POLIO GLOBAL ERADICATION INITIATIVE

Financial Resource Requirements 2013-2018

As of 1 February 2014

World Health Organization

PARTNERS IN THE GLOBAL POLIO ERADICATION INITIATIVE

unicef

Design & layout: Paprika-annecy.com

Photo front cover: UNICEF © UNICEF Kenya/2013/Kun Li

Child receives the oral polio vaccine during a door-to-door campaign. He is so proud to show his fingermark. Fingermarking is essential to make sure that not a single child is missed during campaigns.

Photo back cover © UNICEF Syria/2013/ Omar Sanadiki

A health worker administers polio vaccine to a child at the Abou Dhar Al Ghifari Primary Health Care Center in Damascus, Syria, on 29 October as part of a UNICEF-supported, Ministry of Health-led vaccination campaign underway in Syria.

WHO/POLIO/14.01

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS

AusAID	Australian Government Overseas Aid Program
AFP	Acute flaccid paralysis
AFR	African Region
BMGF	Bill & Melinda Gates Foundation
bOPV	Bivalent oral polio vaccine
CDC	US Centers for Disease Control and Prevention
DFATD	Canadian Department of Foreign Affairs, Trade and Development
cVDPV	Circulating vaccine-derived poliovirus
DFID	UK Department for International Development
EMR	Eastern Mediterranean Region
FRR	Financial Resource Requirements
FWG	Finance Working Group
GPEI	Global Polio Eradication Initiative
GPLN	Global Polio Laboratory Network
IDB	Islamic Development Bank
IMB	Independent Monitoring Board
IPV	Inactivated polio vaccine
JICA	Japan International Cooperation Agency
mOPV	Monovalent oral polio vaccine
NIDs	National Immunization Days
OPV	Oral polio vaccine
PAG	Polio Advocacy Group
PPG	Global Polio Partners Group
PSC	Polio Steering Committee
SAGE	Strategic Advisory Group of Experts on immunization
SEAR	South East Asia Region
SIAs	Supplementary Immunization Activities
SIADs	Short Interval Additional Dose
SNIDs	Sub-national Immunization Days
TAG	Technical Advisory Group
tOPV	Trivalent oral polio vaccine
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAPP	Vaccine-associated paralytic polio
VDPV	Vaccine-derived poliovirus
WHA	World Health Assembly
WHO	World Health Organization
WPV	Wild poliovirus

EXECUTIVE SUMMARY

The Financial Resource Requirements (FRR) is the accompanying budget document to the Polio Eradication and Endgame Strategic Plan 2013-2018 of the Global Polio Eradication Initiative (GPEI). The FRR is updated regularly based on evolving epidemiology and available funding. This edition of the FRR provides detailed information for 2014 and high-level figures for 2015-2018. Subsequent publications will provide greater detail for future years. The financial needs reflected in this publication represent requirements for activities to be implemented by WHO and UNICEF in coordination with national governments and include agency overhead costs where applicable. The FRRs do not include estimations of costs incurred directly by national governments. For additional information, please see: http://www.polioeradication.org/Financing.aspx.

A clear, multi-year budget to achieve success

The budget for the Polio Eradication and Endgame Strategic Plan 2013-2018 (the Plan) 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 (immunization activities, surveillance and response capacity, containment and certification, and core functions and infrastructure). The main assumptions that underpin the cost model behind the budget are based upon the key milestones and outcome indicators described in the Plan, including the interruption globally of poliovirus transmission by end-2014. For a full version of the Plan, please see: www.polioeradication.org/Resourcelibrary/Strategyandwork.aspx

Improving oversight, accountability and coordination

An important aspect of the Plan's success is putting the right checks and balances in place to ensure not only that milestones are met and the programme is well-managed and effective, but also that the GPEI remains a good steward of financial resources. New governance mechanisms have been established to further strengthen oversight, accountability and coordination for the duration of the Plan, including a critical role for active stakeholder engagement (please refer to **Figure 3** "Budget review and fund allocation process").

Commitments to fully fund the Plan

On 25 April 2013, the Plan was shared at the Global Vaccine Summit in Abu Dhabi. Global leaders, donor nations and polio-affected countries signalled their confidence in the Plan by pledging over US$ 4 billion towards its projected US$ 5.5 billion cost over six years. They also called upon the donor community at large to commit up front the additional US$ 1.5 billion to fully resource the Plan. The top priorities for the GPEI are to continue to work with partners to convert the pledges into signed agreements and cash disbursements and to secure the remaining additional resources required to close the funding gap. As of 1 February 2014, for the period 2013-2018, the GPEI has received US$ 1.83 billion in contributions and is tracking over US$ 3.13 billion in pledges/projections, which if fully realized would result in a funding gap of US$ 563 million (see **Figure 6**).

The Most Effective Option: The Economic Case for Polio Eradication

The Plan has been developed to capitalize on the unique opportunity to eradicate a human disease for only the second time in history. Over US$ 10 billion has been invested from 1988-2012, generating net benefits of US$ 27 billion, out of the total US$ 40-50 billion savings previously estimated for low income countries alone.[1] To build support to mobilize the additional resources required to implement the Plan's US$ 5.5 billion budget, a review of the economic case for continuing to invest in polio eradication was conducted in advance of the Global Vaccine Summit. Building on an existing body of work,[2] the *Economic Case for Polio Eradication* provides a forward-looking perspective on the benefits of eradication using updated cost inputs that underpin the Plan. The Case argues that eradication remains unequivocally more cost effective than the alternatives of control or routine immunization alone. Cost-effectiveness increases further when accounting for the GPEI's contributions to health programs beyond polio and strengthening resource management. (For the full document, please see: www.polioeradication.org/Portals/0/Document/Resources/StrategyWork/EconomicCase.pdf).

[1] Duintjer Tebbens RJ, Pallansch MA, Cochi SL, Wassilak SGF, Linkins J, Sutter RW, Aylward RB, Thompson KM. Economic analysis of the Global Polio Eradication Initiative. Vaccine 2011;29(2):334-343.

[2] Thompson KM, Duintjer Tebbens RJ. Eradication versus control for poliomyelitis: An economic analysis. The Lancet 2007;369 (9570):1363-71.

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	TOTAL 2013 -18
Planned OPV Campaigns (OPV)	$216.98	$150.93	$106.65	$98.15	$77.50	$77.50	$727.71
Planned OPV Campaigns (WHO - Operational Cost)	$293.01	$206.53	$156.27	$136.75	$97.91	$97.91	$988.38
Planned OPV Campaigns (UNICEF - Operational Cost)	$49.20	$28.77	$25.12	$22.29	$17.64	$17.64	$160.66
Planned OPV Campaigns (Social Mobilization)	$47.50	$37.17	$26.45	$15.43	$10.35	$10.35	$147.25
Complementary OPV Campaigns	-	$22.00	$55.00	$40.00	$11.00	-	$128.00
IPV in Routine Immunization	-	$45.00	$113.68	$68.61	$69.51	$70.39	$367.19
Sub-Total	**$606.69**	**$490.40**	**$483.17**	**$381.23**	**$283.91**	**$273.79**	**$2 519.19**
SURVEILLANCE AND RESPONSE CAPACITY							
Surveillance and Running Costs (incl. Security)	$64.47	$63.47	$63.47	$63.47	$63.47	$63.47	$381.82
Laboratory	$11.33	$11.33	$11.33	$11.33	$11.33	$11.33	$67.98
Environmental Surveillance	-	$5.00	$5.00	$5.00	$5.00	$5.00	$25.00
Emergency Response (OPV)	-	$15.00	$15.00	$15.00	$20.00	$20.00	$85.00
Emergency Response (Operational Costs)	-	$30.00	$30.00	$30.00	$40.00	$40.00	$170.00
Emergency Response (Social Mobilization)	-	$5.00	$5.00	$5.00	$6.00	$6.00	$27.00
Stockpiles for Emergency Response	-	$12.30	-	$12.30	-	-	$24.60
Sub-Total	**$75.80**	**$142.10**	**$129.80**	**$142.10**	**$145.80**	**$145.80**	**$781.40**
POLIOVIRUS CONTAINMENT							
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							
Ongoing quality improvement, surge capacity, endgame risk management, OPV cessation, additional innovations & programmatic adjustments	$74.69	$86.60	$82.69	$81.46	$50.56	$49.68	$425.68
Technical Assistance (WHO)	$128.76	$135.13	$130.14	$128.10	$128.47	$128.97	$779.57
Technical Assistance (UNICEF)	$33.29	$34.31	$34.31	$34.31	$34.31	$34.31	$204.84
Community Engagement and Social Mobilization	$53.93	$61.51	$61.71	$61.71	$61.71	$61.71	$362.28
R&D and Technology Transfer	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	$60.00
Sub-Total	**$300.67**	**$327.55**	**$318.85**	**$315.58**	**$285.05**	**$284.67**	**$1 832.37**
Subtotal Direct Costs	**$988.16**	**$968.79**	**$940.56**	**$847.65**	**$723.50**	**$713.00**	**$5 181.66**
Indirect costs	$65.44	$64.15	$62.28	$56.13	$47.91	$47.21	$343.12
GRAND TOTAL	**$1 053.60**	**$1 032.94**	**$1 002.84**	**$903.78**	**$771.41**	**$760.21**	**$5 524.78**
Contributions (rounded), including 2012 carry-forward*	**$1 412.00**	**$292.00**	**$79.00**	**$25.00**	**$17.00**	**$9.00**	**$1 834.00**
Funding Gap							**$3 690.78**
Prospects/Projections (rounded)							**$3 128.00**
Best Case Gap							**$562.78**

* Carry-forward figures from 2013 are pending and will be updated once both implementing partner's books are officially closed.

1 | BUDGET ASSUMPTIONS & CATEGORIES

A thorough cost analysis was conducted by the GPEI during the second half of 2012, resulting in the establishment of the budget of US$ 5.5 billion to achieve the Plan's objectives from 2013 through 2018. The budget has four major cost categories **(Figure 1)** with accompanying assumptions **(Table 2)** that underpin the cost model. Within the overall budget ceiling, budgets within major cost categories are reviewed and revised based upon the evolving epidemiology. While interruption of wild poliovirus globally cannot be guaranteed by a particular date, and various factors could intervene, the current budget reflects the fact that endemic countries were at end-2012 on a trajectory to interrupt transmission by end-2014, with costs peaking at US$ 1.054 billion in 2013 then declining annually to US$ 760 million in 2018.

