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Pneumonia is Uganda's third-largest killer of children under five, causing 9,000 deaths in 2024 according to UNICEF. Pneumococcus and respiratory syncytial virus (RSV) are leading bacterial and viral causes of childhood pneumonia respectively.

Uganda already vaccinates children against pneumococcus with pneumococcal conjugate vaccine (PCV). Now, a new maternal RSV vaccine offers the opportunity to protect babies against RSV too.

Uganda is planning to switch to three doses of Pneumosil in January 2028 which would generate savings to help fund this additional protection. A subsequent schedule switch to PCV 1+1 is also an option.

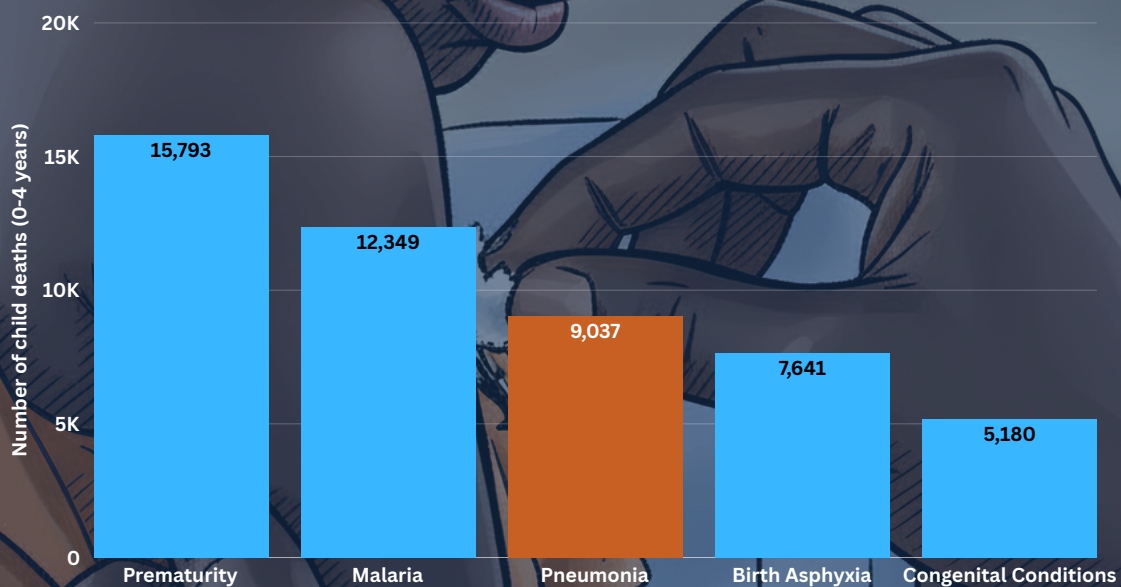
This brief uses the new PCV-OPTIMISE tool, developed at the University of Melbourne, Australia, to estimate the savings to Uganda and to Gavi, the Vaccine Alliance from these PCV optimization options.

It also presents the latest estimates of Uganda's RSV burden, underscoring the case for reinvesting PCV 1+1 savings in maternal RSV vaccination.

Better together, these two vaccines will help Uganda prevent more pneumonia, reduce hospitalizations, and save more children's lives - while making existing resources go further.



LEADING CAUSES OF CHILD DEATH IN UGANDA, 2024



Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2026

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PCV PROGRAM AND COVERAGE IN UGANDA, 2021-2025

- *Synflorix (PCV 10)*
- *4 dose vial*
- *Introduced 2013*
- *3+0 schedule*

Source: View-hub by IVAC

PCV Coverage	2025	2024	2023	2022	2021	Average
PCV (3 doses)	97%	94%	91%	90%	91%	93%

Source: WHO, UNICEF Estimates of National Immunization Coverage (WUENIC), 2026

PCV OPTIMIZATION SAVINGS

PCV-OPTIMISE compares the costs of Uganda's current PCV program - three doses of Synflorix - between 2026 and 2030, with three optimization scenarios.

Here are the results (all numbers rounded):

1. Switching to three doses of Pneumosil reduces costs from US$117 million to US$87 million, saving US$30 million (26%). Uganda saves US$2 million and Gavi saves US$28 million. This option has no reduction in cold-chain space.

2. Switching to two-doses (1+1) of Synflorix reduces costs from US$117 million to US$77 million, saving US$41 million (35%). Uganda saves US$9 million and Gavi saves US$32 million. This option has a 35% reduction in cold-chain space.

3. Switching to two-doses (1+1) of Pneumosil reduces costs from US$117 million to US$57 million, saving US$60 million (51%). Uganda saves US$10 million and Gavi saves US$50 million. This option has a 35% reduction in cold-chain space.

Uganda is in Gavi's *initial self-financing* phase where the government pays 7% of PCV program costs with Gavi covering 93%.



Countries planning both a PCV product and a schedule change should pursue a staged transition, with the sequence determined by national vaccine authorities based on local evidence and program readiness.

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PCV AND RSV MATERNAL VACCINE

PCV and maternal RSV vaccines are better together because they strengthen protection against major bacterial and viral causes of pneumonia, especially during babies' vulnerable first six months.

Research suggests that protection against these two pathogens may be mutually reinforcing: pneumococcal vaccination has been associated with fewer RSV hospitalizations, while a French study linked RSV prevention using the antibody nirsevimab to fewer hospitalizations for invasive pneumococcal disease.

