

# CONTINENTAL IMMUNIZATION STRATEGY ADOPTION

## COMMUNIQUÉ

11 - 13 NOVEMBER 2025, KIGALI, RWANDA

### PREAMBLE

Immunization remains one of the most powerful, cost-effective investments in Africa's future. It is a vital pillar of public health and health security in Africa. The African region benefits most from the efforts of the Expanded Programme on Immunization launched in 1974, in terms of reduced infant mortality and increased survival rates: 1.8 million lives were saved in 2023 alone through vaccination efforts – nearly half the global total.

Despite these gains, routine immunization faces persistent challenges, with uneven coverage across regions over the last 20 years. According to the 2024 WHO and UNICEF estimates of National Immunization Coverage (WUENIC), DTP3 coverage in Africa stands at 76 per cent, unchanged from 2023, which is well below the IA2030 target of 90 per cent. Approximately 7.8 million children in the region missed out on DTP1 in 2024.

Persistent challenges such as low and unequal immunization coverage, increasing numbers of zero-dose children, fragmented financing, weak data systems, and recurrent vaccine-preventable disease (VPD) outbreaks continue to threaten progress towards Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). Though continental efforts have reached more children, amidst a rising number of births, the pace of change is insufficient to reduce zero-dose children and achieve universal coverage.

Furthermore, the continent stands at a defining moment for the sustainability of its public health programmes, including immunization programmes, given the decline in external health financing to most African countries and the rising debt crisis. For example, Official Development Assistance is projected to decline by an additional **9 per cent – 17 per cent** over 2024 level. While exact global dollar figures vary by source, the United States alone terminated 83 per cent of US-AID programmes in early 2025, creating a \$60 billion funding gap. This is compounded by the inadequate domestic Health Financing with only few African countries meeting the 15% national budget allocation for health. Furthermore, over 90% of Africa's vaccines and medical countermeasures are imported, making the continent's immunization programs vulnerable to global supply chain disruptions.

In this regard, Africa CDC is intensifying its efforts to tackle immunization challenges across the continent by collaborating with member states and partners at continental and regional levels. Immunization remains crucial in reducing mortality rates and achieving the Sustainable Development Goals (SDGs); however, vaccination coverage remains static at 75%, significantly below the IA2030 target of 90%. Notable regional disparities also continue, emphasizing the need for coordinated actions to strengthen health systems.

In various conversations, delegates have commented that the CIS is explicitly acknowledging conflict and fragility that several member states are experiencing either as whole country or in pockets.

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To achieve its vision of a resilient, equitable, and self-reliant Africa, the CIS defines three strategic outcomes that position immunization as a driver of primary health care strengthening, health system resilience, and epidemic preparedness. These outcomes address persistent challenges and emerging opportunities, align with continental and global priorities, and guide Member States in delivering life-saving vaccines in a sustainable and equitable manner.

Africa CDC through Immunization Unit within the Primary Health Care Center is stepping up to support of African Union Member States' immunization agendas and is developing its Continental Immunization Strategy (CIS) providing a pragmatic, time-bound pathway to strengthen immunization systems across Africa by anchoring vaccination firmly within resilient, epidemic-ready Primary Health Care (PHC) and health-security architectures. The CIS is designed to close equity gaps, reach zero-dose and under-immunized populations, and sustain life-course immunization while advancing the Addis Declaration on Immunization (ADI) and Immunization Agenda 2030 (IA2030) goals.

## CIS Development Process

The development of the Continental Immunization Strategy (CIS) was based on an extensive consultative process involving Member States, partners, and research institutions across the 5 regions in Africa and the initial consultative meeting took place in Addis Ababa from 17 to 19 March 2025, resulting in the initial CIS draft, which identified six strategic pillars and established consensus on success indicators and monitoring mechanisms.

Regional consultations refined strategic priorities and encouraged regional buy-in for the CIS and the meetings were held in Ghana, Malawi, Rwanda, Congo, and Tunisia in 2025, between July and October. The Africa CDC Continental Immunization Strategy (CIS) has a continent-wide approach with strong emphasis on PHC integration, health sovereignty, digital transformation, and domestic financing. The regional consultative meeting aims to refine strategic priorities and encourage regional buy-in for the CIS.

The goal of the regional consultative meetings was to create a comprehensive and actionable CIS document that addresses the continent's immunization challenges while paving the way for an equitable and self-reliant future. Following the regional consultations, the interim version of the CIS was submitted to the Africa CDC Advisory and Technical Committee (ATC) for guidance in October 2025 and received strong support and positive response with recommendations for the improvement on the CIS.

The purpose of the continental consultation in Kigali is a key opportunity to address outstanding issues and questions raised during the ATC meeting on the CIS. The 3-day consultative meeting provided an opportunity for Member States and partners to discuss and agree on unified response to the ATC queries on the CIS with a view to incorporate the comments and suggestions.

