

# HFFG Policy Brief

May, 2026

## THE PATH TO IMMUNIZATION SOVEREIGNTY: Securing Sustainable Financing in Ghana's Gavi Transition

### INTRODUCTION

Over the past twenty years, Ghana has achieved a **98% DTP3<sup>1</sup> national coverage rate for children** through a strong partnership with Gavi, the Vaccine Alliance and other development partners. This progress has translated into significant reductions in child mortality and the control of vaccine-preventable diseases, positioning Ghana as a success story in immunization delivery across Africa.

However, as Ghana's economy grows, responsibility for funding these vaccines is shifting from donor support to full domestic financing under Gavi's accelerated transition phase. This means that financial responsibility for procuring and delivering vaccines is gradually shifting from donor support to full domestic financing. While this reflects Ghana's progress, it also introduces new fiscal pressures, requiring deliberate planning, increased budget allocation, and sustained political commitment to ensure that immunization gains are maintained and strengthened.

The **Financing Immunization Advocacy Response (FAIR) Project**, led by **Hope for Future Generations (HFFG)** with support from **Global Health Advocacy Incubator**, has identified critical gaps that could undermine these gains. From delayed payments of Government of Ghana's (GoG) co-financing obligations to the lack of earmarked funds for health commodities/vaccines to the lack of dedicated budget lines, the risks are real. This brief outlines why we must act now to ensure that "Immunization Sovereignty" becomes a reality, not just a goal.



HOPE FOR FUTURE  
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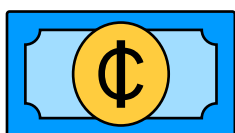
## 1. THE SHIFT: FROM PARTNERSHIP TO OWNERSHIP

Gavi's co-financing policy is designed to be catalytic, encouraging countries to take ownership of their health outcomes as their Gross National Income (GNI) increases. For Ghana, this means:

- **Increasing Obligations:** Our annual co-financing contributions have risen from **\$7.8 million in 2020** to an estimated **\$14 million in 2024**.
- **Declining External Support:** During this same period, Gavi's direct financial contribution is projected to drop from **\$15.5 million** to roughly **\$9.9 million**.
- **The Goal:** We are moving toward a future where Ghana fully self-finances its routine immunization programs, reinforcing national sovereignty and procurement capacity.

## 2. URGENT CHALLENGES & SYSTEMIC RISKS

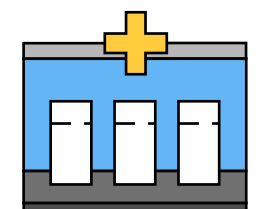
While the transition is planned, the execution faces "invisible" hurdles that have tangible consequences for Ghanaian families:



- **The Cost of Delay:** In 2022, the full co-financing payment was not completed until the **first quarter of 2023**. Such delays jeopardize vaccine procurement schedules and risk stock-outs.



- **Precarious Stock Levels:** With current vaccine stocks often hovering at only a **three-month supply**, any further delay in domestic fund release could lead to immediate shortages at the clinic level.



- **The Ripple Effect on Primary Health Care (PHC)<sup>2</sup>:** Immunization is often a child's first entry point into the health system. A missed vaccine visit often means missing out on **growth monitoring, nutrition counselling, and Vitamin A supplementation**. When the vaccines are not there, the entire PHC structure weakens.

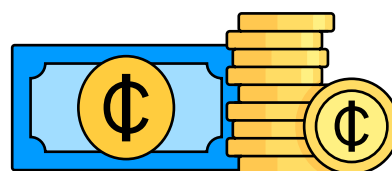
## 3. THE ECONOMIC CASE: WHY WE CANNOT AFFORD TO WAIT

Investing in vaccines is not just a health requirement; it is one of the smartest economic moves a government can make, for good reason:

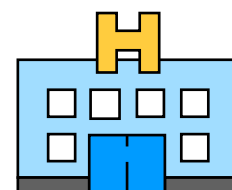
- **High Returns:** In African contexts, the benefit-cost ratio for immunization is staggering; estimated at **38:1** (using cost-of-illness methods) and as high as **97:1** (using value of life-year methods)<sup>3</sup>.
- **Productivity:** Healthy children are more likely to attend school consistently, develop cognitively, and reach their full potential. This translates into a stronger, more skilled workforce in the future. By preventing illness early through interventions like immunization, countries can reduce long-term healthcare costs and build a more productive population that actively contributes to economic growth.
- **Equity:** For low-income families, the cost of treating preventable diseases can be devastating, often requiring out-of-pocket payments that deplete savings or force households into debt. This diverts limited resources away from essential needs like food, education, and housing. Investing in prevention helps level the playing field, ensuring that vulnerable populations are not disproportionately burdened and have a fair chance at healthy, stable livelihoods.

