



Securing Nigeria's future

Invest more, invest now to sustain immunization gains



Aissatoulisa Gning, 8, with her mother, nurse Mbène Diagne, in Dalifort. PATH/Gabe Bienczycki

Overview and purpose

In 2017, the Government of Nigeria as a member of the African Union made a historic commitment to improve access to vaccines as part of the Addis Declaration on Immunization. This pledge included a goal to expand domestic funding and investments.

To evaluate progress, PATH conducted a retrospective study in 2023/2024 on immunization financing in Nigeria and nine other African countries¹. This summary provides key findings and recommendations from PATH's study, highlighting common trends, challenges, and opportunities.

Target audience and goals

Policymakers can use this resource to inform legislation and strategies aimed at improving community health and national development.

Civil society advocates at global, regional, and local levels can apply these findings and recommendations to advance immunization advocacy with policymakers and communities. They can also inform strategies for government accountability toward national and global targets.

Donors and partners can use this summary to inform investments and collaborations.

Addis Declaration on Immunization, Goal 2: Increase and sustain

domestic investments and funding allocations to meet the cost of traditional vaccines, fulfill new vaccine financing requirements, and provide financial support for operational implementation of immunization activities by Expanded Program on Immunization programs.

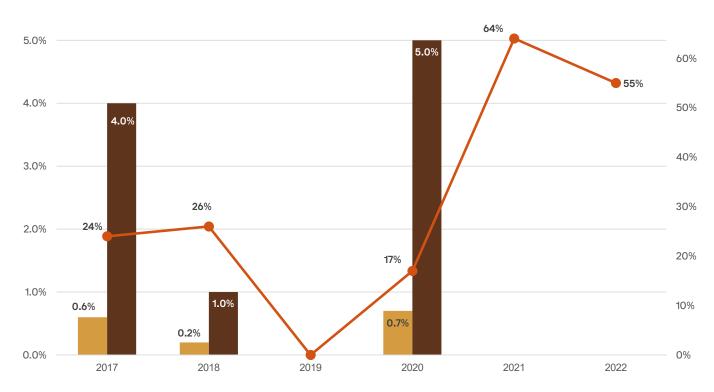


The VacciNations Campaign is an advocacy initiative led by PATH, WACI Health, and the Gavi CSO Constituency. It aims to ensure increased funding commitments for immunization through Gavi replenishment and domestic resource mobilization for sustainable immunization financing.

Key findings

- Government investments in immunization fluctuated, ranging from 17 to 64 percent of immunization financing between 2017 and 2022 (see Figure 1).
- Domestic expenditures were low for immunization programs and vaccines. Immunization accounted for less than 1 percent of current health expenditure and less than 5 percent of domestic general government health expenditure between 2017 and 2020.
- Vaccine spending accounted for 2 percent of current health expenditure and 5 to 13 percent of domestic general government health expenditure.
- Government expenditures for health did not meet the Abuja Declaration threshold of 15 percent.
- Donor dependence threatens the sustainability of health and immunization services.
- Competing public health priorities, low tax revenues, and high debt contribute to the challenges of government investment in routine immunization.
- Out-of-pocket expenditures for health care were highest in Nigeria (75 percent), among the ten countries analyzed.

Figure 1. Government prioritization of immunization in Nigeria.



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

Immunization progress and challenges for financing in Nigeria

Nigeria is Africa's most populous country, and the United Nations Children's Fund (UNICEF) estimates that 7 to 8 million babies are born here each year — a rate that significantly exceeds the global average. Up to 75 percent of Nigerian children live in poverty, and mortality rates for infants and children under 5 nearly double the rates of most other countries that PATH included in this review.

Low government investment and regional conflict compromise health services, and vaccine-preventable diseases threaten 33.5 million children under 5. Since 2017, national immunization coverage rates have demonstrated a positive trend in growth.² But coverage still remained below 80 percent as of 2021, resulting in outbreaks of diseases like diphtheria.

Nigeria also recorded a high rate of zero-dose children and the greatest inequality in zero-dose proportions among the countries reviewed. Sixty percent of the country's poorest children did not receive any vaccines, compared to less than 5 percent of children in wealthier Nigerian cohorts. Reaching the "last mile" for immunization is acutely challenged by poor infrastructure and inadequate staffing.

