GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

January 2005

05/263

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY: Malawi

Date of submission: 22nd March, 2005

Reporting period: 25th May, 2004 to 22nd March, 2005

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ
Third annual progress report	ρ
Fourth annual progress report	[X]
Fifth annual progress report	ρ

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
Unless otherwise specified, documents may be shared with GAVI partners and collaborators

Progress Report Form: Table of Contents

1. Report on progress made during 2004

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Malawi did not qualify for the ISS funds

1.1.2 Use of Immunization Services Support

In 2004, the following major areas of activities have been funded with the GAVI/Vaccine Fund ***Immunization Services Support*** *contribution.*

Funds received during 2004 ___NA_____
Remaining funds (carry over) from 2003 _____

Table 1: Use of funds during 2004

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... *(specify)*					
Total:					
Remaining funds for next year:					

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

NA

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES ☐ NO ☒ X

If yes, please report on the degree of its implementation.

Malawi did not qualify for window II support hence no DQA

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2004 (for example, coverage surveys).

NA

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during 2004

Start of vaccinations with the new and under-used vaccine: MONTH January YEAR 2002

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

A total of 2,683,800 doses of DPT-HepB+Hib were received between February 2004 to March 2005. The vaccines were received in good condition, as has been the case for the past three years. There was good communication about the arrival of vaccines. Below are details of vaccines arrivals and receipts:
19/02/04: 840,200 doses
01/07/04: 460,800 doses
22/07/04: 450,000 doses
14/10/04: 430,400 doses
29/12/04: 502,400 doses

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

- *Supportive supervisory visits to districts*
- *District based disease surveillance meetings conducted in all districts*
- *District Health Management Teams (DHMTs) conducted follow up visits to health centres to monitor implementation of EPI activities including experiences with new vaccine.*
- *Conducted review meeting on vaccines wastage surveillance with sentinel sites staff*
- *To conduct RED and MLM trainings in the second quarter of 2005*
- *To conduct national measles SIAs in third quarter*
- *To develop multi-year EPI plain of Action*

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

US$34,160 was disbursed to all districts in two tranches for monitoring EPI activities by DHMTs.

1.3 *Injection Safety*

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Injection Safety application is ready for re-submission to GAVI

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharp waste

- Malawi introduced AD syringes for all injectable vaccines in January, 2002 and BCG ADs in 2003.
- Limited storage capacity for ADs syringes at some health facilities.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
Number of health facilities using AD syringes routine in routine and supplemental immunization services	26 districts using AD syringes.	100% of the health facilities use ADs for routine and supplemental immunization activities.	Limited storage capacities for dry store materials.	NA

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

NA

2. Financial sustainability

Inception Report: Outline timetable and process for the development of a financial sustainability plan . Describe assistance that may be needed for developing a financial sustainability plan.

First Annual Progress Report: Submit completed financial sustainability plan by given deadline. Describe major strategies for improving financial sustainability.

The FSP was approved by GAVI Independent Review Committee in January, 2005 and the government will ensure that the indicators outlined in the FSP are monitored through the ICC

Subsequent Progress Reports: According to current GAVI rules, support for new and under-used vaccines is covering the total quantity required to meet country targets (assumed to be equal to DTP3 targets) over a five year period (100% x 5 years = 500%). If the requested amount of new vaccines does not target the full country in a given year (for example, a phasing in of 25%), the country is allowed to request the remaining (in that same example: 75%) in a later year. In an attempt to help countries find sources of funding in order to attain financial sustainability by slowly phasing out GAVI/VF support, they are encouraged to begin contributing a portion of the vaccine quantity required. Therefore, GAVI/VF support can be spread out over a maximum of ten years after the initial approval, but will not exceed the 500% limit (see figure 4 in the GAVI Handbook for further clarification). In table 2.1, specify the annual proportion of five year GAVI/VF support for new vaccines that is planned to be spread-out over a maximum of ten years and co-funded with other sources. **Please add the three rows (Proportion funded by GAVI/VF (%), Proportion funded by the Government and other sources (%), Total funding for ..... *(new vaccine))* for each new vaccine.**

