

ADVOCACY BRIEF ·



# Liberia's Immunization Financing Crisis: Time to Act

Assessing GOL co-financing performance under GAVI, execution failures in vaccine budgets, and the growing risk to Liberia's immunization program as donor support tapers (2020–2024)

GAVI Co-Financing · Budget Execution · Fiscal Transition Risk · 2020–2024 Analysis



**URGENT: Dual Transition Risk Ahead**

GAVI is requiring Liberia to progressively increase its co-financing share, while the World Bank is ending support for traditional vaccines from 2026. Liberia's current domestic financing trajectory is dangerously inadequate to meet these rising obligations.

**KEY FINDINGS AT A GLANCE**



**1. Why Immunization Financing Matters Now**

Liberia's Expanded Program on Immunization (EPI) has historically depended on GAVI as its principal financier of vaccines and cold chain operations. While GAVI's partnership has been transformative, it comes with a clear expectation: countries must progressively assume greater domestic responsibility for vaccine financing.

Liberia is currently obligated to contribute at least 20% of total annual vaccine costs under the GAVI co-financing framework yet the government has consistently fallen short of this threshold. With GAVI's required GOL share rising and the World Bank exiting traditional vaccine financing from 2026, the gap between obligation and capacity is widening dangerously.

**⚠ The Bottom Line**

Between 2020–2024, GOL contributed just 15% of total immunization costs — below the 20% GAVI threshold. If this trend continues, Liberia faces vaccine stock-outs, rising arrears, and program disruption as external support tapers.

**2. GOL vs. GAVI Contributions: A Stark Imbalance**

Between 2020 and 2024, GAVI contributed approximately US\$13.36 million to Liberia's immunization program, averaging US\$2.67 million annually. In contrast, the Government of Liberia contributed just US\$2.33 million cumulatively a yearly average of only US\$0.47 million. Critically, a majority of these 'GOL contributions' were actually World Bank loans, not genuine domestic financing.

**Annual Immunization Contributions: GOL vs. GAVI (USD Million)**

Year	GOL Contribution (USD M)	GAVI Contribution (USD M)	Total (USD M)	GOL Share
2020	0.43 (GOL)	6.98	7.41	5.8%
2021	0.66 (World Bank)	0.71	1.37	48.2%
2022	0.46 (GOL)	2.20	2.66	17.3%
2023	0.34 (World Bank)	0.94	1.28	26.6%
2024	0.44 (World Bank)	2.53	2.97	14.8%
<b>Average</b>	<b>0.47</b>	<b>2.67</b>	<b>3.14</b>	<b>15%</b>

**⚠ Critical Note on 'GOL Contributions'**

In 2021, 2023, and 2024, GOL's co-financing was actually paid by the World Bank as a repayable loan. True domestic financing occurred only in 2020, 2022, and partially in 2025. This means GOL's genuine domestic immunization ownership is even lower than the 15% headline figure suggests.

### 3. Vaccine Budget Execution Crisis

Beyond the GAVI co-financing gap, GOL also appropriates funds for vaccines outside the GAVI arrangement (budget code 221814). Execution of these funds has been dangerously unreliable averaging only 42% of appropriations over five years, with complete zero-disbursement years in 2021 and 2023.

Year	Appropriation (USD M)	Allotment (USD M)	Disbursement (USD M)	Exec. Rate
2020	0.60	0.42	0.42	70%
2021	0.67	0.14	0.00	0%
2022	0.35	0.58	0.58	166%*
2023	0.60	0.00	0.00	0%
2024	0.47	0.12	0.12	26%
<b>Total</b>	<b>2.69</b>	<b>1.26</b>	<b>1.12</b>	<b>42%</b>

\*2022 figure reflects a supplemental allotment above original appropriation

### 4. Growing Obligations: 2024–2029 Projections

GAVI's co-financing projections show Liberia's required domestic contribution remaining significant through 2029, while GAVI's share is expected to decline from 92.6% in 2024 to 85.2% by 2029. Simultaneously, the World Bank is exiting financing of traditional vaccines from 2026, adding approximately US\$1.06 million per year to GOL's immunization burden.