## 4. PRIORITY ACTIONS FOR A SECURE FUTURE

No child should miss a vaccine because of delayed financing. To bridge the gap between policy and practice, HFFG and stakeholders propose the following:

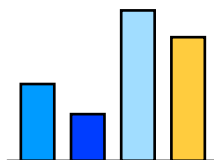


1. **Advance Payments:** Exploring mechanisms for advance yearly payments of GoG's co-financing obligation and **a) ring-fence the budget** - establish a protected, dedicated budget for health commodities/Vaccines **b) innovate financing** - explore "Trust Funds" or earmarked taxes to complement the general health budget and ensure long-term sustainability.



2. **Integrate with UHC<sup>4</sup>:** Align immunization financing with **Universal Health Coverage (UHC)** commitments to ensure services are equitable and accessible to the most vulnerable. Expanding financing through the NHIS

will strengthen domestic resource mobilisation while ensuring that immunization is well-positioned as a core pillar of primary health care.



**3. Improve Transparency and Tracking:** Enable real-time tracking of immunization financing by publishing regular expenditure and commitment reports.



**4. Decentralise Immunization Financing:** Empower districts with budget authority and timely releases to reduce delays in last-mile service delivery.

#### WHAT MUST BE DONE NOW

Sustaining Ghana's immunization gains requires decisive, coordinated action from all stakeholders:

- **Ministry of Finance:** Ensure the **timely and full release of vaccine co-financing funds** in advance yearly. Delays directly disrupt procurement, risk stockouts, and put children's lives at risk.

- **Ministry of Health / Ghana Health Service:** Strengthen **forecasting, procurement planning, and expenditure tracking** to ensure efficient use of limited resources and uninterrupted vaccine delivery across all regions.

- **Parliamentary Caucus on Immunization:** Provide **robust oversight and accountability**, ensuring that budget commitments are honoured, funds are utilized as intended, and immunization remains firmly on the national agenda.

- **Development Partners (including Gavi, the Vaccine Alliance):** Continue to support Ghana's transition to full domestic financing while strengthening accountability and ensuring immunisation gains are sustained.

- **Civil Society & Citizens:** With a collective voice, advocate for sustained investment in immunization, demand transparency in public spending, and hold leaders accountable for protecting every child's right to health.

#### A CRITICAL MOMENT FOR ACTION

The journey to immunization sovereignty demands decisive actions. Sustainable immunization requires strong political leadership, timely financing, and increased domestic investment. As we shift from Gavi support, Ghana can set a standard for others. It is a test of national commitment to health, equity, and development. Our investment today builds tomorrow's prosperity and health.

**#ImmunizeGH**

#### References

1. Diphtheria-Tetanus-Pertussis (DTP3): This refers to the third and final dose of the combined vaccine series protecting against diphtheria, tetanus, and pertussis. As a fundamental metric for health system performance, the DTP3 coverage rate measures the percentage of infants (typically under 12 months) who have completed the full three-dose course. High DTP3 rates indicate not only individual protection against these three life-threatening diseases but also signify a robust and accessible primary health care delivery system.

2. Primary Health Care (PHC): According to the World Health Organization (WHO), PHC is essential healthcare made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford.

3. Benefit-cost ratios are estimated using two approaches: (i) the cost-of-illness method, which values healthcare costs and productivity losses averted, and (ii) the value-of-statistical-life-year method, which assigns a monetary value to life-years saved based on willingness-to-pay for mortality risk reductions (Watts et al., 2022).

4. Universal Health Coverage (UHC) means that all people can access the health services they need, when and where they need them, without suffering financial hardship.

**For further information, please contact:**

Hope for Future Generations (HFFG)

Email: [info@hffg.org](mailto:info@hffg.org) | Website: [www.hffg.org](http://www.hffg.org)

Telephone: +233 (0) 303 971 433 | +233 (0) 303 971 435