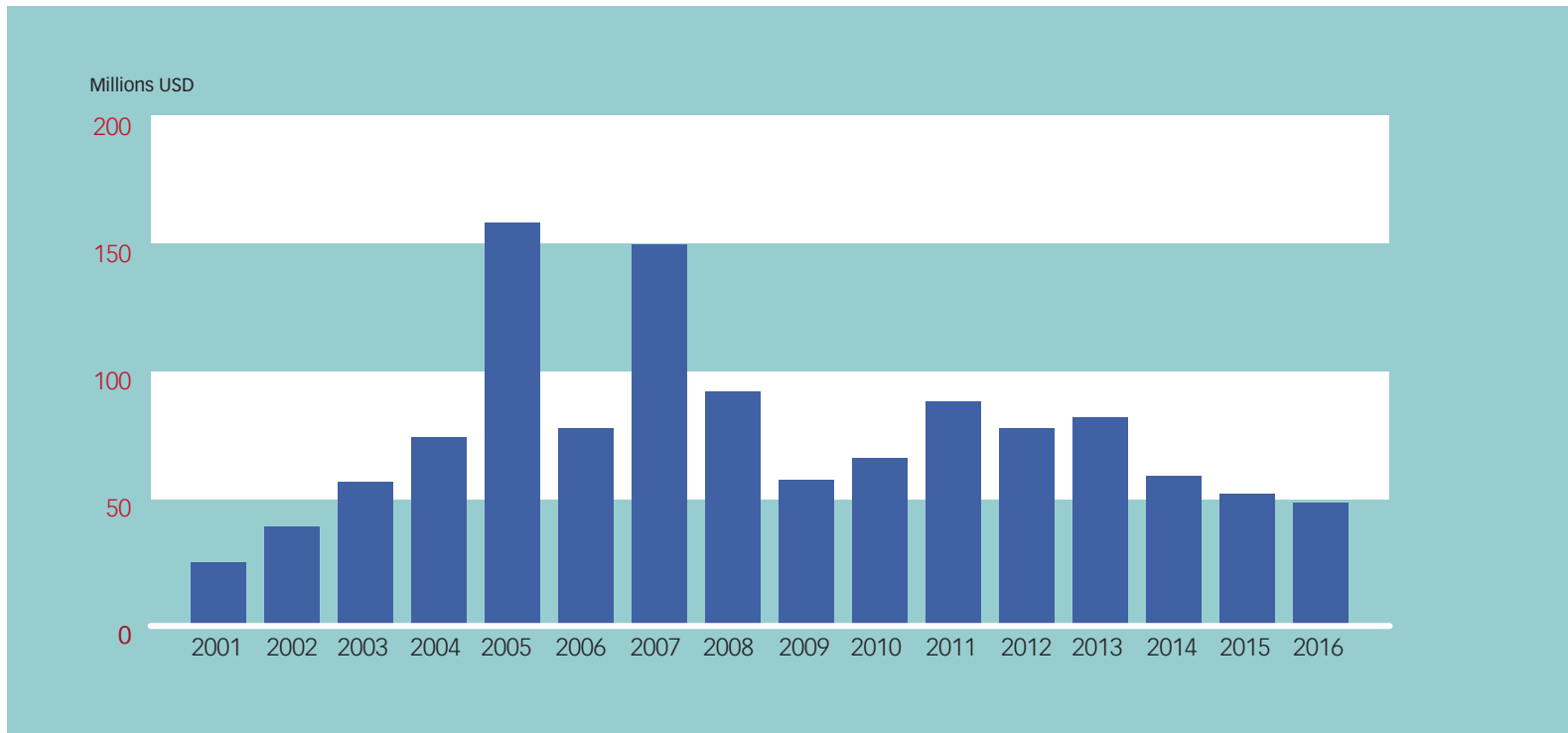


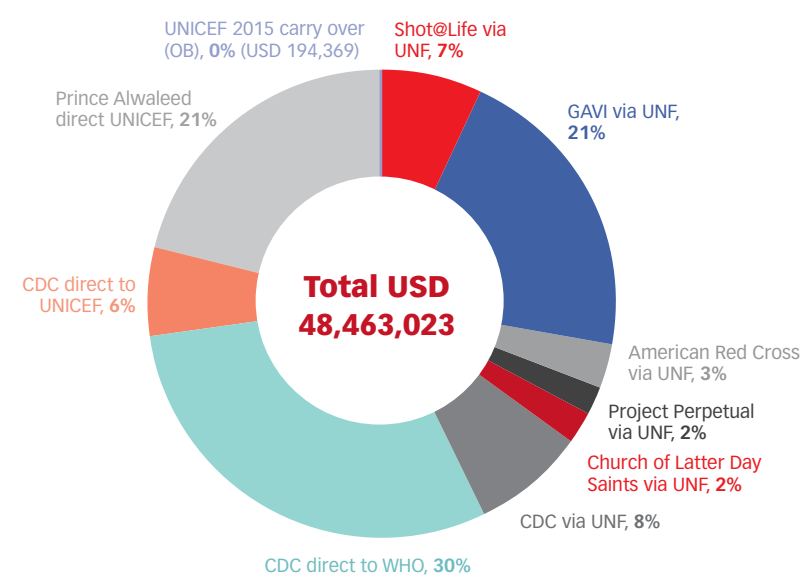
FINANCIALS

Cumulative Donations 2001 to 2016 = **USD 1.2 Billion**

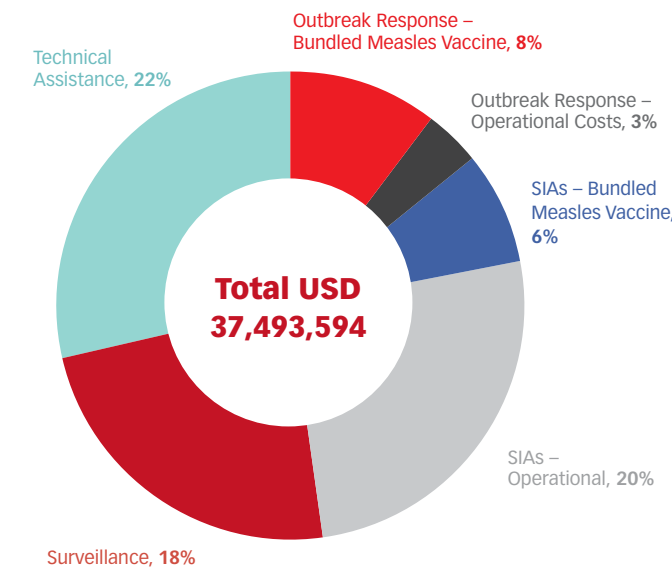
Total contributions to M&RI by year:



M&RI Donors in 2016



Use of M&RI Funds in 2016



Approximately two-thirds of 2016 Grant awards were made available to WHO and UNICEF in Q3 and Q4 2016 which resulted in postponement of some of the planned activities to Q1 2017. Therefore, 95% of the \$10.97 million unspent balance from 2016 was fully utilized by end Q1 2017.

EXECUTIVE SUMMARY

2016 was a year of victory and challenge in the global fight against measles and rubella.

From 2000 through the end of 2015, measles vaccines saved an estimated 20.3 million lives. All six WHO regions – including all 194 WHO Member States – have committed to eliminating measles. In September 2016, the Americas became the first region to be declared free of endemic measles. This, along with its declaration of rubella elimination in 2015, makes the Americas the first region to be free of endemic measles and rubella. Before his death in 2014, Dr. Ciro De Quadros, who was one of the first to envision a measles and rubella-free world, said, “Medicine, sanitation, nutrition, education – all are necessary and interrelated components of preventing and curing sickness. But there is one tool that stands out as the most effective: vaccines. Every child – no matter where he or she is born – has a fundamental right to vaccines.”

Imagine what he'd say now.

The support we provide to countries implementing interventions has helped to saved millions of lives and are the result of 16 years of incredible commitment by countries and our many dedicated Measles & Rubella Initiative (M&RI) partners. Yet, the lives of 20.8 million unvaccinated children are still in danger