The Kigali meeting brought together Directors or Program Managers of EPI, Primary Health Care and Community Health and a total of 120 participants from African Union Member States participated in the CIS adoption workshop. The discussions were centered around the strategy's components: **strategic vision, guiding principles, theory of change, strategic priorities and the CIS monitoring framework along the six focus areas:** (1) Advocacy Political Leadership, Ownership, and Sustainable Immunization Financing, (2) Digital Transformation for Life-Course Immunization Systems- digital transformation for life-course immunization systems- data management, analytics, implementation research and capacity building, (3) Integration of Immunization within Primary Health Care (PHC) Systems/ (Service delivery), (4) Community Engagement, Trust-Building, and Social Behavior Change for Immunization Resilience, (5) Local Manufacturing, Pool procurement and Vaccine Supply Chain Resilience (Vaccine Access, Quality, Safety, and Regulation), and (6) Emergency Preparedness, Cross-Border Health Security, and Epidemic-Ready Immunization Systems (Surveillance, VPD Outbreak Preparedness, and Response)

Partners present at the meeting include African Union Commission, Africa CDC, GAVI, UNICEF, WHO, PATH, CSOs, Academic, etc.

The meeting concluded with renewed commitment from Member States and partners to advance the CIS implementation and coordination in the continent and a resolution as follows:

## RESOLUTIONS

Considering the discussions, deliberations, and plenary sessions to promote reflection and peer-exchange on the CIS strategic priorities, we, the EPI, PHC and CH Directors and Program Manager from Member States and partners unanimously adopted the following resolutions:

### PART I: EPI, PHC and CH Directors/Program Managers and partners

**BRIEF** the Senior Management of the Ministry of Health including the Ministers and Permanent Secretaries on the outcomes and recommendations of the Kigali CIS adoption meeting.

**ADVOCATE** for the alignment of the National Immunization Strategy to the CIS through advocacy meetings with stakeholders at national level.

**ENSURE** continuous follow-up on actions identified in the CIS adoption meeting to guarantee they are carried out effectively in our member states.

**IDENTIFY** priority areas of focus in implementing the activities agreed upon in the CIS strategy in line with the National Immunization Strategy.

**FACILITATE** cross learning among members, through joint meetings organized by Africa CDC and other partners to improve and sustain immunization coverage in the region.

**JOINTLY ADVOCATE** for the highest-level political commitment at continental, regional and national levels to secure adequate and sustainable health financing to support immunization services across all AU Member States.

**PROMOTE** cross-border collaboration mechanism through joint workplan development, exchange visits and experience sharing among our member states sharing boarders and convene annual review meetings to track progress.

**ALIGN** monitoring frameworks across levels to effectively track indicators and contribute to the Africa CDC reporting to ensure accountability in the implementation of the CIS in our member states.

**STRENGTHEN** immunization program management, enhance coordination, and improve immunization system performance in our member states.

**PROMOTE PARTNERSHIP WITH PRIVATE SECTOR** to support our member states to establish frameworks to contract, supervise, report and coordinate private providers in the provision of immunization services since the public-private sector partnership is essential in strengthening immunization services.

**EMBARK** on monthly review of NIS and CIS through integration with routine country review of health activities in our member states.

**REPORT** progress made on the national, regional and continental platforms quarterly to the Senior Management of the Ministry of Health for action.

**ENSURE** national ownership of the monitoring process is harmonized and integrated.

## PART II: Africa CDC and Partners

**WE, the EPI, PHC and CH Directors/Program Managers, urge Africa CDC and partners to:**

**Consider** exploring all opportunities for political advocacy to RECs and AU Heads of States and Governments (AU HoSG) to secure their commitment to immunization including through increased and sustained domestic financing.

**REVISE** the Continental Immunization Strategy (CIS) based on the feedback received from member states and partners and stakeholders during the adoption meeting in Kigali.

**FINALISE** the CIS by incorporating the comments and suggestions emanating from the Kigali adoption meeting and sharing the final version with the ATC for approval.

**SUPPORT** AU Member States in the development and implementation of national community health strategies, with an expanded package to include immunization activities.

**PROVIDE** guidance to the AU Member States in the implementation of the Continental Immunization Strategy.

**CONVENE** regional forum for Speakers of National Assemblies, Health and Finance Select Committee Chairs to solicit support for the allocation of resources from the National Budget for immunization activities.

**CONVENE** partners' and stakeholders' meetings to enhance collaboration and coordination of the implementation of the CIS at regional and continental levels.

**STRENGTHEN** coordination between Africa CDC and partners through joint initiatives in mobilizing adequate resources to support the CIS implementation at regional and continental levels.

