

POLIO

GLOBAL
ERADICATION
INITIATIVE

KEY ELEMENTS of the Financial Resource Requirements 2013-2018

As of 14 February 2013



World Health
Organization

PARTNERS IN THE GLOBAL
POLIO ERADICATION INITIATIVE

unicef 

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KEY ELEMENTS of the Financial Resource Requirements 2013-2018

As of 14 February 2013

To be finalized in advance of the World Health Assembly in May 2013 with new data from the Global Vaccine Summit to be held on 25 April 2013.

COMPREHENSIVE STRATEGY FOR A POLIO-FREE WORLD

In May 2012, the World Health Assembly (WHA), noting the opportunity to achieve a polio-free world but also the threat on-going polio transmission poses to countries everywhere and the risk of vaccine-derived polioviruses (VDPVs), requested the development of a comprehensive polio eradication and endgame strategy to secure a lasting polio-free world. The development of this new plan was based on extensive consultations with national health authorities, global health initiatives, scientific experts, donor partners and other stakeholders.

The result of these extensive consultations is the new Polio Eradication and Endgame Strategic Plan

2013-2018 (the Plan). This new Plan outlines the path to final interruption of both wild- and vaccine-derived polioviruses by end of 2014 (with the proviso that insecurity could disrupt programme implementation), including firm milestones to be met, risk mitigation measures to avoid re-emergence of the virus, and a process to plan for harnessing programme and campaign competencies beyond the polio endgame to assist in other health interventions.

This fact sheet provides an overview of the key elements of the financial resources required for the Plan as of February 2013 and in advance of the Global Vaccine Summit in April 2013.

A MULTI-YEAR AND CLEAR BUDGET TO ACHIEVE SUCCESS

The budget for the Polio eradication and Endgame Strategic Plan 2013-2018 is US\$ 5.5 billion, with costs peaking at US\$ 1.054 billion in 2013 then declining annually to US\$ 760 million in 2018 (Table 1). The budget has four major cost categories (Figure 1) and several key assumptions that underpin the cost model behind the budget (Table 2).

Table 1 | Summary of external resource requirements by major category of activity, 2013-2018
(all figures in US\$ millions)