Table 2.1: Sources (planned) of financing of new vaccine GAVI and Government *(specify)*

Proportion of vaccines supported by *	Annual proportion of vaccines									
	2006	20..	20..	20..	20..	20..	20..	20..	20..	20..
A: Proportion funded by GAVI/VF (%)***	80									
B: Proportion funded by the Government and other sources (%)	20									
C: Total funding for DPT-HepB+Hib *(new vaccine)*	100									

GAVI support for new vaccine will end in 2006 and the percentage above reflects the contributions towards the new vaccine in 2006 as calculated in the FSP document. As outlined in previous sections, Malawi introduced the new vaccine in 2002 with 100% contribution by GAVI over a period of 5 years.

* *Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine.*

** *The first year should be the year of GAVI/VF new vaccine introduction*
*** Row A *should total 500% at the end of GAVI/VF support*

In table 2.2 below, describe progress made against major financial sustainability strategies and corresponding indicators.

Table 2.2: Progress against major financial sustainability strategies and corresponding indicators : *Indicators will be reported in the inception and subsequent reports*

Financial Sustainability Strategy	Specific Actions Taken Towards Achieving Strategy	Progress Achieved	Problems Encountered	Baseline Value of Progress Indicator	Current Value of Progress Indicator	Proposed Changes To Financial Sustainability Strategy
1.						
2.						
3.						
4.						
5.						

3. Request for new and under-used vaccines for year 2006

*Section 3 is related to the request for new and under used vaccines and injection safety for **2006**.*

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2004	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
DENOMINATORS									
Births	621445	633252	645284	657544	674536	687353	700412	713719	727280
Infants' deaths	64630	65858	67110	68365	70152	71485	72824	74227	75637
Surviving infants	562903	573798	584496	595601	610993	622602	634431	646485	658768
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with **1st dose** of DTP (DTP1)*									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **3rd dose** of DTP (DTP3)*									
NEW VACCINES **									
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **1st dose** of DTP (DTP1)* DPT-HepB+Hib *(new vaccine)*	595995	633252	645284	657544	674536	687353	700412	713719	727280
Infants vaccinated 2004 (JRF) / to be vaccinated in 2005 and beyond with **3rd dose** of DPT-HepB+Hib *(new vaccine)*	499463	534758	550654	561116	580444	591472	602710	614161	625830

Wastage rate in 2004 and plan for 2005 beyond*** ..... *(new vaccine)*	4	10	10	10	10	10	10	10	10
INJECTION SAFETY**									
Pregnant women vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with TT2	380427	569927	593661	618091	640810	644436	665392	678033	690916
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with BCG *	605848	633252	645284	657544	674536	687353	700412	713719	727280
Infants vaccinated in 2004 (JRF) / to be vaccinated in 2005 and beyond with Measles *	451146	534758	550654	561116	580443	591472	602710	614162	625830

In the initial GAVI application, 4% was used as <1 year old proportion. Similarly infant mortality rate reduced from 134 to 104 in 2000 (DHS 2000). Since 2001 we have been using 5% as <1 year proportion as advised by Health Management Information Unit. This therefore meant an increase in the projected requirements. **Target for DPT-HepB+Hib1 adjusted following 2004 achievement in immunization coverage.**

* Indicate actual number of children vaccinated in 2004 and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

Current new vaccine requirements have taken into account the agreed wastage rate of 10% and use of birth cohort as opposed to surviving infants.

3.2 Availability of revised request for new vaccine *(to be shared with UNICEF Supply Division)* for 2006

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

Discussed with UNICEF country Office

Table 4: Estimated number of doses of *DPT-HepB+Hib* vaccine *(specify for one presentation only):* *Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For 2006
A	Infants vaccinated/to be vaccinated with 1st dose of DPT-HepB+Hib (new vaccine)*		645,284
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	*A x Bx C*	1,935,852
E	Estimated wastage factor	*(see list in table 3)*	1.11
F	Number of doses (incl. Wastage)	*A x C x E x B/100*	2,148,796
G	Vaccines buffer stock	*F x 0.25*	-
H	Anticipated vaccines in stock at start of year 2006 (including balance of buffer stock)		
I	Total vaccine doses requested	*F + G - H*	2,148,796
J	Number of doses per vial		2
K	Number of AD syringes (+10% wastage)	*(D + G – H) x 1.11*	2,148,796
L	Reconstitution syringes(+10% wastage)	*I / J x 1.11*	1,192,582
M	Total safety boxes (+10% of extra need)	*(K + L) / 100 x 1.11*	37,089

