TCV 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 price ranges from US$ 0.356 to US$ 0.467, depending on supplier and product.2

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

Estimated vaccine financial cost per dose (in USD)

As of April 2026, the UNICEF price per dose for the 5-dose TCV presentations for countries eligible for Gavi pricing ranges from US$ 0.99 (BBIL) to US$ 1.34 (Biological E), depending on the supplier.[4]

For Middle-Income Countries (MICs), the UNICEF price per dose ranges from US$ 1.25 (Zydus) to US$ 1.50 (Biological E), depending on the supplier.[4]

UNICEF prices are subject to change. The latest TCV vaccine price information is available from UNICEF Supply Division. 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 of US$ 1.25 for the 5-dose TCV presentation.[5]

Among self-procuring MICs, country-reported prices per dose range from US$ 1.50 to US$ 42.1 for the 5-dose TCV presentation.[6]

Estimated financial cost per person vaccinated (in USD)

The cost of delivering TCV varies according to delivery strategy, scale and setting.

In Navi Mumbai, India, the average financial delivery cost (excluding vaccine and supply costs) of a preventive catch-up campaign in 11 urban health posts was US$ 0.38 per dose, and the average economic cost was US$ 1.49 per dose (2018 US$).[7]

During a 2019 outbreak-response campaign in Harare, Zimbabwe, the financial operational cost was US$ 0.79 per dose, excluding vaccine and vaccination supplies.[8]

A nationwide TCV introduction campaign in Burkina Faso reported financial and economic delivery costs of US$ 0.47 and US$ 2.16 per dose, respectively (2024 US$), excluding vaccine and injection supplies.[9]

Cost-effectiveness ratio

Multi-model transmission-dynamic and economic modelling commissioned to inform the 2026 WHO TCV recommendations indicated that the cost-effectiveness of different TCV introduction strategies depends on incidence setting, case-fatality rate and cost assumptions.[10]

Under higher CFR/cost assumptions: in medium-incidence settings (approximately 50 cases per 100 000 person-years) TCV may be cost-effective above approximately US$ 1250 per DALY averted (with routine vaccination optimally delayed to two or five years); in high-incidence settings (approximately 200 cases per 100 000 person-years) routine vaccination at nine months is likely cost-effective across most willingness-to-pay (WTP) thresholds; in very-high-incidence settings (approximately 1500 cases per 100 000 person-years) TCV is cost-saving, and adding a booster dose is very likely cost-effective.[11]

Under lower CFR/cost assumptions: medium-incidence vaccination is not cost-effective, high-incidence vaccination may be cost-effective (favouring vaccination at two years), and very-high-incidence vaccination remains cost-saving, with delay to two years or a booster considered at WTP ≥ US$ 1800 per DALY averted.[11]

Is there a Gavi programme to support the introduction of this vaccine? If a Gavi programme is available, what support is available to countries?

TCV is supported by the Gavi discretionary vaccine budget.[12]

Gavi supports WHO-prequalified single-dose injectable TCV products for use in both routine immunization and one-off campaigns where there is documented typhoid burden.

- Routine immunization: single dose between nine months and < five years of age, as per WHO guidance section above.
- One-off campaign: targeting children aged nine months to up to <15 years old in high-burden areas, as assessed using the Typhoid Burden and Risk Assessment Tool (BRAT) and surveillance data (S. Typhi burden of disease, age distribution and antimicrobial patterns), with consideration given to subnational targeting.

In the context of limited fiscal space, countries may choose to introduce TCV in routine immunization in the first instance while mobilising resources for the catch-up campaign, which can be implemented at a later stage. Countries are encouraged to establish functioning routine surveillance for typhoid and monitoring vaccine impact.[12]

Specific requirements for funding request: Countries are required to provide all available country-specific data on S. Typhi burden. This may include: (i) S. Typhi laboratory confirmation by blood culture and molecular testing (ii) Typhoid intestinal perforation (TIP) data, (iii) confirmed typhoid outbreaks and (iv) antimicrobial resistance patterns. Data should be disaggregated by age group if available. Countries may consider using the BRAT to review and collate their data on typhoid burden.[13]

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