Figure 1 | Plan budget by major category (US$ millions)

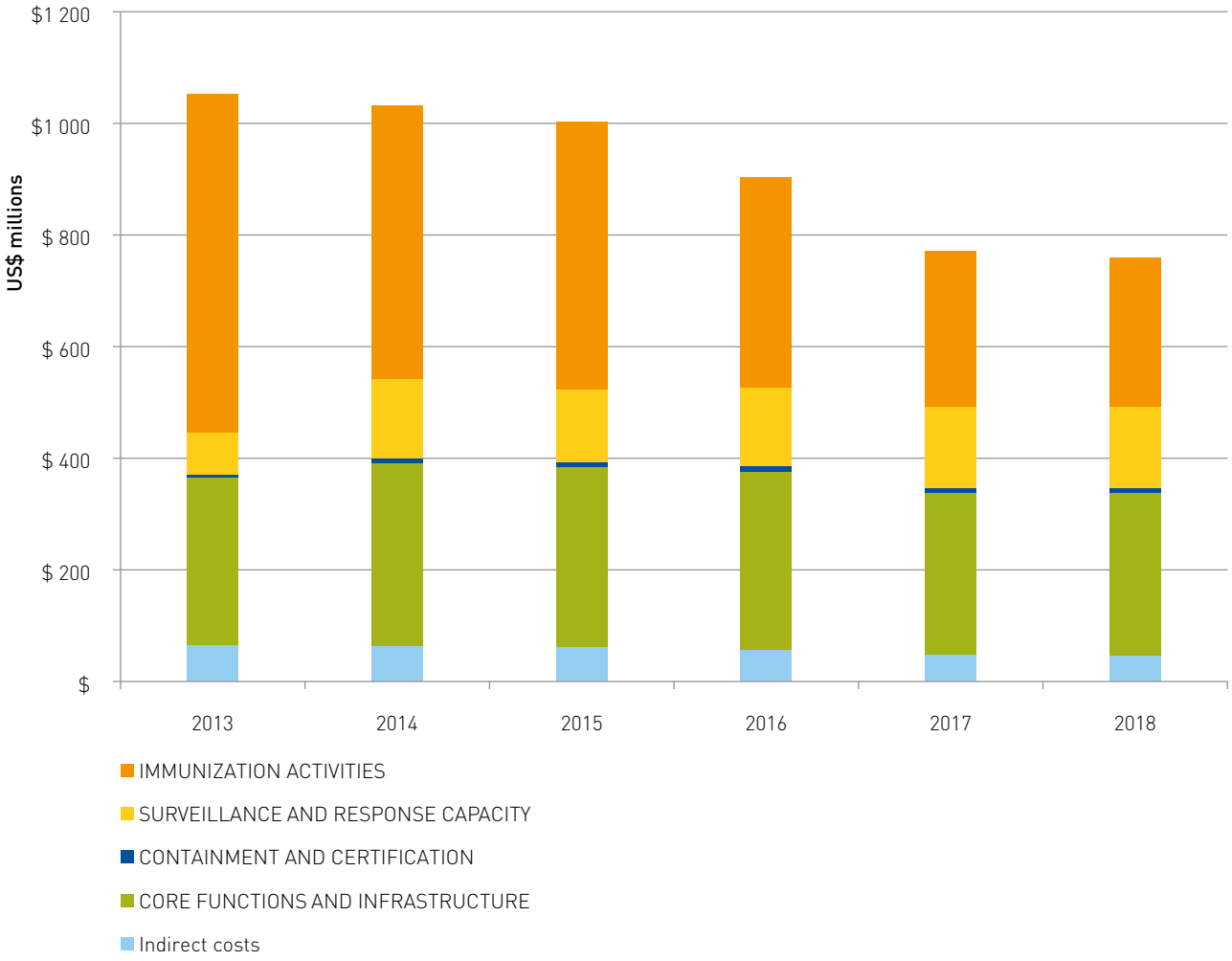


Table 2 | Cost assumption by major budget category

BUDGET CATEGORY	ASSUMPTIONS
IPV in Routine Immunization	• Reflects IPV introduction assumptions outlined in the Strategic Plan: all OPV-only using countries introduce at least one dose of IPV into their routine immunization programmes starting in 2014 with 100% uptake before the end of 2015 • Includes full annual IPV costs for one dose for all GAVI-eligible and GAVI graduating countries (excluding India and China); limited support is included for selected lower-middle income and upper-middle income OPV-using countries
Surveillance/Laboratory	• Reflects 2013 surveillance and laboratory activity requirements being maintained on an annual basis until 2018
Environment Surveillance	• Assumes up to US$ 5 million will be required on an annual basis from 2014 to 2018
Emergency Response	• Represents estimations for vaccine and operations costs for emergency response: – 2014–2016 US$ 50 million (US $15 million for vaccine & US$ 35 million for operations/year) – 2017–2018 US$ 66 million (US$ 20 million for vaccine & US$ 46 million for operations/year)
Stockpile	• Represents Stockpile projections for 2014 and 2016 (US$ 12.3 million each year) based upon existing contract with manufacturers; funds have already transferred to UNICEF
Containment and Certification	• Represents annual provision for regional and country level activities as well as any enhancements that may be required for surveillance and laboratory capacity in preparation for containment and certification
On-going quality improvements, surge capacity, risk management	• Reflects surge capacity in endemic and high-risk countries through 2015 that will support activities required to interrupt transmission; estimations for unanticipated innovations to achieve and sustain interruption and ongoing unanticipated risk management activities
Technical Assistance	• Represents requirements for technical assistance defined during the September 2012 planning exercise for 2013-2018 conducted by WHO AFR, EMR and SEAR; other areas maintain technical assistance at 2013 levels through 2018
Community Engagement/Social Mobilization	• Reflects ongoing community engagement and social mobilization activities requirements being maintained on an annual basis until 2018
Research/Product Development	• Assumes up to US$ 10 million will be required on an annual basis from 2013-2018

Definition of budget categories and key cost drivers

The four major budget categories include the cost of reaching and vaccinating more than 250 million children multiple times every year; implementing monitoring and surveillance activities in more than 70 countries; ensuring the full application of relevant poliovirus bio-containment requirements globally, and fulfilling national, regional and global certification requirements; and supporting core functions and securing the infrastructure required for polio eradication which could potentially benefit other health and development programmes. **Annex A** provides the cost details for endemic and high risk countries.

1. Immunization activities

Interruption of wild polioviruses and VDPVs requires the raising of population immunity in the three remaining endemic countries, in re-infected countries and in high-risk areas prone to outbreaks and re-importations, to levels sufficient to stop transmission. This is done by vaccinating children with polio vaccines, through routine immunization and supplementary immunization activities (SIAs). **Annex B** provides an overview of the SIA schedule for 2014.

Starting in 2014, the GPEI budget includes the cost of IPV introduction into routine immunization systems in OPV-only using countries.

The immunization activities budget category represents nearly 50% of the total requirements for the 2013-2018 period. The key cost drivers in this area are the date of interruption of transmission, and the number and quality of vaccination campaigns.

The core functions budget category includes provisions for introducing additional innovations and improving the quality of OPV campaigns needed to boost the immunity levels of children in the hardest-to-reach areas of Afghanistan, Pakistan and Nigeria.

The sub-budget categories for SIAs are: oral polio vaccine (OPV) costs, operations costs, and campaign-related social mobilization costs (versus on-going social mobilization costs, which are budgeted separately under core functions and infrastructure – see **Annex C** for additional details).

Oral polio vaccine costs

This sub-budget category represents the cost of procuring OPV for use in supplementary immunization campaigns, including the vaccine itself plus shipping and freight. UNICEF is the agency that procures vaccine for the GPEI, and works to ensure OPV supply security (with multiple suppliers), at a price that is both affordable to governments and donors and reasonably covers the minimum needs of manufacturers. In 2013, more than 1.4 billion doses of OPV were procured by UNICEF Supply Division for use in 71 countries. The weighted average price of each OPV dose in 2012 was US$ 0.1374. For the 2013-2018 period, the assumed average cost is US$ 0.16.

Operations costs

This sub-budget category represents the costs of delivering vaccine during supplementary immunization campaigns, including micro-planning, training, allowances for field personnel involved in vaccination campaigns, transport, logistics, supervision, monitoring, evaluation and general operating expenses. For the average operations cost per child, please see www.polioeradication.org/Financing

Campaign-related social mobilization

This sub-budget category represents the costs of social mobilization and communication efforts required to ensure high levels of community demand for the vaccine, including production and dissemination of communication materials, media campaigns, engagement of local leaders, organization of community forums, training and capacity building in key geographies (i.e. in endemic areas and areas of recurrent importations).

Inactivated polio vaccine (IPV) in routine immunization[3]

This sub-budget category represents the costs of introducing at least one dose of IPV in routine immunization programmes in all OPV-only using countries. Introducing IPV is a key element of the Plan and global readiness to manage risks associated with OPV type 2 withdrawal. While the Plan calls for the introduction of IPV in all OPV-using countries by 2015, given the tight timelines, the Strategic Advisory Group of Experts on immunization (SAGE) recommended in November 2013 that by mid-2014 all polio endemic and high risk countries develop plans for IPV introduction and by end-2014 all other OPV-only using countries develop plans. While the IPV costs for 2014 have been incorporated into the GPEI FRRs, the GPEI core partners are currently evaluating the impact of IPV cost estimates on the US$ 5.5 billion budget through 2018. A summary of the potential revised cost range by category and channel is provided below.

BUDGET CATEGORY AND FUNDING CHANNELS	COST RANGE 2014-2018
Vaccine costs: GAVI	$303M to $371M
Introduction grants: GAVI	$46M
Vaccine subsidies: GPEI	$25M to $71M
IMG Technical assistance • IPV: GAVI and GPEI • Routine Immunization Strengthening: GAVI • tOPV/bOPV switch: GPEI	$50M
Total	**$424M to $538M**

There are several assumptions which represent key points of potential variability in the budget. The most significant of these relate to pricing, which should become more clear in early 2014 after the UNICEF tender is completed; and in total doses demanded, which will be more clear in the coming year as the speed of introduction becomes known. The validity of the assumptions made in this budget will be further refined by end of Q2 2014, at which point cost projections for the remainder of the 2014-2018 time period will be revised and included in subsequent FRR publications.

Key Budget Assumptions

SCOPE	COUNTRIES AFFECTED	BIRTH COHORT	FINANCIAL SUPPORT
• **GAVI eligible countries (except India)** • **GAVI graduating countries**	72	~55M	• Full support for vaccine purchase • Introduction grants of $0.80 per child (or $100K)
• **India** • **China**	2	~44M	• None (assumed to be self-financing)
• **Non-GAVI Lower Middle Income Countries (LMICs)**	10	~6M	• Potential support of $0.00-$1.00 per dose
• **Non-GAVI Upper Middle Income Countries (UMICs) and High Income Countries (HICs)**	42	~9M	• Consideration of support for select countries
Total	**126**	**~114M**	

[3] This budget category does not include direct costs associated with routine immunization strengthening.

GAVI ALLIANCE SUPPORT OF INTRODUCTION OF IPV

In November 2013, the GAVI Board decided to provide support for the introduction of IPV as part of routine immunization programmes in the world's 73 poorest countries. This decision will allow the Alliance to play a complementary role in supporting the GPEI in eradicating polio as part of implementing the Plan. The Board endorsed opening a window of support for all GAVI-eligible countries and those graduating from GAVI support. Given the global health priority of polio eradication, the Board agreed to a number of policy exceptions for IPV, such as encouraging but not requiring countries to co-finance IPV introduction.

While donors have been engaged in discussions around GAVI's role in supporting IPV introduction and some funds pledged at the April 2013 Vaccine Summit have been committed to GAVI, additional funds are needed to ensure all costs are covered. The costs for IPV introduction through GAVI will not be included in the Replenishment Ask for GAVI's second replenishment, which started in January 2014.

Source: GAVI Alliance Press Release, 22 November 2013.

2. Surveillance and response capacity

The detection and investigation of acute flaccid paralysis (AFP) cases remains the core strategy for detecting all polioviruses. In addition, environmental surveillance continues to be scaled up as a critical complement to AFP surveillance activities.