IMMUNIZATION ACTIVITIES	2013	2014	2015	2016	2017	2018	2013-18
Planned OPV Campaigns (OPV)	\$174.50	\$157.93	\$113.17	\$104.67	\$84.02	\$84.02	\$718.30
Planned OPV Campaigns (WHO - Operational Cost)	\$238.19	\$200.85	\$149.75	\$130.23	\$91.39	\$91.39	\$901.81
Planned OPV Campaigns (UNICEF - Operational Cost)	\$48.77	\$37.52	\$25.12	\$22.29	\$17.64	\$17.64	\$168.98
Planned OPV Campaigns (Social Mobilization)	\$39.11	\$39.11	\$26.45	\$15.43	\$10.35	\$10.35	\$140.79
Complementary OPV Campaigns	\$14.62	\$55.00	\$55.00	\$40.00	\$11.00	-	\$175.62
IPV in Routine Immunization	-	-	\$110.05	\$63.75	\$63.75	\$63.75	\$301.30
Sub-Total	\$515.18	\$490.41	\$479.54	\$376.37	\$278.15	\$267.15	\$2 406.80
SURVEILLANCE AND RESPONSE CAPACITY	2013	2014	2015	2016	2017	2018	2013-18
Surveillance and Running Costs (incl. Security)	\$63.47	\$63.47	\$63.47	\$63.47	\$63.47	\$63.47	\$380.81
Laboratory	\$11.33	\$11.33	\$11.33	\$11.33	\$11.33	\$11.33	\$67.97
Environmental Surveillance	-	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$25.00
Emergency Response (OPV)	\$20.00	\$15.00	\$15.00	\$15.00	\$20.00	\$20.00	\$105.00
Emergency Response (Operational Costs)	\$40.00	\$30.00	\$30.00	\$30.00	\$40.00	\$40.00	\$210.00
Emergency Response (Social Mobilization)	\$6.00	\$5.00	\$5.00	\$5.00	\$6.00	\$6.00	\$33.00
Stockpiles for Emergency Response	-	\$12.30	-	\$12.30	-	-	\$24.60
Sub-Total	\$140.80	\$142.10	\$129.80	\$142.10	\$145.80	\$145.80	\$846.38
POLIOVIRUS CONTAINMENT	2013	2014	2015	2016	2017	2018	2013-18
Certification and Containment	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$30.00
Surveillance and Lab enhancement for Certification	-	\$3.74	\$3.74	\$3.74	\$3.74	\$3.74	\$18.70
Sub-Total	\$5.00	\$8.74	\$8.74	\$8.74	\$8.74	\$8.74	\$48.70
CORE FUNCTIONS AND INFRASTRUCTURE	2013	2014	2015	2016	2017	2018	2013-18
Ongoing quality improvement, surge capacity, endgame risk management, OPV cessation, additional innovations & programmatic adjustments	\$83.23	\$83.60	\$83.32	\$83.32	\$33.32	\$33.32	\$400.11
Technical Assistance (WHO)	\$135.13	\$135.13	\$130.14	\$128.10	\$148.47	\$148.97	\$825.95
Technical Assistance (UNICEF)	\$37.31	\$37.31	\$37.31	\$37.31	\$37.31	\$37.31	\$223.87
Community Engagement and Social Mobilization	\$61.51	\$61.51	\$61.71	\$61.71	\$61.71	\$61.71	\$369.87
R&D and Technology Transfer	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$10.00	\$60.00
Sub-Total	\$327.19	\$327.55	\$322.48	\$320.45	\$290.82	\$291.31	\$1 879.79
Subtotal Direct Costs	\$988.16	\$968.79	\$940.56	\$847.65	\$723.50	\$713.00	\$5 181.67
<i>Indirect costs*</i>	<i>\$65.44</i>	<i>\$64.15</i>	<i>\$62.28</i>	<i>\$56.13</i>	<i>\$47.91</i>	<i>\$47.21</i>	<i>\$343.13</i>
GRAND TOTAL	\$1 053.60	\$1 032.95	\$1 002.84	\$903.78	\$771.41	\$760.21	\$5 524.80
2013 Contributions (Rounded)	\$395.00						
2013 Funding Gap (Rounded)	\$660.00						
2013 Firm Prospects (Rounded)	\$520.00						
2013 Best Case Gap (Rounded)	\$140.00						

* Represents the estimated program support costs of WHO and UNICEF based on each organizations official policy.

