

Securing Uganda's future

Invest more, invest now to sustain immunization gains



Nurse Beatrice Kabwiz talks with mothers and babies at the Centre de Sante Kasumbalesa Douane. PATH/Georgina Goodwin

Overview and purpose

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

To evaluate progress, PATH conducted a retrospective study on immunization financing in Uganda and nine other African countries.¹ 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 educate 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.

Key findings

- **Government investments in immunization fluctuated**, ranging between 27 and 47 percent in the years reviewed. In 2022, the government provided 30 percent of funds for immunization services.
- **Domestic expenditures were low for immunization programs and vaccines.** Immunization accounted for 0.1 percent of the current health expenditure and 7.3 percent of domestic general government health expenditure in 2020, respectively. Vaccine spending accounted for 0.1 percent of current health expenditure and 5.1 percent of domestic general government health expenditure in 2020, respectively.
- **Government health expenditures did not meet the 2001 Abuja Declaration threshold of 15 percent.**
- **Donor dependence threatens the sustainability of health and immunization services.**
- **Rising debt levels elevate financial risk and de-prioritize expenditures on health and immunization.**
- **Inefficient tax administration yields low revenues toward funding essential public services.**

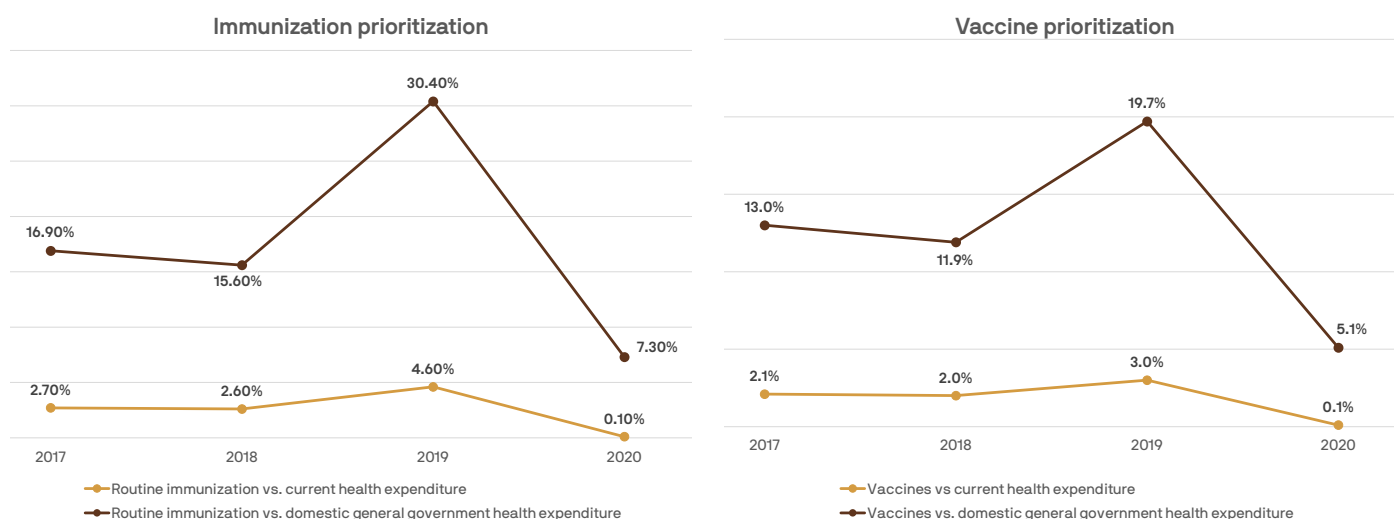
Immunization progress and challenges for financing in Uganda

Approximately 8.5 million children under the age of 5 are directly at risk of vaccine-preventable illnesses in Uganda, due to many factors, including low investments in immunization services by the government. Immunization coverage in Uganda is around 80 percent on average but declined between 2017 and 2022. Consequently, outbreaks of vaccine-preventable diseases—such as measles and polio—have occurred. Additionally, Uganda's proximity to fragile regions and its hosting of regional refugees increases health risks, including vulnerability to vaccine-preventable diseases.

The COVID-19 pandemic and other emergencies disrupted health systems. Only half of the population in Uganda can access high-quality essential health services. According to the National Immunization Strategy, 45 percent of children 12 to 23 months are underimmunized. Reaching the “last mile” for immunization is acutely challenged by dilapidated roads and infrastructure, poor cold chain systems, and inadequate staffing. Internally displaced persons and refugees also have limited access to immunization services, which poses health threats not only in Uganda but also regionally.

Expenditures for routine immunization in Uganda declined between 2017 and 2020. The allocation for immunization services in Uganda's health budget declined from 4.6 percent in 2019 to 0.1 percent in 2020. Government contributions provided 30 percent of immunization funding in 2022 (see Figure 1).

Figure 1. Prioritization of immunization and vaccines in Uganda .



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

Uganda relies heavily on external donors for vaccine procurement and immunization program implementation. The country is currently classified as being in the initial self-financing phase for Gavi, the Vaccine Alliance, eligibility.

Policy commitments

In its National Immunization Strategy 2024–2028, the Ministry of Health in Uganda targets policy goals, such as a five-year financing plan for vaccine procurement, deployment, and introduction. The strategy also emphasizes the government's role in cofinancing vaccines, improving accountability, and establishing a multiyear, comprehensive financing plan.

These priorities were informed by the findings of a 2020 EPI review that revealed vaccine supply and service delivery gaps, unreliable data management, and ineffective risk communication. These were exacerbated by inadequate capacity for program management at all levels.²

To track accountability and progress toward the ADI goals, the African Union Commission reviewed the progress made by member states toward implementing the commitments. Preliminary results from the review showed high scores in Uganda's commitment to keep universal access to immunization at the forefront of efforts to reduce child mortality. But the results noted mixed performance for with regard to increasing and sustaining domestic investments and funding allocations for immunization.

With the introduction of the malaria vaccine in 2025,³ it is essential that the Government of Uganda increases its expenditures on immunization to improve services, reach vulnerable populations, and ensure long-term program sustainability.

At a glance: Immunization in Uganda

Under-5 population: **7.9 million**⁴

Under-5 mortality: **41 deaths per 1,000 live births**⁵

Immunization coverage rate: **80%**

Government contribution to immunization: **30% (2022)**

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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