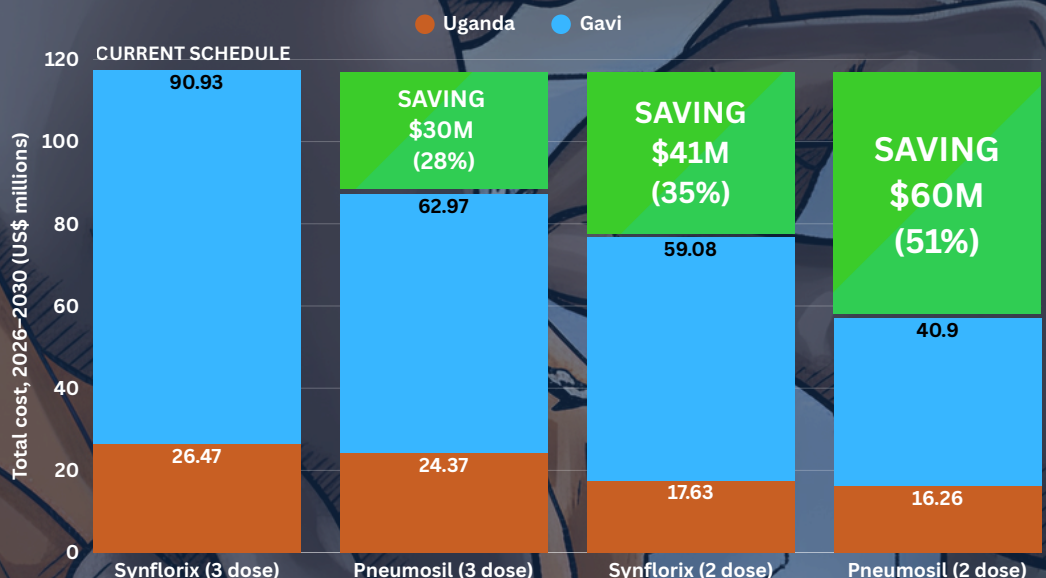
The estimated US$41 million savings from switching to two-dose Synflorix create an opportunity for Uganda to reap these gains by introducing maternal RSV vaccination.

At a price of US$3.50 per dose, these savings could purchase maternal RSV vaccine for all 8.72 million pregnancies during 2026–2030, leaving US$10.2 million toward delivery, wastage, and freight.

Realizing this opportunity would require Gavi to make its share of PCV savings available to support maternal RSV vaccination—giving Uganda a practical route to protect more children with existing resources and advance national child survival goals.



PCV OPTIMIZATION SAVINGS IN UGANDA, 2026-2030



Source: PCV-OPTIMISE. The University of Melbourne, 2026

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WHY IS RSV PREVENTION SO IMPORTANT FOR UGANDA?

Over the next decade RSV will sicken an estimated 3.9 million Ugandan children under five, hospitalizing 651,000 and killing 14,000, absent introduction of the new prevention tools.

This not only places a heavy burden on families but also on the health system, as hospital wards fill with sick children during RSV season each year.

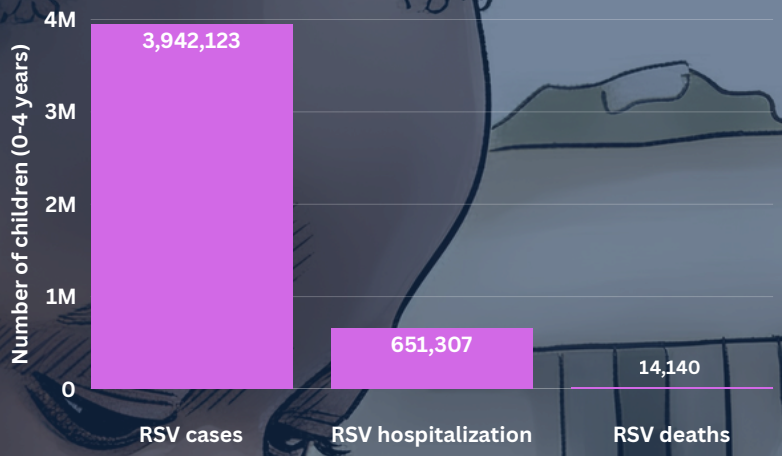
In a clinical trial, maternal RSV vaccination resulted in 70% fewer babies developing severe RSV disease during their first six months, with an exploratory analysis reported 31% fewer hospitalizations for pneumonia from any cause.

In real-world studies, maternal RSV vaccination was associated with 85% fewer RSV hospitalizations in England and 87% fewer RSV intensive care admissions among babies under six months in Argentina.

The World Health Organization recommends all countries introduce either maternal RSV vaccination, given from 28 weeks of pregnancy onwards, or a long-acting antibody for infants.

Gavi accepts applications from eligible countries, including Uganda, for support to introduce maternal RSV vaccination.

RSV BURDEN AMONG CHILDREN IN UGANDA, 2026-2035



Source: Clark, AD et al, 2026 (unpublished, forthcoming)

Explore PCV-OPTIMISE!



This brief was prepared by the Every Breath Counts Coalition for the Better Together campaign. To learn more, visit StopPneumonia.org.

November 2026

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