

Measles containing 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 2026 PAHO Revolving Fund for Access to Vaccines price ranges from US\$ 0.03 to US\$ 0.04, 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 2026 PAHO Revolving Fund for Access to Vaccines price ranges from US\$ 0.41 to US\$ 0.47, depending on supplier and product.²

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

Estimated vaccine financial cost per dose (in USD)

Measles monovalent

The 2026 UNICEF prices for a monovalent measles vaccine range from US\$ 0.34 to US\$ 0.62 per dose.⁴

For self-procuring MICs, the country-reported cost for 2025 per dose for measles monovalent range from US\$ 0.32 to US\$ 7.91 depending on supplier and presentation.⁵

Measles Rubella (MR)

As of December 2025, UNICEF-awarded prices per dose range from US\$ 0.927 to US\$ 1.176 depending on supplier and presentation.⁶

As of July 2026, PAHO Revolving Fund prices for MR vaccines range from US\$ 0.94 to US\$ 3.56. ⁷

For self-procuring MICs, the country-reported cost for 2025 per dose for MR range from US\$ 0.45 to US\$ 4.98.⁸

Measles Mumps Rubella (MMR)

As of December 2025, UNICEF-awarded prices for MMR vaccines range from US\$ 1.95 to US\$ 8.50 depending on supplier and presentation.⁹

As of July 2026, PAHO Revolving Fund prices for MMR vaccines, prices range from US\$ 1.87 to US\$ 8.50 depending on supplier and presentation.⁷

For self-procuring MICs, the country-reported cost for 2025 per dose for MMR range from US\$ 3.15 to US\$ 13.17. For self-procuring HICs, the country-reported cost for 2025 per dose range from US\$ 6.23 –21.95.⁸

Measles Mumps Rubella Varicella (MMRV)

Please consult the relevant position papers for vaccine financial cost per dose for varicella.

Estimated financial cost per person vaccinated (in USD)

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

A cost-effectiveness analysis assessing MR vaccination scale-up over 2018–2047 reported estimates of MR vaccination costs for: routine delivery between US\$ 2.76 and US\$ 4.33, with incremental costs of rubella only between US\$ 0.33 and US\$ 1.13; and SIA campaigns between US\$ 1.38 and US\$ 2.98 with incremental costs of rubella only to be US\$ 0.33.¹⁰

One study in an upper-middle-income-country estimated routine delivery of one dose of MMR to be US\$ 43.72 in 2015.¹¹ However, another study in a lower-middle-income-country assessing MR SIA campaigns ranged from US\$ 0.14 to US\$ 0.32 for the ministry of health without the cost of the vaccine and US\$ 0.16 - 0.34 for funding from WHO/Gavi in 2017.¹²

Please consult the relevant position papers for financial cost per person for varicella.

Cost-effectiveness ratio

Given the low cost of the vaccine and the high burden of disease, including outbreak management, measles vaccines are considered to be one of the most cost-effective vaccines.¹³

In upper-middle-income countries (UMICs) and industrialized countries with vaccination coverage $\geq 80\%$, caring for CRS is costly and therefore rubella vaccination has been shown to be cost-effective. Economic evaluations have not been conducted in LICs.¹⁴

The incremental cost-effectiveness of replacing MR with MMR depends on country-specific factors. Economic evidence is currently limited to HICs (Japan, US) and one UMIC (Fiji).^{15, 16, 17} Economic evaluation from Fiji estimated a cost-benefit ratio of 2.64 in favour of a 2-dose MMR schedule.¹⁸

Please consult the relevant position papers for cost-effectiveness ratio for varicella.

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?**

Yes, Gavi supports a first and/or second dose of MR vaccines; as well as follow-up campaigns to address gaps in the population not reached through routine immunization and catch-up campaigns before MR vaccine is introduced into the routine system. Support is conditional on countries conducting a one-time, wide-age-range catch-up campaign to rapidly establish population immunity and reduce the risk of increasing rubella susceptibility among women of childbearing age. Gavi support includes the procurement of MR vaccines, injection supplies, operational costs for introduction and campaigns, technical assistance, and country co-financing.
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No dedicated Gavi programme supports routine introduction of the mumps or varicella antigen.

Sources

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