The surveillance costs (detailed in **Annex D**) relate to maintaining an extensive and active surveillance network to detect and investigate more than 100 000 AFP cases annually, including the collection and testing of samples as well as sustaining the Global Polio Laboratory Network of more than 145 laboratories.

A more aggressive approach to outbreaks, both to wild poliovirus and VDPVs, continues to be implemented in endemic countries and in countries affected by outbreaks. The aim is to stop any new polio outbreak within 120 days of the index case. In addition to maintaining the flexibility to rapidly and comprehensively respond to outbreaks, per international outbreak response guidelines issued by the World Health Assembly (WHA), immunity levels and surveillance must be maintained in particular in high-risk countries to minimise the risk and consequences of eventual outbreaks.

OVERVIEW OF THE GPEI "EMERGENCY RESPONSE" BUDGET LINES

The GPEI FRRs include budget lines for Emergency Response within the major budget category "Surveillance and Response Capacity". These budget lines are implemented by WHO and UNICEF, with annual combined budgets of between US$ 50-66 million. WHO and UNICEF maintain funding against this budget line at the global level to ensure that outbreak response activities can be supported immediately, regardless of where they occur. However, historically the 12-month rolling cash flow projections for the GPEI have been extremely tight, and have not allowed for more than US$ 5-10 million in outbreak response funds to be held by WHO or UNICEF for this purpose at any one point in time.

In order to ensure rapid response to outbreaks, upon notification of an outbreak, WHO provides an initial allocation for operations, and UNICEF ensures that the vaccine required for the initial response round is provided. While detailed response plans are being prepared, WHO and UNICEF HQ offices review the availability of funding and vaccine based on estimated requirements to quickly confirm support.

In addition, WHO and UNICEF Country Offices are encouraged to reach out to donors in country to raise resources for outbreak response, which can be financed rapidly by many donors using dedicated resources and mechanisms for acute emergencies. Local funding complements global resources, and ensures that the limited funding available at global level for outbreak response is not completely depleted.

3. Containment and certification

The global certification of WPV requires ensuring highly sensitive poliovirus surveillance and full application of relevant poliovirus bio-containment requirements across the entire world. Bio-containment activities have started in all 6 WHO Regions. For the three regions not certified polio-free at the end of 2013 – Africa, South East Asia and the Eastern Mediterranean – the priority will be to close remaining gaps in AFP surveillance sensitivity by 2014 in advance of the trivalent OPV to bivalent OPV switch *(budgeted under the surveillance and response category)* and then to sustain certification-standard surveillance performance at the national and subnational level through regional and global certification. For the three regions that are certified polio-free – the Americas, Europe and the Western Pacific – the priority will be to achieve or maintain surveillance at certification-standard levels. As of February 2014, the South East Asia Region was on track for certification at end-March 2014.

4. Core functions and infrastructure

National authorities are ultimately responsible for development of immunization plans and budgets and for implementing activities. WHO and UNICEF play an important supplementary and catalytic role in supporting countries through provision of core functions and infrastructure, including technical assistance (detailed in **Annex E**), innovations to improve SIA efficacy, on-going quality improvement, community engagement, and research and development.

WHO and UNICEF, along with the GPEI partners and the GAVI Alliance have initiated a joint programme of work to support the strengthening of routine immunization systems in the 10 priority countries identified in the Plan[4]. The joint approach in these countries seeks to capitalize on the GAVI Alliances investments in health systems strengthening and to exploit fully the substantial technical assistance deployed through the GPEI. As per the Plan, GPEI staff will focus on immunization strengthening across four activity areas: management, microplanning, mobilization and monitoring. To support these areas, the target is that by the end of 2014, at least 50% of these polio-funded field personnel's time (i.e. 50% of district level polio staff) will be devoted to measurable activities to help national authorities strengthening immunization systems and services. In 2013, the immunization plans in 6 countries (Chad, Democratic Republic of the Congo, Ethiopia, India, Nigeria and Pakistan) were reviewed and revised to include specific actions for ensuring that the infrastructure of the GPEI systematically contributes to improving routine immunization coverage.

2 | BUDGET PROCESS, OVERSIGHT, ACCOUNTABILITY & MONITORING

Budgeting process, funds allocation and priority setting

A robust system of estimating costs drives the development of the global budget figures from the micro-level up (**Figure 2**). The budgets that underpin the FRR are prepared by WHO, UNICEF and the national governments that manage the polio eradication activities. The funds to finance the activities flow from multiple channels, primarily through these stakeholders. Both UN agencies support the governments in the preparation and implementation of SIAs.

For immunization activities in particular, the schedule is developed based on the guidance of national and regional Technical Advisory Groups (TAGs), Ministries of Health and the country offices of WHO and UNICEF. The recommended schedule of SIAs is used by national governments, working with WHO and UNICEF, to develop budget estimates. These are based on plans drawn up at the local level and take into consideration local costs for all elements of the activities, as described in the "budget categories" section above.

The national level budget development process is paired with a regular, interactive global process of reviewing and reprioritizing activities in light of evolving epidemiology and available resources. The in-depth weekly epidemiological and SIA review is complemented by weekly and bi-weekly teleconferences between WHO and UNICEF headquarters and regional offices which provide opportunities to adjust funding allocations, based on any major epidemiological changes and resulting priorities.

Requests to release operations funds for SIAs include submission of the final activity budget, which is reviewed and validated at the regional office and headquarters levels, prior to the release of funds (usually four to six weeks before SIAs). In the case of an outbreak, initial funds may be released pending full budget review. For staff and surveillance, funds are disbursed on a quarterly or semi-annual basis, depending on the GPEI

[4] Afghanistan, Angola, Chad, Democratic Republic of the Congo, Ethiopia, India, Nigeria, Pakistan, Somalia and South Sudan.

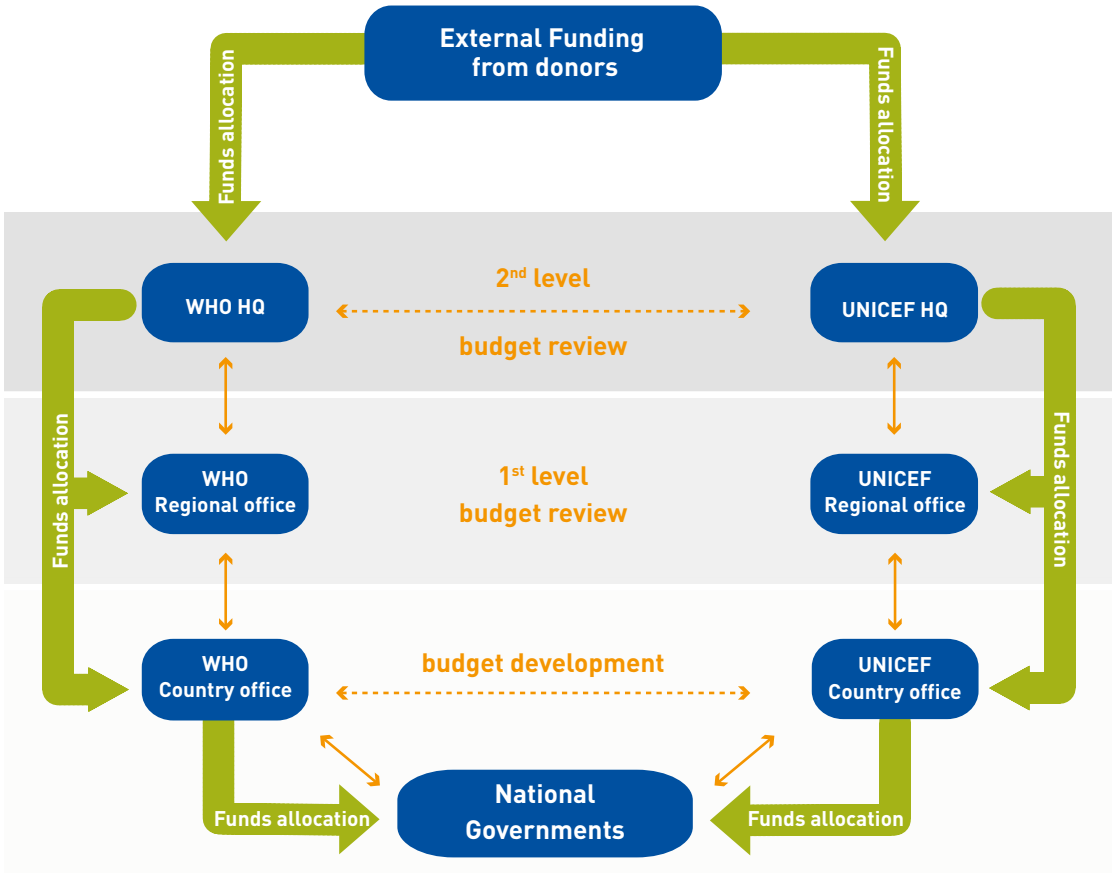
cash flow, against long-term human resources (HR) and activity plans, which are developed and reviewed during the FRR development process. For most countries, funds for OPV and social mobilization are released by UNICEF six to eight weeks before SIAs.

Historically the GPEI has been faced with the recurrent challenge of changing plans and cancelling immunization campaigns due to a lack of funding and/or unpredictable funding flows. In the event that sufficient funds are not available to fully support the GPEI budget in a given year, available resources will be allocated according to the following priority order:

Priority 1	Technical assistance (6 months funding)
Priority 2	Surveillance/Laboratory network (quarterly)
Priority 3	Endemic country SIAs (quarterly)
Priority 4	Outbreak response (3 months funding maintained at Global level)
Priority 5	High-risk/other country SIAs (as required)

This prioritization process will continue to be updated with the evolving epidemiology and will in 2014 be revised to reflect new priority activities in Objectives 2 and 3 of the Plan, especially IPV introduction.

Figure 2 | Budget review and fund allocation process



Budget oversight, accountability and coordination

Please also refer to Section 11 of the Plan for a full description of governance, monitoring, oversight and management for the GPEI. www.polioeradication.org/Resourcelibrary/Strategyandwork.aspx

Figure 3 provides an overview of GPEI's governance, oversight and management structure. As the primary WHO decision-making body, the **World Health Assembly (WHA)**, comprised of all 194 WHO Member States, provides the highest level of governance the GPEI. National governments are both the owners and beneficiaries of the GPEI. Polio-affected countries undertake the full range of activities detailed in their country plans and take primary responsibility for the achievement of the Major Objectives of the Polio Eradication and Endgame Strategic Plan 2013-2018.

The **Polio Oversight Board (POB)**, comprised of the heads of agencies of core GPEI partners, provides oversight of the GPEI and programme management, and ensures high-level accountability across the GPEI partnership. The POB receives and reviews inputs from the various advisory and monitoring bodies (IMB, SAGE, GCC) , and operational

information from the **Polio Steering Committee (PSC)**. The POB's directives are implemented by the PSC through the various programme management bodies. The POB meets quarterly. The POB's deliberations are also informed by the Global Polio Partners Group (PPG).

The **Global Polio Partners Group (PPG)** serves as the stakeholder voice for the GPEI in the development and implementation of eradication strategic plans and fosters greater engagement among polio-affected countries, donors and other partners to ensure GPEI has the necessary political commitment and financial resources to reach the goal of polio eradication. The PPG meetings are held at the Ambassadorial/senior-officials level and results are reported to the Polio Oversight Board.