### GOL Co-Financing Requirements 2024–2029 (USD Million)

Vaccine	2024	2025	2026	2027	2028	2029
PCV	1.31	0.90	0.96	0.96	0.96	0.96
Malaria	1.06	1.08	—	—	—	—
Rota	0.77	0.61	0.63	0.64	0.66	0.67
HPV	0.41	0.41	0.42	0.42	0.43	0.44
Measles	0.50	0.07	0.07	—	—	—
Pentavalent	0.32	0.22	0.24	0.24	0.24	0.24
TCV	0.10	0.20	0.21	0.21	0.22	0.22
YF	0.40	0.19	0.23	0.23	0.23	0.23
IPV	0.00	0.18	0.19	0.19	0.19	0.19
<b>TOTAL</b>	<b>4.87</b>	<b>3.87</b>	<b>2.95</b>	<b>3.55</b>	<b>3.58</b>	<b>3.62</b>

#### □ World Bank Exit = Additional ~\$1.06M/Year from 2026

The World Bank has notified the GOL of its intent to exit financing of traditional vaccines. Beginning 2026, Liberia must absorb an estimated additional US\$1.06 million per year for vaccines previously financed externally. This is on top of rising GAVI co-financing obligations — and comes at a time when domestic execution of vaccine budgets is already at a critically low 42%.

## 5. Risks of Inaction

### Vaccine Stock-Outs and Service Interruptions

Irregular budget disbursements and overdependence on donor funding have already led to vaccine supply interruptions and weakened cold chain operations, compromising routine immunization — especially in remote areas that depend on predictable outreach schedules.

### Declining Immunization Coverage

National coverage for key antigens such as DTP3 and measles has stagnated or declined in recent years, with substantial subnational disparities. Areas with low PHC investment often mirror regions with lower immunization uptake, revealing the direct link between financing shortfalls and coverage inequities.

### Increased Outbreak Risk

Under-immunized populations create vulnerability to outbreaks of measles, polio, and yellow fever. Financing gaps also constrain Liberia's capacity to implement catch-up campaigns or respond rapidly to emerging disease threats.

## GAVI Relationship and Future Funding at Risk

Persistent co-financing shortfalls undermine Liberia's credibility with GAVI and may influence future funding commitments, creating a vicious cycle of reduced support and declining immunization coverage.

## Weak Institutional Ownership

Underfunding undermines national ownership and limits MOH's ability to lead long-term immunization planning, including budgeting for new vaccine introductions and scaling up integrated delivery through PHC systems.

---

## 6. Advocacy Asks & Recommendations

---

The following six priority actions are urgently called upon from the Government of Liberia, the Ministry of Finance and Development Planning (MFDP), the Ministry of Health (MOH), the Legislature, GAVI, and development partners:

1. **Institutionalize GAVI Co-Financing in the National Budget** — GOL must fully integrate GAVI co-financing obligations into annual budget planning without relying on World Bank loans as a substitute. Co-financing commitments must be line-itemed, allotted, and disbursed on schedule, treating them as non-negotiable statutory obligations.
2. **Develop a Fiscal Transition Plan for World Bank Vaccine Exit** — Beginning FY2026 planning, GOL must budget for the full assumption of World Bank-financed traditional vaccines (US\$1.06M/year) starting 2026, with a phased financing roadmap approved at Cabinet level and embedded in the MTEF.
3. **Fix Vaccine Budget Execution (Current 42% Rate is Unacceptable)** — The MFDP must ensure allotments under budget code 221814 are released fully and on schedule. Zero-disbursement years (as occurred in 2021 and 2023) are unacceptable given the direct public health consequences for immunization programs.
4. **Eliminate World Bank Loan Dependency in Co-Financing** — Three of the last five years of 'GOL co-financing' were actually World Bank loans. The government must build genuine domestic fiscal capacity for immunization, not reliance on repayable external debt that does not represent true national ownership.
5. **Establish an Immunization Financing Accountability Mechanism** — Create a joint MOH–MFDP–CSO monitoring committee to track immunization budget execution quarterly, publish performance data publicly, and flag financing risks to policymakers and legislators in advance of budget crises.
6. **Engage Donors on a Structured, Time-Bound Transition Plan** — GOL should proactively negotiate with GAVI and other partners on a realistic transition timeline with joint accountability milestones, ensuring the gradual reduction of external support does not trigger sudden disruptions to immunization program continuity.

**FUNDING & PARTNERSHIP ACKNOWLEDGEMENT**

This publication was produced under the **Liberia Immunization and PHC Financing Advocacy Project**, implemented by **Public Health Initiative Liberia (PHIL)** in partnership with the **Global Health Advocacy Incubator (GHA)** — a global civil society partner to GAVI, working across 10 countries on sustainable domestic financing for immunization and Primary Health Care.

**Public Health Initiative Liberia (PHIL)**

Immunization Financing Advocacy Brief · Budget Gap Analysis Series · June 2025