from measles – a disease completely preventable with two doses of a safe, life-saving vaccine costing less than \$2 per child per dose and that has been used for 50 years. Every \$1 invested results in \$58 of cost savings. Over half of the children at risk come from 6 countries – India (3.2 million), Nigeria (3 million), Pakistan (2 million), Indonesia (1.5 million), Ethiopia (0.7 million), and the Democratic Republic of the Congo (0.6 million).

Tragically, each year measles causes more than 100,000 deaths and congenital rubella syndrome afflicts more than 100,000 babies. Globally, the percentage of children receiving the first dose of measles vaccine has remained at 85% since 2009, and only 64% of children are receiving the recommended two doses of measles vaccine. In addition, only 47% are receiving rubella vaccine. We must urgently ramp up our efforts to meet our goals of eliminating measles and rubella.

Reaching these goals will take political commitment, partnership, and financial investment. M&RI must work harder to strengthen national platforms that deliver the first and second dose of measles or measles-rubella vaccine on time to every child, regardless of where he or she lives. This requires empowering our frontline health workers and

community volunteers – the real heroes in this battle – with the tools and training they need to identify and embrace each unreached and underserved child. While we work on strengthening national immunization delivery systems, we must also continue to support countries – both financially and technically – to carry out well-planned and managed mass immunization campaigns. During 2016, 135 million children received measles or measles-rubella vaccines in campaigns. During 78% of campaigns, other public health interventions were delivered in addition to measles or measles-rubella vaccine.