**SUPPORT** member states to establish a dashboard to monitor immunization progress and coverage and encourage member states to share information on immunization service delivery.

**ESTABLISH** continental robust monitoring and evaluation frameworks to assess gaps and challenges in the implementation of health initiatives in the region and provide the needed solutions.

**EMPOWER** communities by supporting AU member states to invest in workforce development, train and deploy community health workers (CHWs) to mobilize communities, and ensure culturally sensitive delivery of immunization services as per the AU 2 million CHW initiative.

**SUPPORT** member states to develop communication strategies to counter misinformation, rumors, and misconceptions, facilitating the smooth introduction of new vaccines, increasing vaccine confidence, and promoting uptake in the region.

**SUPPORT** member states to digitalize immunization data and roll out national digital immunization registries integrated with DHIS2 and national ID platforms, enabling real-time individual tracking, accurate coverage monitoring, data triangulation (e.g., combining administrative, survey, and community data), and early identification and follow up of zero-dose children.

**SUPPORT** member states to strengthen immunization within an integrated PHC system and multisectoral platforms and ensure member states are supported to identify strategies to ensure context-specific immunization delivery models, embedding immunization services within broader PHC programs and aligning service delivery and community outreach opportunities with non-health sectors such as education, nutrition, and water, sanitation, and hygiene (WASH).

**ESTABLISH** regional and continental immunization knowledge and innovation platform to strengthen workforce development, research dissemination, and cross-country learning.

**STRENGTHEN** regional coordination for enhanced cross-border surveillance and establish and operationalize a coordinated system to enable real-time sharing of epidemiological data, allowing for faster identification and containment of potential outbreaks before they escalate.

**STRENGTHEN** capacities of members states by training of healthcare providers (pre and in-service) and community health workers in the members to support immunization service delivery.

**PROMOTE** regulatory framework considering the financing mechanisms adapted to the context of each country.

**CALL FOR** an increased investment in research to understand the regional health dynamics, especially the impact of health emergencies and factors responsible for zero dose and low immunization coverage in the AU member states.

**STRESS** the importance of fostering multi-sectoral collaborations and partnerships among governments, partners, NGOs, academia, and the private sector to enhance effectiveness in the implementation of the CIS.

**STRENGTHEN** multisectoral coordination mechanism and partner coordination at national, regional and continental levels.

### **PART III: MINISTERS OF HEALTH**

**WE**, the EPI, PHC and CH Directors/Program Managers and partners urge the Ministers of Health to strengthen the collaboration between Africa CDC, partners and stakeholders to support the implementation of CIS at regional and continental levels.

**ADVOCATE** for allocating adequate financial resources for health initiatives in the Member States – by exploring innovative financing mechanisms, such as taxes on tobacco, beverages, alcohol products, to support public health initiatives including immunization. The sustainability of these initiatives is critical to addressing the implementation of the Abuja Target on Adequate Health Financing by Governments.

**IDENTIFY** and engage immunization champions in each member state to support the mobilization of resources for immunization service delivery.

**CREATE** a specific budget line in the MoH budget to support immunization financing.

**CALL** for investments, public-private sector partnership to strengthen immunization to build resilient primary health care in the AU member states.

**IMPROVE** governance, accountability and transparency in the management of resources allocated to immunization through national and subnational mechanisms.

## CONCLUSION

We express sincere gratitude to Africa CDC for bringing the member states and partners to review and validate the CIS and map out key meeting conclusions and next steps to improve and sustain immunization coverage in our member states.

We extend our heartfelt appreciation to Africa CDC and partners, and the Government of the Republic of Rwanda through Rwanda Biomedical Centre (RBC) for their support in facilitating this important CIS adoption meeting in Kigali.

We extend sincere appreciation to the Africa CDC Advisory and Technical Committee (ATC) for the time and energy taken to critically review the draft CIS and provided constructive feedback and suggestions. This provided an opportunity to review the comments from ATC and provided feedback and recommendations to improve the continental document.

We are committed to advancing these resolutions and call our governments, the Africa CDC, Regional Economic Communities (RECs) and partners to implement the proposed actions, ensuring their alignment with national and regional immunization agenda.

The meeting acknowledges the ongoing challenges, including health financing, low immunization coverage, data harmonization, weak M&E and accountability frameworks and cross border collaboration. The meeting encourages strong multisectoral coordination, cross-border collaboration, innovative financing and increased private sector participation in immunization service delivery through collaborative efforts, innovative approaches, harnessing the potential of digitalization of data in the member states.

Together, we can Strengthen Immunization to Build Resilient Primary Health Care (PHC) and Enhance Health Systems in our Member States and we hereby endorse the Continental Immunization Strategy (CIS) with amendments.

**Presented in Kigali, Rwanda, 13<sup>th</sup> November 2025**



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Africa CDC is a continental autonomous health agency of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats.



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