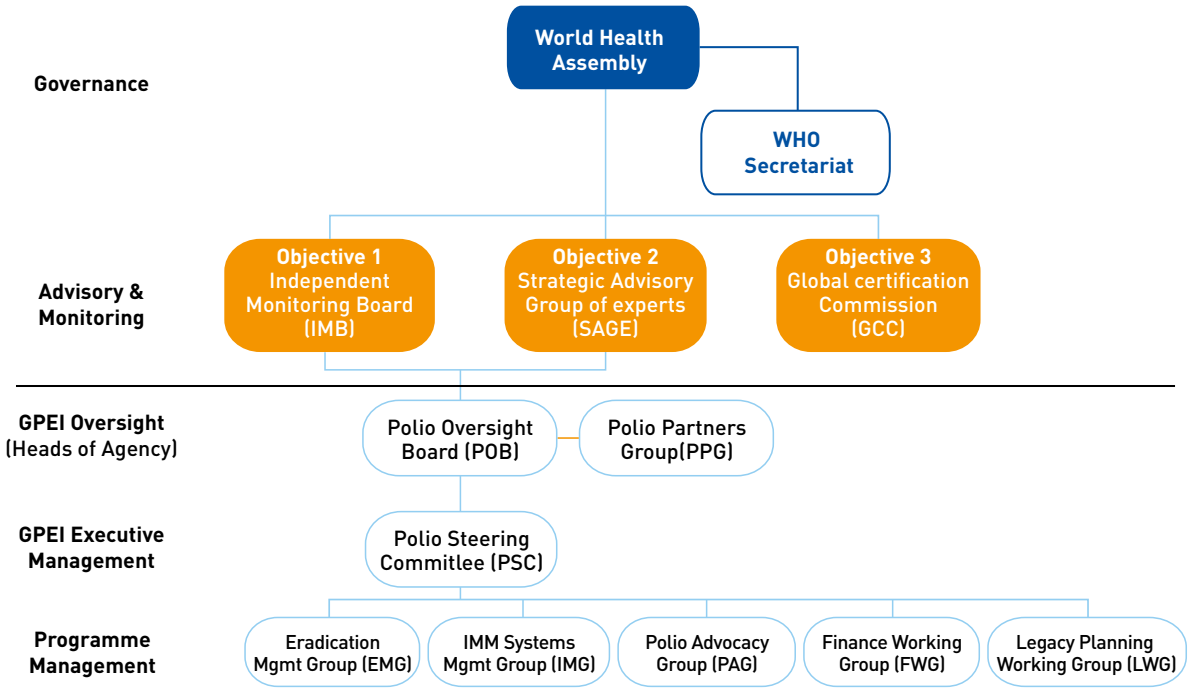
The **Polio Advocacy Group (PAG)** and the polio **Finance Working Group (FWG)** work together to mobilize and manage funding for the initiative.

The **Polio Advocacy Group (PAG)** has responsibility for developing and implementing a cross-agency resource mobilization strategy to ensure that the required financing is available to fully implement the Plan. The PAG will be responsible for securing new commitments and operationalizing commitments.

The **Polio Finance Working Group (FWG)** is responsible for closely tracking and managing the short and long-term financing needs, developing consistent and accurate financial information for strategic decision-making and establishing processes to support predictability of financing. It aims to ensure stronger cost control, accountability and resource management, and to act on the findings of a study in 2012 on "value for money". The Group is also responsible for developing and reviewing the FRRs.

In addition to the PAG and the FWG, there are three other management groups that report to the PSC and have responsibility for the implementation of the Plan: the **Eradication Management Group (EMG)** responsible for the overall management of activities under Objective 1; the **Immunization Systems Management Group (IMG)** responsible for activities under Objective 2; and the **Legacy Planning Working Group (LWG)**.

Figure 3 | Governance structure for the implementation of the Plan



Monitoring and Evaluation

In finalizing the Plan, the GPEI developed a high-level Monitoring Framework to assess progress against the four major objectives laid out in the Plan. In response to requests, a detailed monitoring framework is under development which more clearly shows progress in eradication. This framework follows a logical results framework and includes reporting on all major activities and progress in eradication. The GPEI provides detailed reporting on progress against key indicators to its oversight and governance bodies at agreed intervals to inform their work. National plans should be referred to for details of national responsibilities, targets and progress indicators.

The GPEI has a strict set of internationally accepted process and outcome indicators for monitoring the performance and quality of country-level polio eradication activities. These include indicators for the performance of supplementary immunization activities (SIAs), surveillance for acute flaccid paralysis (AFP) and the coordination of quality-assurance for the Global Polio Laboratory Network (GPLN). New and more rigorous monitoring tools have since 2012 enabled establishment of a clearer epidemiological picture and allow for a more targeted response, including the expanded use of Lot Quality Assurance Sampling (LQAS) and real-time and concurrent monitoring of immunization activities, and expanded use of environmental surveillance to supplement the AFP surveillance network.

3 | MOBILIZING THE FUNDING: CURRENT STATUS

While the February 2014 GPEI FRRs totals remain unchanged from the June 2013 FRR budget totals, there have been significant changes in the SIA calendar and activities included within the updated 2014 FRR budget. By the end of November 2013, aggregated requests for financing of eradication activities in 2014 exceeded the original projected US$ 1.033 billion budget for 2014 (as of the June 2013 FRR) by US$ 287 million. The main drivers for the increases included: an additional US$ 60 million and US$ 26 million for outbreak response in the Horn of Africa and the Middle East, respectively; the intensification of supplementary immunization activities in Nigeria (US$ 74 million), Pakistan (US$ 28 million) and Afghanistan (US$ 6 million); and an additional US$ 60 million for early introduction of IPV.

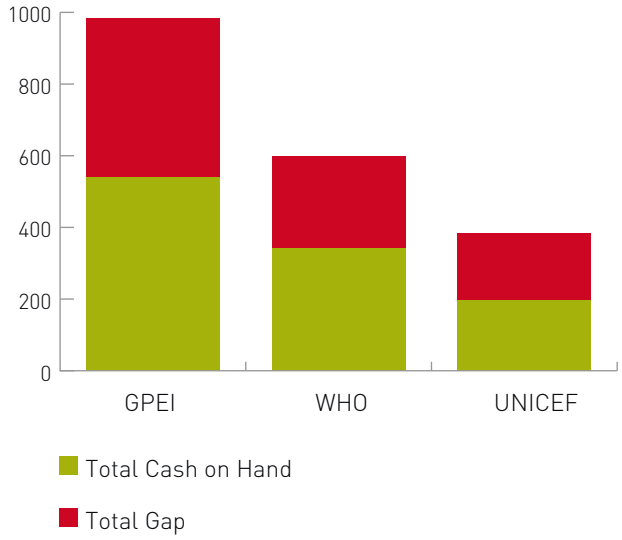
To reconcile these requests with available financing, the following principles were applied:

- stay within 2013-2018 US$ 5.5 billion budget envelope (and 2014 budget);
- preserve the budget line for responding to new or persistent outbreaks;
- maintain core expenditures at 2013 levels (incl. technical assistance, surveillance, laboratory, social mobilization); and
- finance the 2014 IPV introduction costs by reducing the budget line for complementary OPV campaigns.

The Eradication Management Group (EMG) revised OPV campaign plans for 2014 to optimize the probability of stopping wild and cVDPV poliovirus transmission, by (a) starting from the proposed schedules of the endemic countries, (b) including a minimum response/mop-up schedule in the re-infected countries as per the Plan, (c) sustaining activities in highest risk areas bordering infected countries, and (d) emphasizing activities in the first half of the year (in the low season). The EMG also reserved some financing 'contingency capacity' for complementary campaigns which would be scheduled later in the year based on evolving epidemiology. As a result, a new OPV campaign schedule for 2014 was established based on 4 'transmission zones' as follows:

- Nigeria/Central Africa Transmission Zone (Nigeria/ Cameroon + immediately adjoining countries);
- Horn of Africa Transmission Zone (south-central Somalia + adjoining areas of Kenya, Ethiopia and Yemen);
- Middle East Transmission Zone (Syria + adjoining areas of Turkey, Jordan, Lebanon, Iraq; Egypt and West Bank and Gaza Strip); and
- South/Central Asia Transmission Zone (Pakistan/ Afghanistan + India and a round in Nepal).

