

HPV vaccines indicator

Financing & funding

Estimated financial cost of materials per vaccine dose (syringes, needles, safety box) (in USD)

Price for one auto-disable (AD) syringe and needle

- As of October 2025, the UNICEF procurement price for 2026 ranges from US\$ 0.0225 to US\$ 0.0460, depending on supplier and product.¹
- The 2025 PAHO Revolving Fund for Access to Vaccines price ranges from US\$ 0.0280 to US\$ 0.0438, depending on supplier and product.²

Price for one 5-litre safety box

- The UNICEF procurement price for 2026 ranges from US\$ 0.3752 to US\$ 0.860, depending on supplier and product.³
- The 2025 PAHO Revolving Fund for Access to Vaccines prices ranges from US\$ 0.356 to US\$ 0.467, depending on supplier and product.²

Each 5-liter safety box can hold around 100 syringes.

Estimated vaccine financial cost per dose (in USD)

As of June 2026, the UNICEF price per dose for countries eligible for Gavi pricing ranges from US\$ 2.80 for a bivalent vaccine, single dose vial (Walvax) to US\$ 5.18 for a bivalent vaccine, two dose vial (GSK), depending on the supplier, valency and presentation.⁴

For different groupings of Middle Income Countries (MICs), the UNICEF price per dose ranges from US\$ 2.90 for a bivalent vaccine, single dose vial (Cecolin) to US\$ 33.25 for a nonavalent vaccine, single dose vial (MSD), depending on supplier, valency and presentation.⁴

UNICEF prices are subject to change. The latest HPV vaccine price information is available from UNICEF Supply Division.⁴

Users are encouraged to confirm current prices by contacting UNICEF Supply Division.

The 2026 PAHO Revolving Fund for Access to Vaccines pricelist reports a price per dose ranging from US\$ 2.90 for the bivalent vaccine to US\$ 14.99 for the nonavalent vaccine.⁵

The June 2026 US CDC pricelist reports a price per dose of US\$ 275.013-329.090 for the nonavalent HPV vaccine (Merck/MSD) in the United States.⁶

In 2024, among self-procuring MICs, county-reported prices per dose range from US\$ 9.50 to US\$ 10.30 for bivalent, US\$ 5.20 to US\$ 103.6 for the quadrivalent and US\$ 32.7 and US\$ 113.2 for the nonavalent vaccines.⁷

Estimated financial cost per person vaccinated (in USD)

The cost of vaccine delivery can vary greatly depending on the strategies, financing elements (e.g., vaccine procurement and delivery costs), and the country context.

A six-country study published in November 2023 (Ethiopia, Guyana, Rwanda, Senegal, Sri Lanka, and Uganda) reported the financial cost per dose from approximately US\$ 1.50 to US\$ 5.50, and economic costs ranging from US\$ 2.50 to US\$ 7.50 per dose. These differences were influenced by factors such as service delivery strategies, the number of doses administered per health facility, and the intensity of program activities. Health facility activities and associated expenditures accounted for the largest proportion of the economic cost per dose. Health worker

and non-health worker time were also substantial cost components, regardless of the operational context.⁸

A 2020 study in Zambia estimated the financial cost of school-based delivery at US\$ 12.40 per Fully Immunised Child (cost of vaccine is the co-financing portion only).⁹

A 2024 five country study (Ethiopia, Guyana, Rwanda, Sri Lanka, and Uganda) modelled the financial cost of vaccine procurement and delivery per adolescent receiving the full schedule as ranging from US\$ 9.64 (Sri Lanka) to US\$ 23.43 (Guyana) under a two-dose schedule. The cost decreased to US\$ 4.84 and US\$ 12.34, respectively, under a single-dose schedule, reflecting savings up to 50%. For economic costs, the range for a single-dose schedule was US\$ 7.86 (Rwanda) to US\$ 28.53 (Guyana).¹⁰

Cost-effectiveness ratio

Global cost-effectiveness analysis suggests that vaccinating pre-adolescent girls is usually cost-effective for cervical cancer prevention, particularly in resource-constrained settings where screening and other cervical cancer prevention and control measures often have limited coverage. At 2020 prices for the bivalent and quadrivalent vaccines, girls-only vaccination was cost-effective (compared with no vaccination), irrespective of the schedule or vaccine used.^{11, 12}

HPV vaccination is generally cost-effective or even cost-saving in both high- and low-income countries, especially when targeting girls 9–14 years of age. The mean incremental cost-effectiveness ratio (ICER) for HPV vaccination globally is estimated at US\$ 4 217 per disability-adjusted life year (DALY) averted, with much lower ICERs in regions with high cervical cancer burden, such as Sub-Saharan Africa and South Asia.¹³ In Latin America, most studies found HPV vaccination to be cost-saving or cost-effective, with mean ICERs ranging from I\$ 358 to I\$ 3 804 depending on the vaccine type and study parameters.¹⁴

Cost-effectiveness varies considerably by several factors, including, the burden of disease, vaccination coverage, vaccine price, delivery costs, delivery approaches, and schedules. Caution is recommended when comparing estimates of cost-effectiveness for different interventions evaluated by different methods and in different contexts (e.g., with different concurrent health interventions and standards of care).

Is there a Gavi programme to support the introduction of this vaccine?

If a Gavi programme is available, what support is available to countries?

Gavi opened a funding window for HPV vaccines in 2013. HPV vaccine introduction is supported by the guaranteed vaccine budget. The calculations of the budget amount are based on adoption of a single dose schedule and lower cost products.

All Gavi-eligible and Catalytic Phase countries that have not yet introduced HPV vaccine into their national vaccination schedule are eligible for support. For these countries, that have not yet introduced HPV vaccination into their national EPI schedule, Gavi supports routine HPV vaccine introduction calculated on a single-age cohort of girls aged between 9–14 years.

Introductions can be combined with a one-time multi-age cohort (MAC) catch-up campaign for girls up to age 14 to maximise impact in the first year. As of 2027, co-financing of MAC doses will be required.

For countries with existing HPV vaccination programmes, Gavi provides support for HPV optimisation, which may include switching vaccine product or schedule.

Either a one-dose or two-dose HPV vaccination schedule can be selected, however the guaranteed vaccine budget is calculated based on a single-dose schedule.

Countries in the Catalytic Phase are eligible for vaccine support to cover 50% of the routine immunisation target cohort; these countries are not eligible for MAC catch-up campaign funding.

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