**Please report the same figure as in table 3.*

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2006:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

3.3 Confirmed/revised request for injection safety support for the years 2006 -2007

Table 6.1 : Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For 2006	For 2007
A	Target of children for BCG Vaccination	#	645,284	657,544
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number of ….doses	A x B	645,284	657,544
D	AD syringes (+10% wastage)	C x 1.11	716,265	729,874
E	AD syringes buffer stock *2*	D x 0.25	-	-
F	Total AD syringes	D + E	716,265	729,874
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor *4*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) *3*	C x H X 1.11/G	71,627	72,987
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	8,746	8,912

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

3 Only for lyophilized vaccines. Write zero for other vaccines.

4 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

Table 6.2 : Estimated supplies for safety of vaccination for the next two years with Measles

		Formula	For 2006	For 2007
A	Target of children for Measles Vaccination	#	550,654	561,116
B	Number of doses per child	#	1	1
C	Number of ….doses	A x B	550,654	561,116
D	AD syringes (+10% wastage)	C x 1.11	611,226	622,839
E	AD syringes buffer stock *2*	D x 0.25	-	-
F	Total AD syringes	D + E	611,226	622,839
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *4*	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution syringes (+10% wastage) *3*	C x H X 1.11/G	97,796	99,654
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	7,870	8,020

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

3 Only for lyophilized vaccines. Write zero for other vaccines.

4 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

Table 6.3 : Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For 2006	For 2007
A	Target of women for TT Vaccination	#	593,661	618,091
B	Number of doses per child	#	2	2
C	Number of ….doses	A x B	1,187,322	1,236,182
D	AD syringes (+10% wastage)	C x 1.11	1,317,927	1,372,162
E	AD syringes buffer stock *2*	D x 0.25	-	-
F	Total AD syringes	D + E	1,317,927	1,372,162
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor *4*	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution syringes (+10% wastage) *3*	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	14,629	15,231

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

3 Only for lyophilized vaccines. Write zero for other vaccines.

4 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

The current request is slightly higher than the initial approved requirement because of the use of 5% as proportion of <1 year, the birth cohort and use of DPT-HepB+Hib1 coverage.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	25th May, 2004 to 22nd March, 2005
Table 1 filled-in	NA	Malawi did qualify for ISS
DQA reported on	NA	
Reported on use of 100,000 US$	X	
Injection Safety Reported on	X	Proposal ready for re-submission
FSP Reported on (progress against country FSP indicators)	X	Got approved in January, 2005
Table 2 filled-in	X	
New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)	X	
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed		Not yet

6. Comments

ICC/RWG comments:

7. Signatures

For the Government of Malawi

Signature: .....

Title: Director of Preventive Health Services

Date: 05/05/05

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
UNICEF	H. Mdeluc PO	10.5.05					
WHO	Dr. E.M. Lumbambala	10.05.05					
DFID	C. Phiri Programme Officer	10.05.05					
Norway	M. Sawanda	11.05.05					