Figure 1 | Plan budget by category, 2013-2018

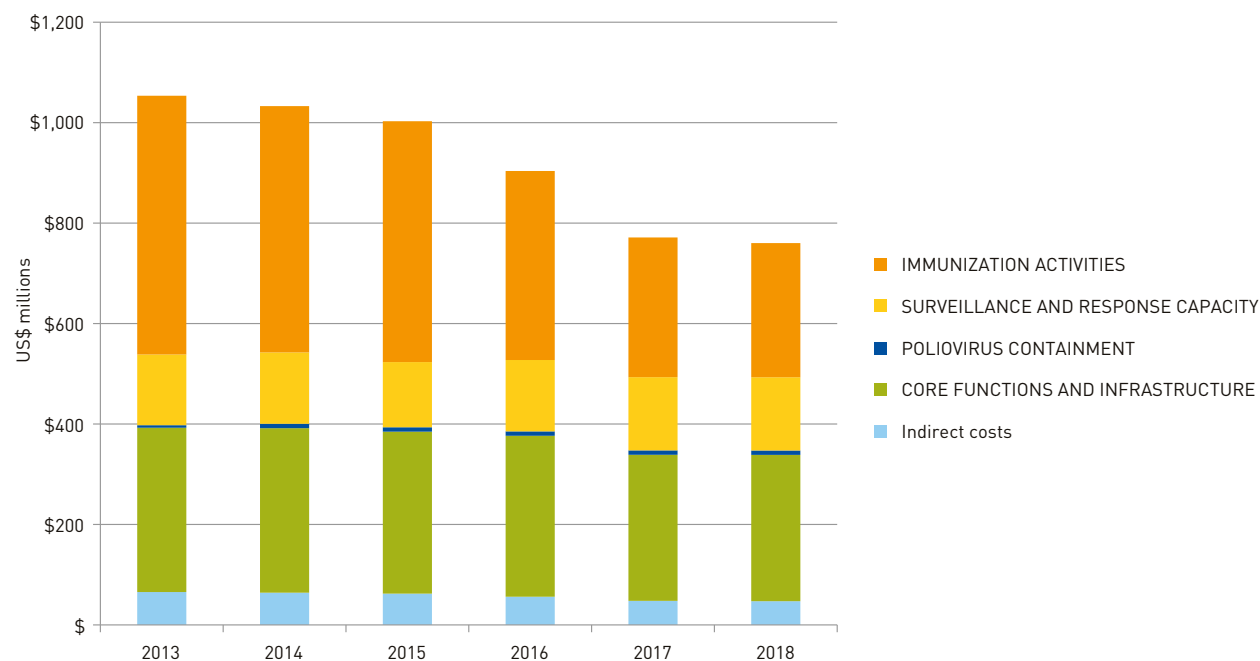


Table 2 | Cost assumptions by major category

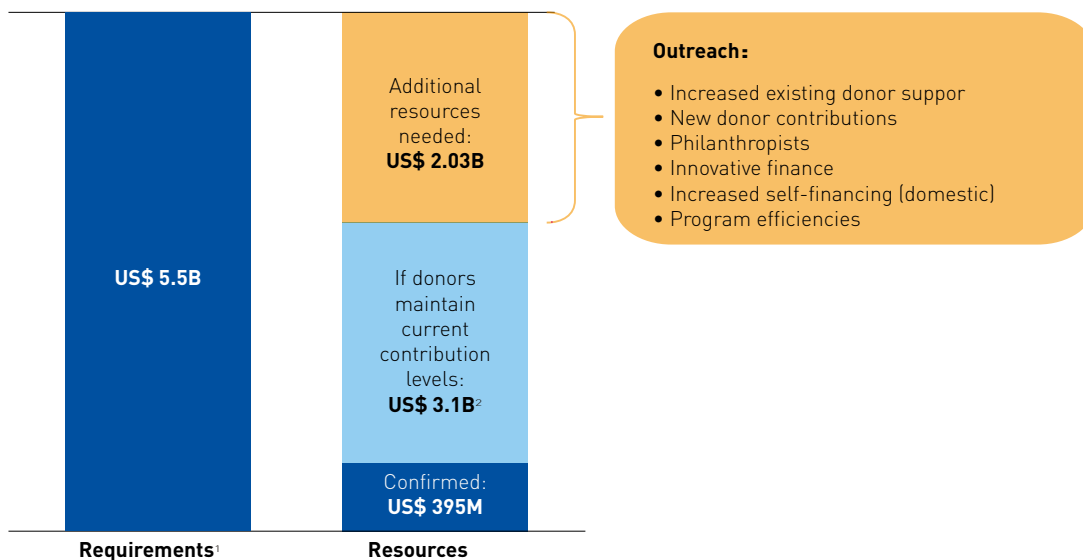
BUDGET CATEGORY	ASSUMPTIONS
IPV in Routine Immunization	<ul style="list-style-type: none"> Includes 1 dose annually for countries currently SIAs with OPV, GAVI-eligible and GAVI graduate countries; support for introduction in particular countries; uptake at 100% per year from 2015 to 2018
Surveillance/Laboratory	<ul style="list-style-type: none"> Maintain 2013 surveillance and laboratory activity levels through 2018
Environmental Surveillance	<ul style="list-style-type: none"> Annual provision of US\$ 5 million from 2014 to 2018
Emergency Response	<ul style="list-style-type: none"> US\$ 66 million in 2013; US\$ 50 million (US\$35 million for operations & US\$ 15 million for vaccine/year) from 2014 to 2016, then return to US\$ 66 million (US\$20 million for vaccine and US\$ 46 million for operations) for 2017 and 2018
Stockpile	<ul style="list-style-type: none"> Stockpile Projections for 2014 (US\$ 24.6 million) based upon existing contract; funds already transferred to UNICEF Replenish from outbreak response vaccine funds
Certification and Containment	<ul style="list-style-type: none"> Enhancements that may be required to surveillance and lab capacity in preparation for certification Annual provision for regional and country level activities
Ongoing quality improvements, surge capacity, risk management	<ul style="list-style-type: none"> Surge capacity in endemic and high-risk countries to interrupt transmission Unanticipated innovations to achieve and sustain interruption Ongoing unanticipated risk management activities
Technical Assistance	<ul style="list-style-type: none"> WHO Regions (AFR, EMR and SEAR) based upon September 2012 planning exercise for 2013-18; other areas maintain technical assistance at 2013 levels through 2018 (as per October 2012 FRR)
Community Engagement/Social Mobilization	<ul style="list-style-type: none"> Ongoing social mobilization activities based upon 2013 FRR plans
Research/Product Development	<ul style="list-style-type: none"> Maintain US\$ 10 million per year from 2013-18