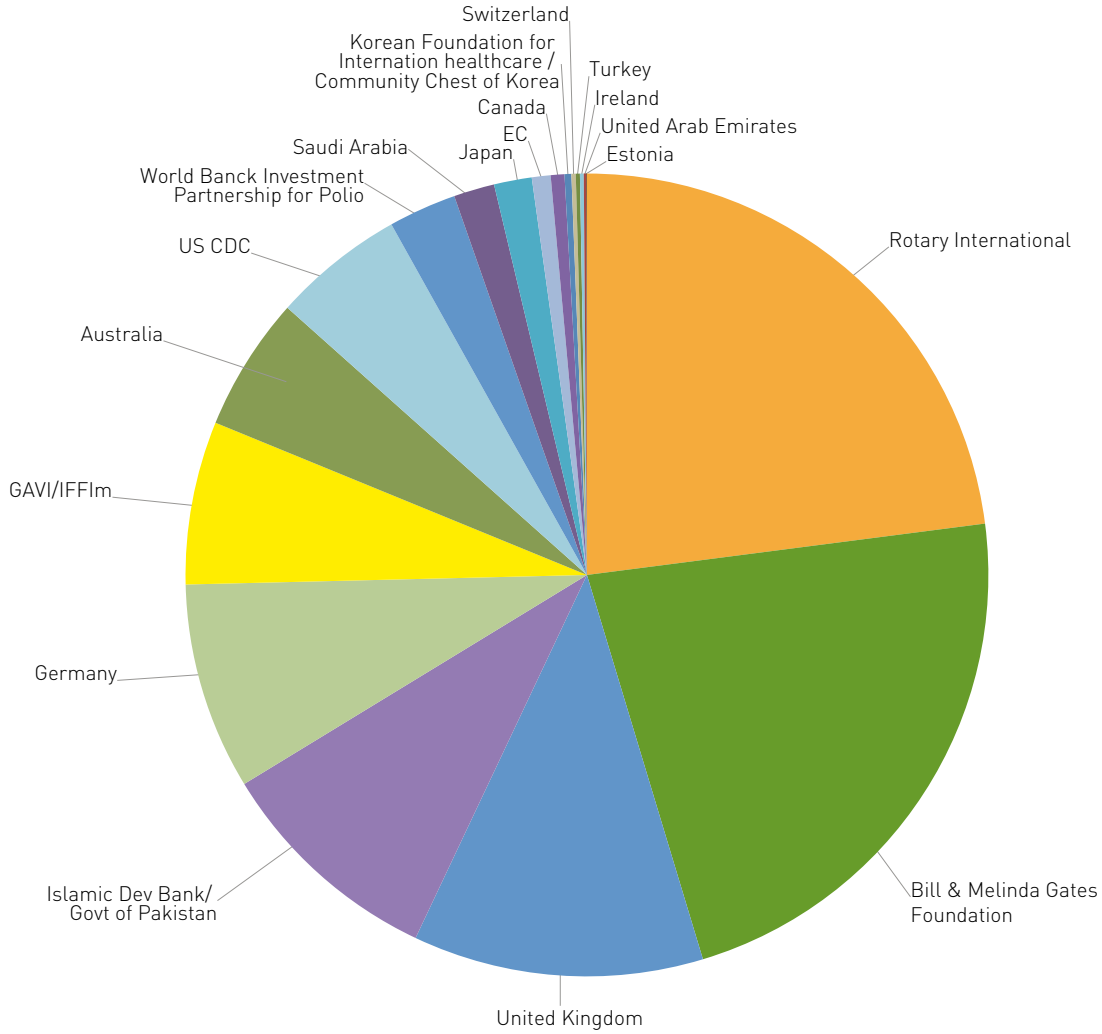
Figure 4 | 2014 Cash on Hand



Note: not all carry-forward is assigned

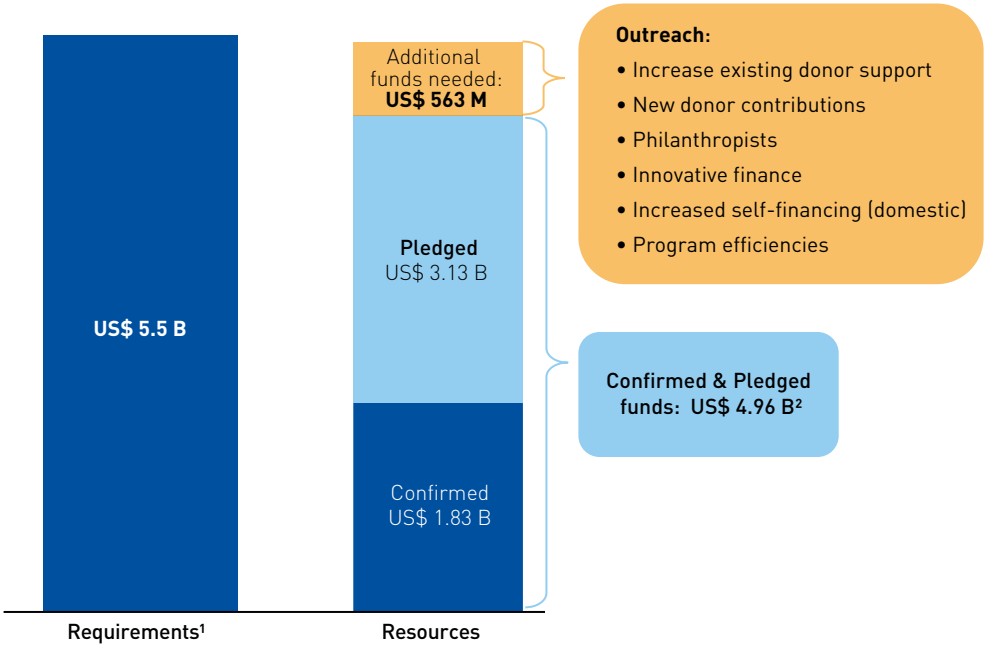
Figure 4 provides an overview of funds available or cash on hand, which is essential for the implementing partners (WHO and UNICEF) to be able to conduct activities and ensure continuity of the program. There are significant cash gaps for both agencies and the situation gradually worsens quarter-by-quarter as the GPEI moves further into 2014. Figure 5 is an overview of the cash on hand in 2014 by donor.

Figure 5 | Donors against Confirmed Cash



On 25 April 2013, the Plan was shared at the Global Vaccine Summit in Abu Dhabi. Global leaders, donor nations and polio-affected countries signalled their confidence in the plan by pledging over US$ 4 billion towards the plan's projected US$ 5.5 billion cost over six years. Since then, the GPEI has continued to work with partners to convert the pledges into signed agreements and cash disbursements and to secure the remaining US$ 1.5 billion in additional resources. As of 1 February 2014, US$ 1.83 billion has been confirmed and US$ 3.13 billion pledged, reducing the overall gap for the 2013-2018 period to US$ 563 million (**Figure 6**). **Table 3** provides an update on the status of the funds pledged at the Summit, i.e. what has been operationalized through signed contribution agreements and/or cash payments.

Figure 6 | Meeting the Plan's funding requirements



¹ Based on GPEI Long-term cost model as of end 2012, not including Government of India's self-financing.
² Based on breakdown of pledges made to the GPEI at the April 2013 Global Vaccine Summit as well as pledges made since the Global Vaccine Summit.

Table 3 | Summary of confirmed funding against the Global Vaccine Summit commitments (in US$ millions)

	FUNDS COMMITTED BY APRIL 2013 VACCINE SUMMIT	CONFIRMED FUNDING AGAINST THE GPEI FRRS, AS OF FEBRUARY 2014
G8 & EC		
Canada	$243.53	$65.08
European Commission	$6.50	$5.80
Germany	$151.70	$53.96
Japan	$9.70	$14.80
United Kingdom	$457.00	$296.31
USA	$90.60	$129.85
NON-G8 OECD COUNTRIES		
Australia[1]	$34.55	$34.55
Finland	$0.53	$0.53
Ireland	$6.50	$6.63
Luxembourg	$0.70	$0.70
Norway[2]	$252.45	$12.45
OTHER DONOR COUNTRIES		
Brunei Darussalem	$0.05	$0.05
Isle of Man	$0.14	$0.05
Liechtenstein	$0.02	$0.02
Monaco	$0.35	$0.35
Saudi Arabia	$15.00	$15.00
PRIVATE SECTOR/ NON-GOV'T DONORS		
Al Ansari Exchange	$1.00	$1.00
Abu Dhabi-Crown Prince	$120.00	$12.00
Bill & Melinda Gates Foundation[3]	$1 800.00	$363.77
Korean Foundation for International Healthcare/ Community Chest of Korea	$1.00	$2.00
Private Philanthropists/High Networth Individuals	$335.00	$51.20
Rotary International	$76.81	$156.45
UN Foundation	$0.75	$0.07
MULTILATERAL SECTOR		
GAVI/IFFIm	$24.00	$24.00
Islamic Development Bank/ Government of Pakistan	$227.00	$137.28
UNICEF	$64.50	$22.75
World Bank (Grant to Afghanistan)	$10.00	$10.00
World Bank Investment Partnership, Bank Portion	$50.00	$50.00
World Health Organization (incl impact of reduced PSC)	$4.27	$10.40
DOMESTIC RESOURCES		
Angola	$7.30	$6.54
Bangladesh	$10.00	$10.00
Nepal	$0.90	$0.67
Nigeria	$40.00	$22.80
TOTAL	**$4 041.85**	**$1 517.06**

[1] In May 2013, then Prime Minister Julia Gillard and Foreign Minister Bob Carr announced A$ 80 million towards the Plan. The GPEI continues to work with the Government to turn the annoucement into a firm pledge.

[2] Norway provided NOK 50 million towards work on the introduction of IPV into routine immunization systems, of which approximately 50% was applied against the 2013 GPEI funding requirements in 2013.

[3] Consistent with UN revenue recognition policy, contributions are recorded to the channel from which they are received. A portion of the Bill & Melinda Gates Foundation US$ 1.8 billion pledge at the April 2013 Global Vaccine Summit includes challenge funding to third parties to leverage additional contributions. This innovative financing scheme significantly increases funding for the Plan. The total contribution of the Bill & Melinda Gates foundation is therefore US$ 471 million, including US$ 363 million in funds provided directly to WHO and UNICEF, the two GPEI implementing partners, as well as an additional US$ 108 million through other channels, which are footnoted.

Since the 1988 WHA resolution to eradicate polio, 77 public and private sector donors have contributed over US$ 11.5 billion to the GPEI **(Figure 7)**. The GPEI has continued to reach out to new donors, philanthropists and organizations to ensure a broad spectrum of support and to provide the financing needed to fully implement the plan. At the Global Vaccine Summit, the greatest source of increased pledged support for the Plan was from private philanthropists and foundations **(Table 4)**. Rotary International, which pledged US$ 175 million in June 2013 after the Summit, and the Bill & Melinda Gates Foundation remain the top private sector contributors to the GPEI as well as leading partners.

Figure 7 | Annual contributions 1988-2013
(all figures in US$ millions)

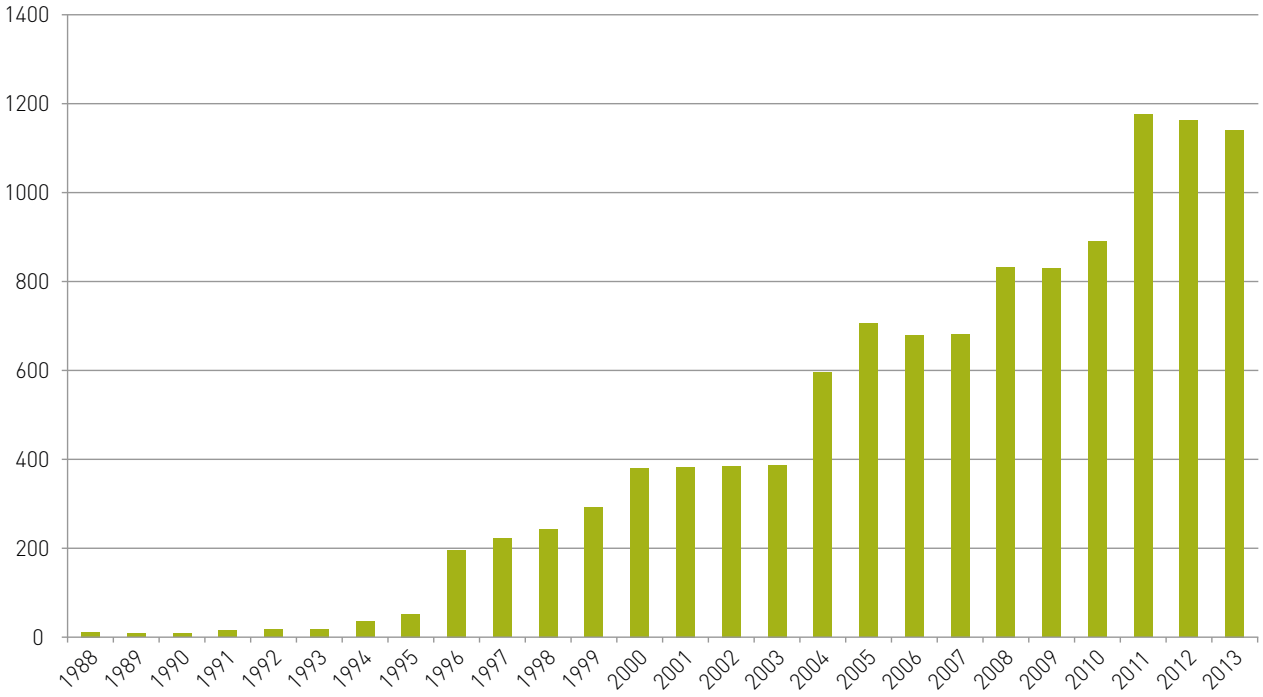


Table 4 | Profile of Pledges for 2013-2018 at the End of the Global Vaccine Summit (in US$ millions)

DONOR TYPE	PLEDGED BY END APRIL 2013	PLEDGE AS % OF TOTAL
G8/EC	959	23.7%
Other OECD	296	7.3%
Emerging Markets/Non-OECD	135	3.3%
Philanthopy/Private Sector	2 213	54.8%
Multilateral*	380	9.4%
Domestic Resources*	58	1.5%
Total	**4 041**	**100%**

* The Government of Pakistan is contributing through Islamic Development Bank Loans.