~ End ~

	IRC recommendation	Comment/reply
1	Section 1: To better explain arguments regarding the role of Central Medical Stores reforms;	The current CMS reforms aim at streamlining the bureaucratic procurement procedures. However, procurement of vaccines has always been parallel to the CMS procurement system. Therefore CMS reforms will not affect the traditional procurement of vaccine, which has always been through UNICEF procurement system.
2	Section 2: (These are under Section 3 of the FSP and NOT Section 2) To better structure the presentation of the NIP characteristics (aims/objectives, strategies, activities/inputs more linked to each other) in correspondence with the methodology/guidelines;	*3.2 Programme Goal* The goal of the Expanded Programme on Immunization is to reduce infant morbidity and mortality rates due to childhood vaccine preventable diseases by making immunizations readily available to all targets. *3.3 Programme Objectives* • To fully immunize at least 90% of infants against childhood immunizable diseases before attaining the age of 12 months. • To vaccinate at least 80% of pregnant women and women of childbearing with at least two doses of tetanus toxoid vaccine. *3.4 Strategies* • Soliciting adequate financial support from government and donors. • Ensuring 100% availability of vaccines, functional cold chain equipment and transport facilities at all operational sites. • Mobilizing communities on the importance of completing the immunization schedule. • Sustaining EPI disease surveillance on AFP, measles, Hib and NNT. • Capacity building for health workers. • Monitoring and evaluation of EPI services. *3.5 Outcome targets* • Achieve >90% coverage for all antigens among under one year children • Achieve >80% coverage for tetanus toxoid vaccination among expectant mothers.
3	Section 3: To revise tables 3.2 and 3.3 (financing issues) to avoid under funded or over funded costs in the past;	Tables are highlighting the point that financing is not always in line with the planned program activities.

4	Section 4: To provide more quantitative data (apart from graphs) on resource requirements and financial gaps for each scenario in the text;	Modifications are on table attached below.
5	Section 5: To assess strategy options (or elements of a single preliminary strategy) and prioritize using proposed (or any other relevant) criteria such as financial and programmatic importance, implementation cost and feasibility.	Prioritization to be done as part of development of the action plan for implementation of the strategies.

Financial implications of different vaccine policy options (in US$) (The table illustrates quantitative data on resource Requirements and financial gaps for each scenario in the FSP document as per IRC recommendations section number 4)

Scenario	Funding status	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**
DTP	**Secured**	10,530,003	7,711,890	7,938,550	3,643,308	3,725,217	3,782,227	3,854,301	3,931,087	4,012,810
	Funding Gap	**697,723**	**2,800,789**	**4,976,770**	**2,733,964**	**2,827,310**	**2,260,811**	**2,889,002**	**3,076,424**	**3,158,331**
DTP-HepB tetra	**Secured**	10,530,003	7,711,890	7,938,550	3,643,308	3,725,217	3,782,227	3,854,301	3,931,087	4,012,810
	Funding Gap	**697,723**	**2,800,789**	**4,976,770**	**4,539,115**	**4,666,759**	**4,135,210**	**4,799,014**	**5,022,727**	**5,141,614**
DTP-HepB monovalent	**Secured**	10,530,003	7,711,890	7,938,550	3,643,308	3,725,217	3,782,227	3,854,301	3,931,087	4,012,810
	Funding Gap	**697,723**	**2,800,789**	**4,976,770**	**3,424,274**	**3,530,736**	**2,977,603**	**3,619,413**	**3,820,713**	**3,916,761**
DTP-Hib tetra	**Secured**	10,530,003	7,711,890	7,938,550	3,643,308	3,725,217	3,782,227	3,854,301	3,931,087	4,012,810
	Funding Gap	**697,723**	**2,800,789**	**4,976,770**	**7,024,456**	**7,199,321**	**6,715,890**	**7,428,727**	**7,702,404**	**7,872,206**
Baseline	Secured	10,530,003	7,711,890	7,938,550	3,643,308	3,725,217	3,782,227	3,854,301	3,931,087	4,012,810
	Funding Gap	**697,723**	**2,800,789**	**4,976,770**	**8,406,614**	**8,732,050**	**8,277,741**	**9,020,253**	**9,324,169**	**9,524,784**

We see that the first option (reverting to DPT alone) provides the most financially feasible option available to the Government, if it is not able to raise the required resources. The funding gap then is at between US$ 2 to 3 million each year. However, the second (DPT-HepB tetravalent) and third (DPT + HepB monovalent) options also represent significant drops in cost that the country shall be able to manage in such a situation. The funding gaps for the monovalent HepB option is at approximately US$ 3 million, with that of the

tetravalent HepB option at approximately US$ 5 million per year, compared with the baseline (tetravalent option of over US$ 8 million per year. However, neither of these are the preferred options of the Government and its developmental partners. This is because of the high disease burden expected to be averted by the investment in the two antigens. Hib and Hepatitis B disease constitute a major cause of disease in Malawi.