MOBILIZING THE FUNDS FOR 2013-2018

Maintaining the current annual levels of international contributions and national expenditures would secure approximately US\$ 3.1 billion of the overall budget of US\$ 5.5 billion (Figure 2). Table 3 provides an overview of the principal donors to the GPEI. Since the 1988 WHA resolution to eradicate polio, 77 public and private sector donors have contributed

over US\$ 10 billion to the GPEI. The Initiative is now working with new donors, philanthropists, organizations to provide the financing needed to fully implement the Plan. The most urgent priority is to close the financing shortfall for eradication activities through to the end of 2013. As at February 2013, the gap was US\$ 660 million, against which firm prospects totalled about US\$ 520 million (Figure 3).

Figure 2 | Meeting the Plan’s funding requirements



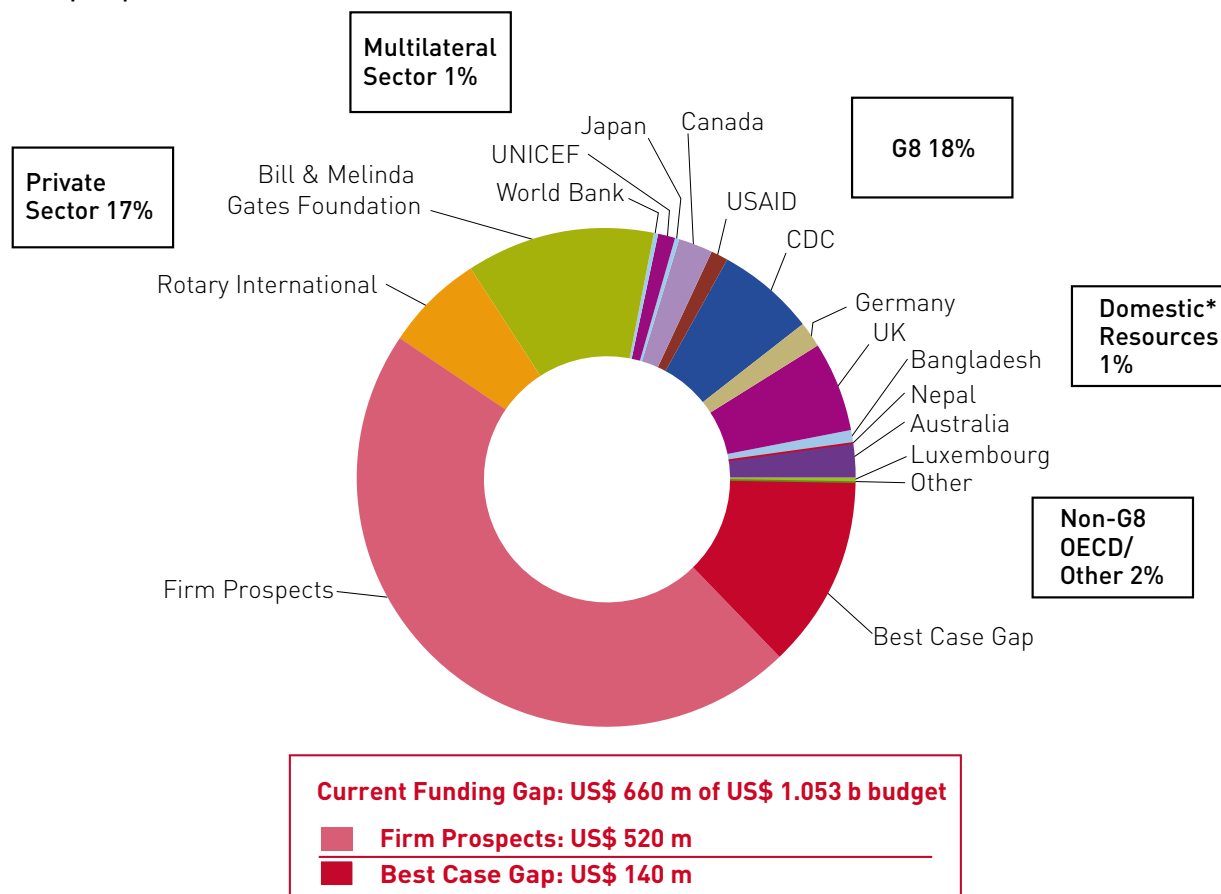
¹ Based on GPEI Long-term cost model, not including Government of India’s self-financing.

