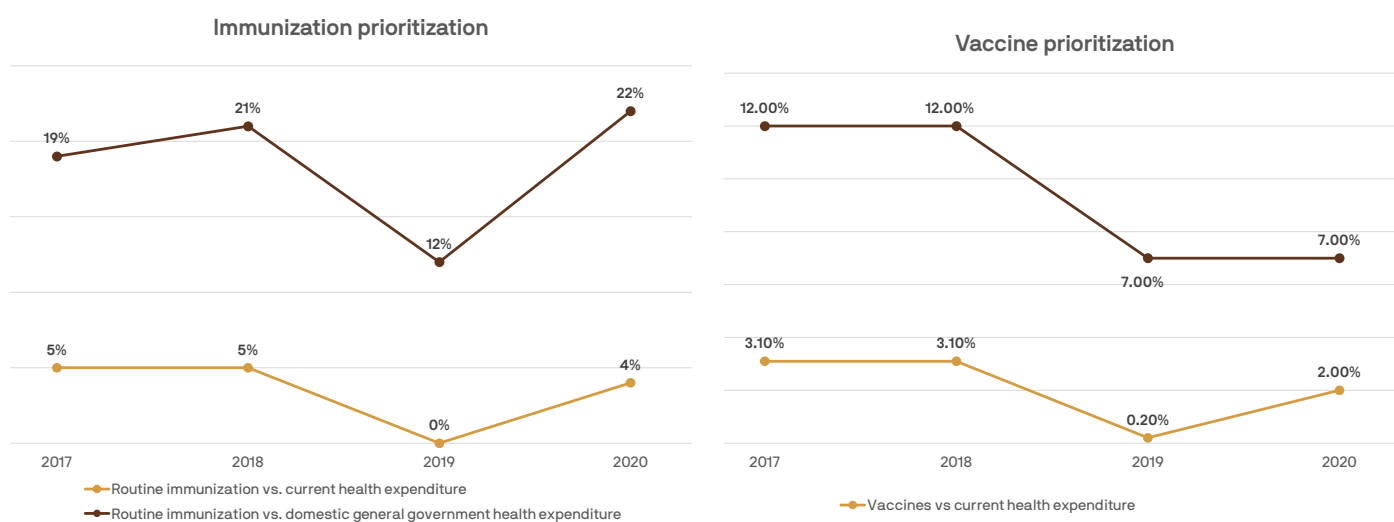
One consequence of the conflict is a large population of internally displaced persons and refugees. Adverse climate changes, such as severe drought, are also expanding displaced populations. These are challenging groups to reach with immunization services, and further migration extends the threat of disease throughout the region.

Since 2017, immunization coverage in Ethiopia has stagnated between 75 to 80 percent and dropped to 70 percent in 2021, likely due to COVID-19-related disruptions. Some vaccine-preventable illnesses, such as measles and cholera, surged between 2021 and 2024.²

Disparity in immunization between the richest and poorest Ethiopian children was among the highest in the countries reviewed. More than half of Ethiopia's poorest children did not receive the full suite of routine vaccines.

Government expenditures for routine immunization declined between 2017 and 2020 in Ethiopia, with the 2020 current health expenditure allocating 4 percent for immunization. The 2018 domestic health expenditure allocated 21 percent for immunization, but this declined to 10 percent by 2020 (see Figure 1).

Figure 1. Prioritization of immunization and vaccines in Ethiopia.



Source: PATH. Analysis of Selected African Union Member Countries' Progress Toward Sustainable Financing of Immunization. PATH; 2023

The government provided a range of 29 to 43 percent of financing for immunization between 2017 and 2020, paired with heavy reliance on donor support. Ethiopia is currently classified as being in the initial self-financing phase for Gavi, the Vaccine Alliance, eligibility.

Policy commitments

Ethiopia's 2021 National Implementation Guideline for the EPI incorporates strategies to increase access and coverage, reduce dropout rates, and improve the overall quality of services. Other priorities include strategies to address inequities, reach displaced populations and conflict-affected areas, and improve disease surveillance.

The guideline highlights coordination and accountability as important elements in successful immunization strategies. To achieve and sustain high immunization coverage, in particular, the guideline sets a strategy to enhance financial sustainability through government allocation and resource mobilization.

The human papillomavirus vaccine and the second-dose measles vaccine are the most recent additions to the EPI schedule in Ethiopia, with both added in 2018. In 2020, the tetanus-diphtheria vaccine replaced the tetanus toxoid vaccine, and the program upgraded the pneumococcal vaccine to the 13-valent pneumococcal conjugate vaccine.

At a glance:

Immunization in Ethiopia

Under-5 population: **19.1 million³**

Under-5 mortality: **47 deaths per 1,000 live births⁴**

Immunization coverage rate: **70%**

Government contribution to immunization: **29% (2022)**

Zero-dose children: **3.9 million⁵**

A call for action

National -level decision-makers

- **Progressively increase government financing** and budget allocation for immunization programs.
- **Expand immunization programs to address zero-dose** and underimmunized children.
- **Explore innovative financing mechanisms**, such as public-private partnerships that support immunization services in the context of health sector funding.
- **Improve the transparency and accountability of immunization financing** to build trust and confidence among stakeholders.
- **Strengthen financial management systems within the health sector** to ensure that resources are used effectively and efficiently.
- **Prioritize immunization programs in development plans** at both national and regional levels, and develop multiyear funding plans to ensure predictable and sustained support.
- **Prioritize microplanning** to identify resources, needs, and forecasting, and to improve efficiencies among government agencies and partners.
- **Collaborate regionally to improve immunization among refugees** and internally displaced persons.
- **Strengthen partnerships with civil society organizations and the private sector** to support immunization programs.

Civil society

- **Prioritize advocacy efforts for domestic budget allocations for health and immunization** services that will meet local, regional, and global development goals.
- **Track commitments to enhance government accountability** on immunization financing, forecasting, and monitoring.
- **Support the development of sustainable financing plans** that increase domestic investment in immunization.
- **Amplify solutions for social and economic development** to reduce health inequities.
- **Build public awareness and trust in vaccines** through outreach campaigns and engagement with community leaders.
- **Sustain advocacy for peace-building and conflict resolution** as critical ingredients to functional health systems and immunization services.

Donors and partners

- **Coordinate sufficient investment that catalyzes increased domestic resources** to support countries in achieving immunization goals and tracking country progress.
- **Emphasize and pursue links between global, regional, and national goals** for immunization programs and health systems.
- **Incentivize and expand local and regional expertise** in vaccine development and immunization technology.

References

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Sources

PATH's review analyzed secondary data from global and country-based immunization and health databases, peer-reviewed scientific articles, and gray literature.

Data sources for this review encompassed EPI reports, budgets, immunization financing reports, and databases from the World Health Organization, the United Nations Children's Fund (UNICEF), Gavi, the World Bank, and the International Monetary Fund.

Acknowledgments

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