4 | POLIO ENDEMIC COUNTRIES: FUNDING REQUIREMENTS

At the start of 2014, three countries remain endemic for wild polioviruses – Nigeria, Pakistan and Afghanistan. In all three endemic countries, the polio programmes are operating under national emergency action plans, overseen in each instance by the respective head of state and supported by tailored, locally-driven approaches to overcome unique operational challenges.

By the end of 2013, the impact of the emergency plans was clear in Afghanistan – where cases are mostly linked to cross-border transmission from Pakistan – and Nigeria, where cases were reduced by nearly 60%. Pakistan is developing new ways to reach children who have been the victims of insecurity and inaccessibility, including folding polio into broader health pushes under strong local ownership. International commitment remains high in 2014 as the goal comes into clearer view.

The estimated total cost for the three endemics is approximately US$ 2.48 billion, representing 45% of the US$ 5.5 billion budget **(Figure 8)**. **Figure 9** and the following three tables provide a breakdown of costs associated with SIAs, surveillance and technical assistance in the remaining endemic countries for 2014-2016.

Figure 8 | Comparison of the Plan's costs - endemic countries vs. all other costs
Endemic countries represent 45% of total budget of US$ 5.5 billion

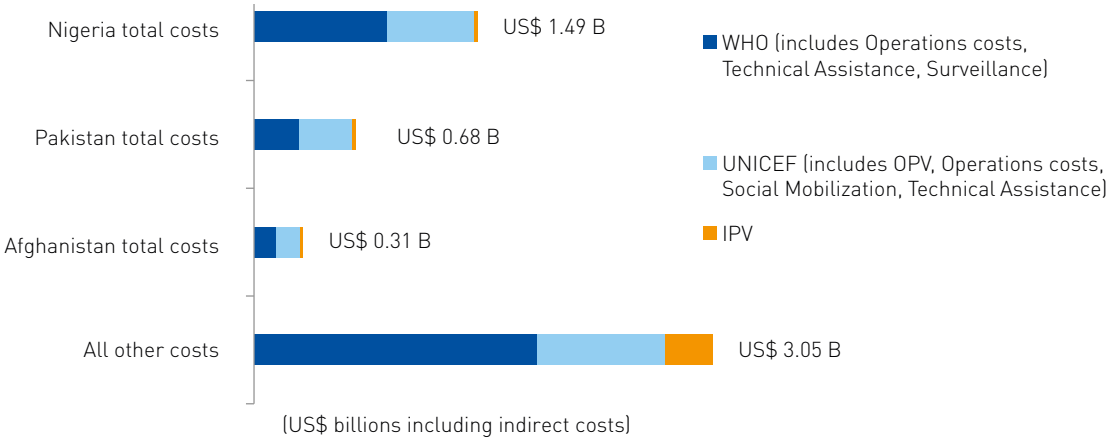
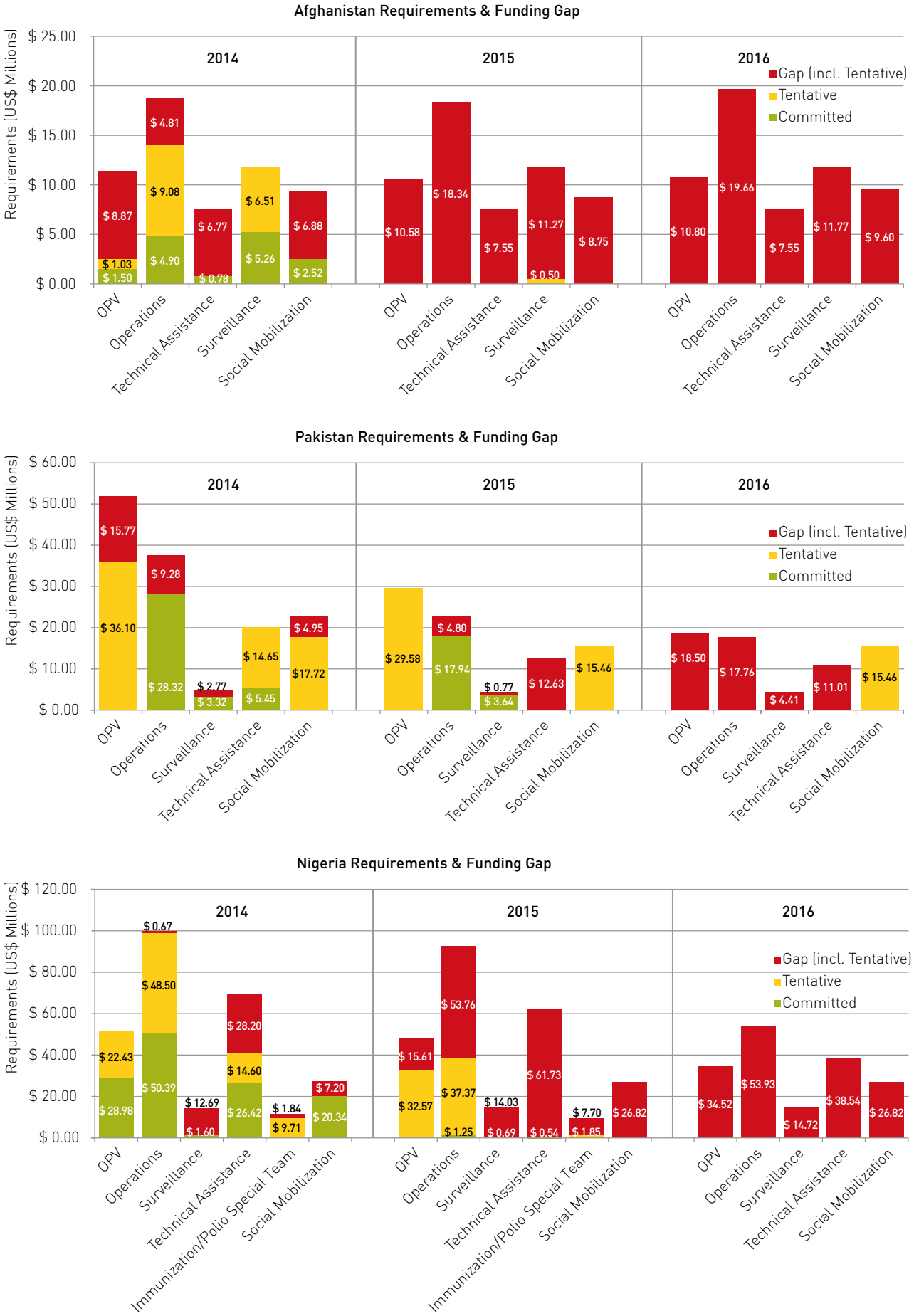


Figure 9 | Requirements and gaps in country-specified funding for endemic countries*



* Gaps in country-specific funding to be filled by raising additional specified funds or by allocating global unspecified funds (if available).

Endemic country requirement and gap details, 2014-2016

AFGHANISTAN

(all figures in US$ millions, excluding indirect costs)

		2014	2015	2016	2014-2016
National Immunization Days (NIDs)		4	4	4	12
Sub-national Immunization Days (SNIDs)		4	4	4	12
Mop ups		6	2	2	10
Short Interval Additional Dose (SIADS)		4	2	2	8
Cross border and transit		Year-round	Year-round	Year-round	Year-round
Permanent Polio Teams (PPTs)		4	4	4	12
ORAL POLIO VACCINE					
Requirements		**$11.40**	**$10.58**	**$10.80**	**$32.78**
Confirmed Funding					
World Bank (grant)		$1.50	$0.00	$0.00	$1.50
	Total	**$1.50**	**$0.00**	**$0.00**	**$1.50**
Tentative Funding*					
Japan		$1.03	$0.00	$0.00	$1.03
	Total	**$1.03**	**$0.00**	**$0.00**	**$1.03**
Funding Gap (exclusive of tentative funding)		**$9.90**	**$10.58**	**$10.80**	**$31.28**
Funding Gap (inclusive of tentative funding)		**$8.87**	**$10.58**	**$10.80**	**$30.25**
OPERATIONAL COSTS**					
Requirements		**$18.79**	**$18.34**	**$19.66**	**$56.79**
Operational Costs (WHO)		$11.18	$17.76	$19.04	$47.98
Operational Costs (UNICEF)		$7.61	$0.58	$0.62	$8.81
Confirmed Funding					
Rotary International (UNICEF)		$1.09	$0.00	$0.00	$1.09
Rotary International (WHO)		$3.81	$0.00	$0.00	$3.81
	Total	**$4.90**	**$0.00**	**$0.00**	**$4.90**
Tentative Funding					
Japan (UNICEF)		$2.08	$0.00	$0.00	$2.08
KfW-Germany (WHO)		$7.00	$0.00	$0.00	$7.00
	Total	**$9.08**	**$0.00**	**$0.00**	**$9.08**
Funding Gap (exclusive of tentative funding)		**$13.89**	**$18.34**	**$19.66**	**$51.89**
WHO		$7.37	$17.76	$19.04	$44.17
UNICEF		$6.52	$0.58	$0.62	$7.72
Funding Gap (inclusive of tentative funding)		**$4.81**	**$18.34**	**$19.66**	**$42.81**
WHO		$0.37	$17.76	$19.04	$37.17
UNICEF		$4.44	$0.58	$0.62	$5.64
WHO SURVEILLANCE					
Requirements		**$7.55**	**$7.55**	**$7.55**	**$22.65**
Surveillance (WHO)		$3.13	$3.13	$3.13	$9.39
Security (WHO)		$2.28	$2.28	$2.28	$6.84
Security (UNICEF)		$2.14	$2.14	$2.14	$6.42
Confirmed Funding					
DFID		$0.78	$0.00	$0.00	$0.78
	Total	**$0.78**	**$0.00**	**$0.00**	**$0.78**
Tentative Funding					
		$0.00	$0.00	$0.00	$0.00
	Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Funding Gap (exclusive of tentative funding)		**$6.77**	**$7.55**	**$7.55**	**$21.87**
WHO		$4.63	$5.41	$5.41	$15.45
UNICEF		$2.14	$2.14	$2.14	$6.42
Funding Gap (inclusive of tentative funding)		**$6.77**	**$7.55**	**$7.55**	**$21.87**
WHO		$4.63	$5.41	$5.41	$15.45
UNICEF		$2.14	$2.14	$2.14	$6.42
TECHNICAL ASSISTANCE					
Requirements		**$11.77**	**$11.77**	**$11.77**	**$35.31**
Technical assistance(WHO)		$4.51	$4.51	$4.51	$13.53
Surge Capacity (WHO)		$3.30	$3.30	$3.30	$9.90
Technical assistance (UNICEF)		$3.96	$3.96	$3.96	$11.88
Confirmed Funding					
CDC (WHO)		$0.25	$0.00	$0.00	$0.25
Rotary International (WHO)		$1.46	$0.00	$0.00	$1.46
BMGF (UNICEF)		$2.18	$0.00	$0.00	$2.18
DFATD (UNICEF)		$0.96	$0.00	$0.00	$0.96
Rotary International (UNICEF)		$0.41	$0.00	$0.00	$0.41
	Total	**$5.26**	**$0.00**	**$0.00**	**$5.26**
Tentative Funding					
Japan (UNICEF)		$0.41	$0.00	$0.00	$0.41
KfW-Germany (WHO)		$6.10	$0.50	$0.00	$6.60
	Total	**$6.51**	**$0.50**	**$0.00**	**$7.01**
Funding Gap (exclusive of tentative funding)		**$6.51**	**$11.77**	**$11.77**	**$30.05**
WHO		$6.10	$7.81	$7.81	$21.72
UNICEF		$0.41	$3.96	$3.96	$8.33
Funding Gap (inclusive of tentative funding)		**$0.00**	**$11.27**	**$11.77**	**$23.04**
WHO		$0.00	$7.81	$7.81	$15.62
UNICEF		$0.00	$3.96	$3.96	$7.92
UNICEF SOCIAL MOBILIZATION					
Requirements		**$9.40**	**$8.75**	**$9.60**	**$27.75**
Confirmed Funding					
Rotary International		$2.52	$0.00	$0.00	$2.52
	Total	**$2.52**	**$0.00**	**$0.00**	**$2.52**
Tentative Funding					
	Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Funding Gap (exclusive of tentative funding)		**$6.88**	**$8.75**	**$9.60**	**$25.23**
Funding Gap (inclusive of tentative funding)		**$6.88**	**$8.75**	**$9.60**	**$25.23**
SUMMARY					
Total requirements:		**$58.91**	**$57.00**	**$59.38**	**$175.28**
WHO		$24.40	$30.98	$32.26	$87.64
UNICEF		$34.51	$26.02	$27.12	$87.64
Funding Gap (exclusive of tentative funding)		**$43.95**	**$57.00**	**$59.38**	**$160.32**
WHO		$18.10	$30.98	$32.26	$81.34
UNICEF		$25.85	$26.02	$27.12	$78.98
Funding Gap (inclusive of tentative funding)		**$27.33**	**$57.00**	**$59.38**	**$143.70**
WHO		$5.00	$30.98	$32.26	$68.24
UNICEF		$22.33	$26.02	$27.12	$75.46