² Based on continuing historical contribution trend. Source: Contributions and Pledges to the Global Polio Eradication Initiative, 1985 -2014, GPEI Website

Table 3 | Donor Profile of the GPEI, 1985-2014 (in US\$ millions)

Contribution	Public Sector Partners	Development Banks	Private Sector Partners
>1,000	United Kingdom, United States of America		Bill & Melinda Gates Foundation, Rotary International
500-1,000		World Bank	
250-499	Canada, Germany, Japan		
100-249	European Commission, GAVI/IFFIm, Netherlands, Norway, UNICEF, WHO		
50-99	Australia		
25-49	Denmark, France, Italy, Russian Federation, Sweden		United Nations Foundation
5-24	Ireland, Luxembourg, Saudi Arabia, Spain		American Red Cross, Crown Prince of Abu Dhabi, IFPMA, Sanofi Pasteur, UNICEF National Committees, Oil for Food Program
1-4	Austria, Belgium, Finland, Kuwait, Malaysia, Monaco, New Zealand, Portugal, Switzerland, United Arab Emirates	African Development Bank, Inter-American Development Bank	Advantage Trust (HK), Central Emergency Response Fund (CERF), De Beers, Google Foundation, International Federation of Red Cross and Red Crescent Societies, OPEC, Pew Charitable Trust, Wyeth, Shinryo-en

Figure 3 | Financing the 2013 budget of US\$ 1.053 billion*: US\$ 395 million in contributions & US\$ 520 million in firm prospects



*Other' includes: the Governments of Brunei Darussalam, Finland, Monaco and United Arab Emirates, plus the GOOGLE Foundation/Matching Grant.

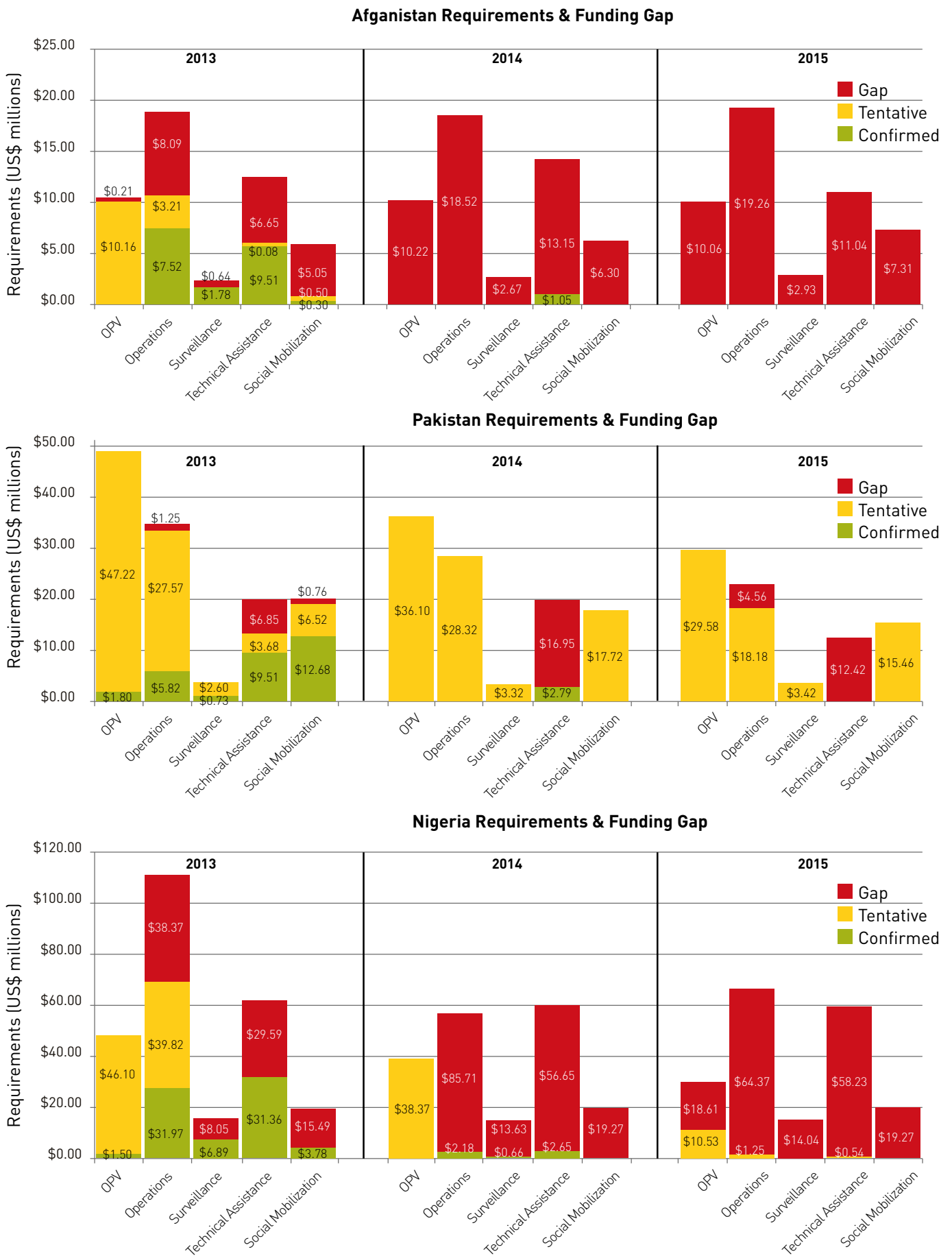
*Domestic contributions by Government of India of approximately US\$ 207 million for 2013 are not included in this budget.