Domestic financing for immunization programs in Nigeria is suboptimal due to many factors, including economic instability, conflict, poverty, and competing health priorities. Nigeria relies on donors like Gavi, the Vaccine Alliance, for vaccine support and is currently classified as being in the accelerated transition phase for Gavi eligibility.

Policy commitments

The National Immunization Policy in Nigeria is supplemented by the National Strategic Plan to Optimize Routine Immunization, which was established with a goal of reducing the rate of zero-dose children to less than 10 percent by 2024.

Within its inaugural Nigeria Immunization Policy, the government encourages local production of vaccines and aims to ensure selfsufficiency in vaccine availability. Furthermore, the policy sets a goal to incrementally increase financing and ultimately provide 100 percent of funds for vaccine procurement by 2028. Other priorities include public-private partnerships for procurement and supply management, as well as incentives for domestic vaccine production.

In late 2024, Nigeria became the first country in the world to roll out a new pentavalent meningitis vaccine. Nigeria also rolled out a malaria vaccine, starting with the most vulnerable states in 2024, with plans for expansion country-wide by 2025.³

At a glance: Immunization in Nigeria

Under-5 population: 33.5 million⁴

Under-5 mortality: 110 deaths per 1,000 births⁵

Immunization coverage rate: < 80%

Government contribution to immunization: **55%** (**2002**)

Zero-dose children: 2.2 million⁶

A call for action

National -level decision-makers

- Progressively increase government financing and budget allocation for immunization.
- Expand immunization programs and improve health care infrastructure to address zero-dose and underimmunized children, including in rural and conflict-ridden regions.
- Refine public budgeting processes and resources to increase visibility and priority of immunization.
- Strengthen forecasting and quantification capacities for immunization commodities.
- Explore innovative financing mechanisms, such as public-private partnerships that support immunization services in the context of health sector funding.
- Strengthen financial management systems within the health sector to ensure that resources are used effectively and efficiently.
- Improve data systems with stronger partnerships and practices for data collection, analysis, management, and distribution.
- Expand health insurance programs to cover immunization costs, establish public-private partnerships for health insurance, and increase awareness of health insurance benefits.
- Invest in social and economic development to reduce health inequities.
- Collaborate regionally to improve immunization among refugees and internally displaced persons.

Civil society

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

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

- 1. PATH. Analysis of progress towards sustainable financing of immunization in ten African countries. Accessed June 4, 2025. <u>https://www.path.org/our-impact/</u> <u>resources/analysis-of-progress-towards-sustainable-financing-of-immunization-</u> <u>in-ten-african-countries/</u>
- 2. Olufadewa I, Adesina M, Oladele R, Shonubi A, Bamidele D, Obigwe E. Trends and predictors of full immunization coverage in Nigeria. Discover Public Health. 2024;21(1):151. <u>https://doi.org/10.1186/s12982-024-00283-x</u>
- Hammanyero K. Nigeria introduces the R21 vaccine in a pivotal move for malaria control. World Health Organization Regional Office for Africa. December 5, 2024. Accessed June 4, 2025. <u>https://www.afro.who.int/countries/nigeria/news/nigeria-introduces-r21-vaccine-pivotal-move-malaria-control</u>
- 4. United Nations Children's Fund (UNICEF). How many children live in Nigeria? Accessed June 4, 2025. <u>https://data.unicef.org/how-many/how-many-children-under-18-live-in-nigeria/</u>
- 5. United Nations Children's Fund (UNICEF). Levels and Trends in Child Mortality, Report 2024: Estimates Developed by the United Nations Inter-agency Group for Child Mortality Estimation. UNICEF; 2025. <u>https://data.unicef.org/resources/levels-and-trends-in-child-mortality-2024/</u>
- Nigeria National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF). Nigeria 2021 Multiple Indicator Cluster Survey (MICS) & National Immunization Coverage Survey (NICS): Survey Findings Report. NBS and UNICEF; 2022. <u>https://www.unicef.org/ nigeria/media/6316/file/2021%20MICS%20full%20report%20.pdf</u>
- Africa Centres for Disease Control and Prevention. Accelerating Immunization: Seven Years of African Progress on Immunization – The Addis Declaration Review Report (2017-2023).

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 Expanded Program on Immunization reports, budgets, immunization financing reports, and databases from the World Health Organization, UNICEF, Gavi, the World Bank, and the International Monetary Fund.

Acknowledgments

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