But we cannot forget that mass campaigns are supplemental immunization activities and, as such, must be used to strengthen immunization delivery systems. M&RI has more work to do on this front. Campaigns must be multifaceted to raise awareness of the importance of on-time delivery of safe and effective vaccines, secure high-level government ownership of and involvement in protecting their children through vaccines, strengthen the cold-chain infrastructure to ensure the delivery of safe and effective vaccines, and train vaccinators and community volunteers to create and sustain the demand for vaccines.

The \$10 million outbreak response funds M&RI receives each year from Gavi, the Vaccine Alliance, must be similarly used for a wide range of purposes. M&RI must apply these funds not only to stop the ongoing circulation of deadly viruses, but also to ensure that if a disease is introduced, it does not begin to circulate – that's outbreak prevention, as well as outbreak response.

M&RI must also strategically prepare for improving surveillance in light of the fact that 70% of our measles and rubella surveillance efforts are supported by human and financial resources funded by polio eradication. While we prepare for a global celebration of a polio-free planet forever, we face diminishing polio funds. Those countries with the most measles deaths are the same countries that rely heaviest on polio dollars. We must protect our achievements in measles and rubella to ensure that another 135,000 lives are saved in 2017, as were saved in 2016.

The Measles & Rubella Initiative

www.MeaslesRubellaInitiative.org
@MeaslesRubella



1 https://www.nytimes.com/2014/06/03/world/americas/ciro-de-quadros-74-dies-epidemiologist-who-championed-polio-immunizations.html?_r=0



2016 ANNUAL SUMMARY



2016 IN NUMBERS



135,356,926
children vaccinated
against measles or
measles-rubella
in 48 countries



New Donor,
Alwaleed Philanthropies
contributes **\$50 million**
(2016–2020) to UNICEF to
support global measles and
rubella elimination



153 (79%)
countries provide rubella
vaccine in their national
immunization schedule with
10 countries expected to
introduce in 2017



162 (83.5%)
countries provide
Measles Second Dose
in their national
immunization
schedule



UNICEF procured
and delivered
235,010,920
doses of measles-containing
vaccines on behalf of
76 countries in 2016



\$5.4 million
spent in four countries utilizing
Outbreak Response Fund (ORF) –
Cambodia, Kenya, Nigeria and
Sierra Leone. The ORF helped
vaccinate more than
8.9 million children
under emergency
conditions



Strategic Advisory
Group of Experts
(SAGE) endorsed the
Midterm Review
of the Global Measles
& Rubella Strategic
Plan 2012–2020 in
October 2016



Hong Kong, city of 7
million, achieves
**measles-
free status
in 2016**



1,200
Kenyan Lions members
involved in road show in
Kenya during MR campaign:
18 days covering most remote
places 1,770 kms – reaching
35 communities



In September 2016,
the regional verification
commission declared the
**Americas region
free of endemic
measles**



The countries with the largest number of reported measles cases in 2016:



Data source: (unless otherwise indicated): measles cases reported to WHO
* Data source: SITUATION EPIDEMIOLOGIQUE DE LA ROUGEOLE EN RDC (weekly measles bulletin)
** Data source: Somali EPI/POL Weekly Update (weekly polio bulletin)



128,539
measles samples
tested

&

109,237
rubella samples
tested



6,267
volunteers
mobilized by
American
Red Cross



**We are
wiping out
the virus!**
Labnet shows there are only
6 measles genotypes remaining
— down from the 11 that
existed in 2005



Supplementary Immunization Activity (SIA) Tool info – New tools and guidance have been developed to ensure high quality campaigns. M&RI has increased efforts to promote use of this tool when planning and implementing SIAs. Seventy percent of the African countries which have conducted SIAs in 2016, have used the readiness assessment tool to ensure adequate preparedness prior to starting the SIAs.



For the past 3 years, the routine immunization work group (one of 6 M&RI work groups) has been providing input and advocating to **build or strengthen platforms to vaccinate in the Second Year of Life (2YL)**. Over 12 partners are engaged in this work group.

Ethiopia, Ghana, Malawi, Philippines and Zambia have helped contribute to our understanding of how to best build strong platforms. This effort transforms immunization delivery from the 1970's model by serving to accommodate the increasing number of recommended vaccines and doses. This will help to achieve our GVAP targets by promoting to give vaccines to children who are missing infant doses. Giving a routine second dose of measles is an opportunity to integrate other interventions that promote equity and strengthen health systems.