URGENT FUNDING PRIORITIES: ENDEMIC COUNTRIES, REQUIREMENTS & GAPS 2013-2015

At the start of 2013, three countries remain endemic – Afghanistan, Pakistan and Nigeria, the lowest number in history. In all three endemic countries, the polio programmes are operating under the auspices of national emergency action plans, overseen in each instance

by the respective of head state and supported by an all-government approach to overcoming long-standing operational challenges. Figure 4 provides a breakdown of costs associated with SIAs, surveillance and technical assistance in the remaining endemic countries for 2013-2015.

Figure 4 | Requirements and funding gap for endemics



AN OPPORTUNITY TO END POLIO FOR ALL TIME

In January 2013, reviewing the latest epidemiological evidence, the IMB concluded that the world stood on the ‘brink’ of polio eradication. Fewer cases had been reported from fewer districts in fewer countries than ever before.

All strategic approaches and tools are in place to secure a polio-free world. The technical feasibility of eradication is beyond doubt. Success is a question of political and societal will. Full financing and implementation of the Plan will result in a lasting polio-free world.

Failure to achieve this success could result in as many as 200,000 new cases every year, within the next ten years. It would be a humanitarian catastrophe that must be averted at all costs. Success will ensure that

no child will ever again know the pain of lifelong polio-paralysis, and be associated with savings of upwards of US\$40 billion over the next 20 years (the bulk in developing countries).

Given the stakes, the goal of eradication must ‘absolutely be seen through to completion’, according to the Independent Monitoring Board (IMB), which called for ‘unwavering global support’ for the GPEI in these final stages. “Each country, and each of its partners, is signing up to deliver something that is difficult, but of historic importance and absolutely feasible,” the IMB concluded.

Together, we can achieve history. We can ensure that the dream of a polio-free world now becomes a reality – for all future generations to come.

8 Based on local rates for semi-skilled labour and government remuneration for similar tasks.



www.polioeradication.org

**EVERY
LAST CHILD**

The logo for 'Every Last Child' features the text 'EVERY LAST CHILD' in a bold, blue, sans-serif font. The word 'EVERY' is on the top line, 'LAST' is on the second line, and 'CHILD' is on the third line. Two orange footprints are integrated into the design: one is positioned to the right of the word 'LAST', and the other is positioned to the left of the word 'CHILD'.