* Tentative funding is indicative and subject to change pending final negotiations and formal agreements.
** From mid-2014 onwards, operational costs will be transferred to WHO.

PAKISTAN

(all figures in US$ millions, excluding indirect costs)

	2014	2015	2016	2014-2016
National Immunization Days (NIDs)	4	2	2	8
Sub-national Immunization Days (SNIDs)	4	4	2	10
Short Interval Additional Dose (SIADS)	8	0	0	8
Case response (mop-ups)	4	0	0	4
ORAL POLIO VACCINE				
Requirements	**$51.87**	**$29.58**	**$18.50**	**$99.95**
Confirmed Funding				
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Tentative Funding*				
Islamic Development Bank/Government of Pakistan	$36.10	$29.58	$0.00	$65.68
Total	**$36.10**	**$29.58**	**$0.00**	**$65.68**
Funding Gap (exclusive of tentative funding)	**$51.87**	**$29.58**	**$18.50**	**$99.95**
Funding Gap (inclusive of tentative funding)	**$15.77**	**$0.00**	**$18.50**	**$34.27**
OPERATIONAL COSTS				
Requirements	**$37.60**	**$22.74**	**$17.76**	**$78.10**
Operational Costs (WHO)	$37.60	$22.74	$17.76	$78.10
Operational Costs (UNICEF)	$0.00	$0.00	$0.00	$0.00
Confirmed Funding				
Islamic Development Bank/Government of Pakistan (WHO)	$28.32	$17.94	$0.00	$46.26
Total	**$28.32**	**$17.94**	**$0.00**	**$46.26**
Tentative Funding				
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Funding Gap (exclusive of tentative funding)	**$9.28**	**$4.80**	**$17.76**	**$31.84**
WHO	$9.28	$4.80	$17.76	$31.84
UNICEF	$0.00	$0.00	$0.00	$0.00
Funding Gap (inclusive of tentative funding)	**$9.28**	**$4.80**	**$17.76**	**$31.84**
WHO	$9.28	$4.80	$17.76	$31.84
UNICEF	$0.00	$0.00	$0.00	$0.00
WHO SURVEILLANCE				
Requirements	**$6.09**	**$4.41**	**$4.41**	**$13.57**
Surveillance	$4.32	$4.41	$4.41	$13.14
Security	$1.77	$0.00	$0.00	$0.43
Confirmed Funding				
Islamic Development Bank/Government of Pakistan (WHO)	$3.32	$3.64	$0.00	$6.96
Total	**$3.32**	**$3.64**	**$0.00**	**$6.96**
Tentative Funding				
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Funding Gap (exclusive of tentative funding)	**$2.77**	**$0.77**	**$4.41**	**$6.61**
Funding Gap (inclusive of tentative funding)	**$2.77**	**$0.77**	**$4.41**	**$6.61**
TECHNICAL ASSISTANCE				
Requirements	**$20.10**	**$12.63**	**$11.01**	**$43.74**
Technical assistance (WHO)	$7.68	$8.06	$6.44	$22.18
Technical assistance (UNICEF)	$4.57	$4.57	$4.57	$13.71
Surge Capacity	$7.85	$0.00	$0.00	$7.85
Confirmed Funding				
Rotary International (WHO)	$2.47	$0.00	$0.00	$2.47
BMGF (UNICEF)	$2.98	$0.00	$0.00	$2.98
Total	**$5.45**	**$0.00**	**$0.00**	**$5.45**
Tentative Funding				
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Funding Gap (exclusive of tentative funding)	**$14.65**	**$12.63**	**$11.01**	**$38.29**
WHO	$13.06	$8.06	$6.44	$27.56
UNICEF	$1.59	$4.57	$4.57	$10.73
Funding Gap (inclusive of tentative funding)	**$14.65**	**$12.63**	**$11.01**	**$38.29**
WHO	$13.06	$8.06	$6.44	$27.56
UNICEF	$1.59	$4.57	$4.57	$10.73
UNICEF SOCIAL MOBILIZATION				
Requirements	**$22.67**	**$15.46**	**$15.46**	**$53.59**
Confirmed Funding				
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Tentative Funding				
Islamic Development Bank/Government of Pakistan (UNICEF)	$17.72	$15.46	$15.46	$48.64
Total	**$17.72**	**$15.46**	**$15.46**	**$48.64**
Funding Gap (exclusive of tentative funding)	**$22.67**	**$15.46**	**$15.46**	**$53.59**
Funding Gap (inclusive of tentative funding)	**$4.95**	**$0.00**	**$0.00**	**$4.95**
SUMMARY				
Total requirements:	**$138.33**	**$84.82**	**$67.14**	**$288.95**
WHO	$59.22	$35.21	$28.61	$121.70
UNICEF	$79.11	$49.61	$38.53	$167.25
Funding Gap (exclusive of tentative funding)	**$101.24**	**$63.24**	**$67.14**	**$230.28**
WHO	$25.11	$13.63	$28.61	$66.01
UNICEF	$76.13	$49.61	$38.53	$164.27
Funding Gap (inclusive of tentative funding)	**$47.42**	**$18.20**	**$51.68**	**$115.96**
WHO	$25.11	$13.63	$28.61	$66.01
UNICEF	$22.31	$4.57	$23.07	$49.95

* Tentative funding is indicative and subject to change pending final negotiations and formal agreements.

NIGERIA

(all figures in US$ millions, excluding indirect costs)

	2014	2015	2016*	2014-2016
National Immunization Days (NIDs)	2	2	2	6
Sub-national Imm. Days (SNIDs)	5	5	3	13
Case response (mop-ups), revaccination for underserved[1]		See foot note below		
ORAL POLIO VACCINE				
Requirements	**$51.41**	**$48.18**	**$34.52**	**$134.11**
Confirmed Funding				
World Bank Buy-down	$28.98	$0.00	$0.00	$28.98
Total	**$28.98**	**$0.00**	**$0.00**	**$28.98**
Tentative funding**				
JICA Loan Conversion	$22.43	$32.57	$0.00	$55.00
Total	**$22.43**	**$32.57**	**$0.00**	**$55.00**
Funding Gap (exclusive of tentative funding)	**$22.43**	**$48.18**	**$34.52**	**$105.13**
Funding Gap (inclusive of tentative funding)	**$0.00**	**$15.61**	**$34.52**	**$50.13**
OPERATIONAL COSTS, INCLUDING ENGAGEMENT OF TRADITIONAL LEADERS				
Requirements	**$99.56**	**$92.38**	**$53.93**	**$245.87**
Operational costs (WHO)[2]	$81.38	$73.32	$43.15	$197.85
Operational costs (UNICEF, including campaign-related social mobilization)	$18.18	$19.06	$10.78	$48.02
Confirmed Funding				
DFATD (WHO)	$2.19	$1.25	$0.00	$3.44
KfW-Germany (WHO)	$28.48	$0.00	$0.00	$28.48
BMGF-WHO (engagement of traditional leaders)	$2.44	$0.00	$0.00	$2.44
Rotary International (WHO)	$4.95	$0.00	$0.00	$4.95
EU (WHO)	$0.03	$0.00	$0.00	$0.03
Rotary International (UNICEF)	$5.65	$0.00	$0.00	$5.65
KfW-Germany (UNICEF)	$6.66	$0.00	$0.00	$6.66
Total confirmed funding	**$50.39**	**$1.25**	**$0.00**	**$51.64**
WHO	$38.08	$1.25	$0.00	$39.33
UNICEF	$12.31	$0.00	$0.00	$12.31
Tentative Funding				
BMGF (WHO) (IPDs operations)	$13.46	$7.53	$0.00	$20.99
BMGF (WHO) (outbreak response)	$9.75	$0.00	$0.00	$9.75
European Commission (WHO)	$3.95	$9.22	$0.00	$13.17
Federal Government of Nigeria (WHO)	$15.47	$15.47	$0.00	$30.94
Federal Government of Nigeria (UNICEF)	$4.13	$3.88	$0.00	$8.01
BMGF (UNICEF) (engagement of traditional leaders)	$1.74	$1.26	$0.00	$3.00
Total tentative funding	**$48.50**	**$37.37**	**$0.00**	**$85.87**
WHO	$42.63	$32.23	$0.00	$74.86
UNICEF	$5.87	$5.15	$0.00	$11.02
Funding Gap (exclusive of tentative funding)	**$49.17**	**$91.13**	**$53.93**	**$194.23**
WHO	$43.30	$72.07	$43.15	$158.52
UNICEF	$5.87	$19.06	$10.78	$35.71
Funding Gap (inclusive of tentative funding)	**$0.67**	**$53.76**	**$53.93**	**$108.36**
WHO	$0.67	$39.84	$43.15	$83.66
UNICEF	$0.00	$13.91	$10.78	$24.70
SPECIAL POLIO IMMUNIZATION ACTIVITIES IN SECURITY CHALLENGED AREAS AND ROUTINE IMMUNIZATION (RI) INTENSIFICATION				
Requirements	**$11.55**	**$9.55**	**$0.00**	**$21.10**
WHO	$6.55	$5.55	$0.00	$12.10
UNICEF	$5.00	$4.00	$0.00	$9.00
Confirmed Funding				
Total confirmed funding	**$0.00**	**$0.00**	**$0.00**	**$0.00**
WHO	$0.00	$0.00	$0.00	$0.00
UNICEF	$0.00	$0.00	$0.00	$0.00
Tentative Funding				
KfW (WHO) Borno Yobe special intervention	$3.16	$0.00	$0.00	$3.16
BMGF (WHO) Borno Yobe special intervention	$2.48	$1.85	$0.00	$4.33
BMGF (WHO) RI Intensification	$0.91	$0.00	$0.00	$0.91
KfW (UNICEF) Borno Yobe special intervention	$3.16	$0.00	$0.00	$3.16
Total tentative funding	**$9.71**	**$1.85**	**$0.00**	**$11.56**
WHO	$6.55	$1.85	$0.00	$8.40
UNICEF	$3.16	$0.00	$0.00	$3.16
Funding Gap (exclusive of tentative funding)	**$11.55**	**$9.55**	**$0.00**	**$21.10**
WHO	$6.55	$5.55	$0.00	$12.10
UNICEF	$5.00	$4.00	$0.00	$9.00
Funding Gap (inclusive of tentative funding)	**$1.84**	**$7.70**	**$0.00**	**$9.54**
WHO	$0.00	$3.70	$0.00	$3.70
UNICEF	$1.84	$4.00	$0.00	$5.84
WHO SURVEILLANCE				
Requirements	**$14.29**	**$14.72**	**$14.72**	**$43.74**
Confirmed Funding				
DFATD	$0.67	$0.69	$0.00	$1.36
Korea Foundation for International Healthcare (KOFIH)/ Community Chest of Korea (CCK)	$0.93	$0.00	$0.00	$0.93
Total	**$1.60**	**$0.69**	**$0.00**	**$2.29**
Tentative Funding				
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Funding Gap (exclusive of tentative funding)	**$12.69**	**$14.03**	**$14.72**	**$41.45**
Funding Gap (inclusive of tentative funding)	**$12.69**	**$14.03**	**$14.72**	**$41.45**

