

Hepatitis B birth dose 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\$ 0.023 to US\$ 0.046 depending on supplier and product.¹
- The 2025 PAHO Revolving Fund for Access to Vaccines price ranges from US\$ 0.028 to US\$ 0.044, depending on supplier and product.²

Price for one 5-litre safety box

- The UNICEF procurement price for 2026 ranges from US\$ 0.375 to US\$ 0.860, depending on supplier and product.³
- The 2025 PAHO Revolving Fund for Access to Vaccines prices range 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 May 2025, the UNICEF price of paediatric HepB vaccine for 2026 ranges from US\$ 0.22 to US\$ 0.55 per dose in a depending on supplier and presentation.⁴

UNICEF prices are subject to change. The latest HepB 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 of paediatric HepB vaccines ranging from US\$ 0.48 to US\$ 0.55.⁵

The June 2026 US CDC pricelist reports a price per dose of US\$ 15.86 to US\$ 18.38 for the paediatric HepB vaccine.⁶

Among self-procuring middle-income countries, county-reported prices per dose for 2025 range from US\$ 0.42 to US\$ 7.47 ⁷

Estimated financial cost per person vaccinated (in USD)

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

The specific, economic and financial costs per hepatitis B birth dose can vary considerably depending on the delivery strategy, e.g., facility versus home-based vaccination.⁸

In Senegal, economic and financial costs from a government perspective were estimated for 2015, 2016 and 2017. When annualizing pre-introduction and initial training costs, the economic (financial) cost per vaccinated newborn was US\$2.10 (US\$ 0.30) in 2016 and US\$ 1.90 (US\$ 0.20) in 2017.⁹

In Ethiopia, the financial costs per child vaccination were US\$ 4.58 for facility-based and US\$ 13.31 for home-based vaccination. The full economic costs per child vaccinated were US\$ 8.23 for facility-based and US\$ 121.74 for home-based.¹⁰

Cost-effectiveness ratio

A systematic review concluded that hepatitis B vaccination is cost-effective or cost-saving using gross domestic product (GDP) per capita thresholds in low- and middle-income countries.¹¹

Several studies in different settings have found that infant vaccination with HepB vaccine, including schedules with a birth dose are cost-effective.^{12, 13, 14}

Cost-effectiveness varies considerably by several factors, including the burden of disease, vaccination coverage, vaccine price, delivery costs, delivery approaches, and schedules. Cost-effectiveness estimates should be interpreted with caution 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).

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

HepB birth dose is supported by Gavi via the guaranteed vaccine budget. All Gavi-eligible countries that have not yet introduced the HepB birth dose into their national vaccination schedule are eligible to apply for support.¹⁵

Specific requirements for funding request ¹⁵

- HepB birth dose vaccines should ideally be delivered within delivery wards or in postnatal wards; applications should describe plans for integration of HepB-BD with maternal and newborn care services, in both the public and private sectors, and alignment with other maternal and neonatal health initiatives.
- Countries are encouraged to make plans to enable a larger-scale roll-out of the programme to deliver the vaccines to children born out of health facilities as soon as possible after

birth including making any necessary policy changes.

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