continued

	2014	2015	2016*	2014-2016
TECHNICAL ASSISTANCE				
Requirements	**$69.22**	**$62.27**	**$38.54**	**$170.03**
Technical Assistance (WHO)	$38.99	$28.57	$28.57	$96.13
Surge capacity (WHO)	$20.42	$23.73	$0.00	$44.15
Technical assistance (UNICEF)	$9.81	$9.97	$9.97	$29.75
Confirmed Funding				
BMGF (Surge capacity) (WHO)	$9.29	$0.00	$0.00	$9.29
CDC (WHO)	$0.97	$0.00	$0.00	$0.97
DFID (WHO)	$9.46	$0.00	$0.00	$9.46
Rotary (WHO)	$4.21	$0.00	$0.00	$4.21
Rotary International (UNICEF)	$1.97	$0.00	$0.00	$1.97
UNICEF Regular Resources	$0.53	$0.54	$0.00	$1.07
Total	**$26.42**	**$0.54**	**$0.00**	**$26.96**
Tentative Funding				
BMGF (Surge capacity) (WHO)	$13.74	$0.00	$0.00	$13.74
Rotary International (UNICEF)	$0.35	$0.00	$0.00	$0.35
CDC (UNICEF)	$0.51	$0.00	$0.00	$0.51
Total	**$14.60**	**$0.00**	**$0.00**	**$14.60**
Funding Gap (exclusive of tentative funding)	**$42.80**	**$61.73**	**$38.54**	**$143.07**
WHO	$35.49	$52.30	$28.57	$116.36
UNICEF	$7.31	$9.43	$9.97	$26.71
Funding Gap (inclusive of tentative funding)	**$28.20**	**$61.73**	**$38.54**	**$128.47**
WHO	$21.75	$52.30	$28.57	$102.62
UNICEF	$6.45	$9.43	$9.97	$25.84
UNICEF SOCIAL MOBILIZATION (EXCLUDING CAMPAIGN-RELATED SOCIAL MOBILIZATION)				
Requirements	**$27.54**	**$26.82**	**$26.82**	**$81.18**
Confirmed Funding				
Rotary International	$0.21	$0.00	$0.00	$0.21
KfW - Germany	$2.14	$0.00	$0.00	$2.14
BMGF	$18.00	$0.00	$0.00	$18.00
Total	**$20.34**	**$0.00**	**$0.00**	**$20.34**
Tentative Funding				
Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Funding Gap (exclusive of tentative funding)	**$7.20**	**$26.82**	**$26.82**	**$60.84**
Funding Gap (inclusive of tentative funding)	**$7.20**	**$26.82**	**$26.82**	**$60.84**
SUMMARY				
Total requirements:	**$273.57**	**$253.92**	**$168.53**	**$696.03**
WHO	$161.63	$145.89	$86.45	$393.97
UNICEF	$111.94	$108.03	$82.09	$302.06
Funding Gap (exclusive of tentative funding)	**$145.84**	**$251.44**	**$168.53**	**$565.81**
WHO	$98.03	$143.95	$86.45	$328.42
UNICEF	$47.81	$107.49	$82.09	$237.39
Funding Gap (inclusive of tentative funding)	**$50.60**	**$179.65**	**$168.53**	**$398.78**
WHO	$35.11	$109.88	$86.45	$231.43
UNICEF	$15.48	$69.77	$82.09	$167.35

* Requirements for 2016 are tentative pending final review by the Nigeria Financing Sub-Committee of the ICC.

** Tentative funding is indicative and subject to change pending final negotiations and formal agreements.

[1] For outbreak response, assumed that 3 non-endemic states may experience outbreak per semester. For 2014 and 2015, 2 rounds of revaccination activities in poor performing areas in HR states planned

[2] Operational costs under WHO (for 2013/14) and UNICEF (2014/15) include traditional leaders engagement

5 | ANNEXES: 2014 COST DETAILS

Annex A | Details of external funding requirements in polio-endemic and highest-risk countries, 2014, excluding indirect costs (all figures in US$ millions)

	2014							
Transmission zone/ Country	AFP Surveillance	Security	Social Mobilization	Technical Assistance	OPV	Op Costs	Quality Improvement	Total Costs 2014
WEST/SOUTH ASIA								
Afghanistan	$3.13	$4.42	$9.40	$11.77	$11.40	$18.79	$0.00	$58.91
Pakistan	$4.32	$0.00	$22.67	$20.10	$51.87	$37.60	$0.00	$136.56
India	$6.80	$0.00	$12.98	$17.85	$0.00	$8.15	$0.00	$45.78
Nepal	$0.49	$0.00	$0.00	$1.65	$0.00	$0.00	$0.00	$2.14
WEST/CENTRAL AFRICA								
Nigeria	$14.29	$0.00	$27.54	$62.10	$51.41	$99.56	$11.55	$266.45
Cameroon	$0.38	$0.00	$2.02	$0.51	$2.18	$2.76	$0.00	$7.85
Chad	$0.84	$0.00	$5.11	$6.44	$1.61	$2.55	$0.00	$16.55
Niger	$0.54	$0.00	$0.35	$1.56	$2.90	$4.91	$0.00	$10.26
Mali	$0.23	$0.00	$0.34	$0.12	$2.32	$2.88	$0.00	$5.89
Burkina Faso	$0.25	$0.00	$0.38	$0.30	$2.22	$2.78	$0.00	$5.93
Benin	$0.17	$0.00	$0.24	$0.39	$1.14	$1.49	$0.00	$3.43
Guinea	$0.17	$0.00	$0.09	$0.31	$0.53	$0.59	$0.00	$1.69
Côte d'Ivoire	$0.27	$0.00	$0.20	$1.08	$1.37	$1.54	$0.00	$4.46
Central African Republic	$0.43	$0.00	$0.67	$0.47	$0.44	$1.20	$0.00	$3.21
Democratic Republic of the Congo	$2.09	$0.00	$3.59	$10.43	$2.87	$1.68	$0.00	$20.66
Angola	$1.77	$0.00	$1.95	$6.71	$1.10	$0.24	$0.00	$11.77
HORN OF AFRICA								
Somalia	$0.37	$0.53	$4.63	$3.39	$1.96	$5.69	$0.00	$16.57
Ethiopia	$2.84	$0.00	$0.57	$1.99	$3.69	$8.94	$0.00	$18.03
Kenya	$0.41	$0.00	$1.59	$1.39	$3.03	$10.40	$0.00	$16.82
Yemen	$0.11	$0.00	$0.43	$0.26	$1.81	$2.37	$0.00	$4.98
South Sudan	$0.73	$0.00	$1.63	$5.14	$1.19	$3.83	$0.00	$12.52
Sudan	$0.30	$0.00	$0.55	$1.24	$2.43	$5.05	$0.00	$9.57
Uganda	$0.37	$0.00	$0.05	$0.53	$0.26	$0.34	$0.00	$1.55
MIDDLE EAST								
Syria	$0.00	$0.00	$1.42	$0.00	$1.18	$6.01	$0.00	$8.61
Egypt	$0.22	$0.00	$0.22	$0.07	$0.00	$0.00	$0.00	$0.51
Jordan	$0.00	$0.00	$0.00	$0.00	$0.17	$2.19	$0.00	$2.36
Lebanon	$0.00	$0.00	$0.05	$0.00	$0.13	$0.48	$0.00	$0.66
Iraq	$0.04	$0.00	$0.00	$0.01	$1.43	$2.68	$0.00	$4.16

Annex B | Supplementary immunization activity schedule, 2014

(all activities are expressed in percentages and categorization includes cVDPVs)

Countries with poliovirus within the last 6 months	Countries with poliovirus between 6 and 12 months
Countries with no poliovirus for more than 12 months	Non-Costed Activities

Transmission zone/Country	2014											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
WEST/SOUTH ASIA												
Afghanistan	23	45	100	100	13	39	39	100	13	100	39	13
Pakistan	25 | 100	25 | 100	25 | 100	50	75			25	50	50	100 | 50	100 | 88
India	100	100				50			50	50		
Nepal	100											
WEST/CENTRAL AFRICA												
Nigeria	44		100	100	44	44		44	44		44	33
Cameroon	100 | 50	100 | 50	100		50							
Chad		100	100		50							
Niger		100		100	60		60					
Mali				100	100							
Burkina Faso				100	100							
Benin				100	100							
Guinea					100							
Côte d'Ivoire					100							
Central African Republic		100	100		100							
Angola								50	50			
Democratic Republic of the Congo		19		23			33		30			
HORN OF AFRICA												
Somalia	100	66	100	66	100	66						
Ethiopia	38	38	38	38								
Kenya	25	38	38	100								
Yemen		100		100								
South Sudan		100		100								
Sudan		100		100								
Uganda		20										
MIDDLE EAST												
Syria	100	100	100	100								
Egypt			30	30								
Jordan	100											
Lebanon	100											
Iraq	35	35	35	35								
West Bank and Gaza Strip	100											
Turkey	20											

Annex C | Social mobilization costs, 2014

Social mobilization and communication efforts are essential to ensuring high levels of community demand for oral polio vaccine, and to gain trust and acceptance in the most challenging areas. The activities can be broadly separated into two categories - on-going and campaign-related.

On-going activities

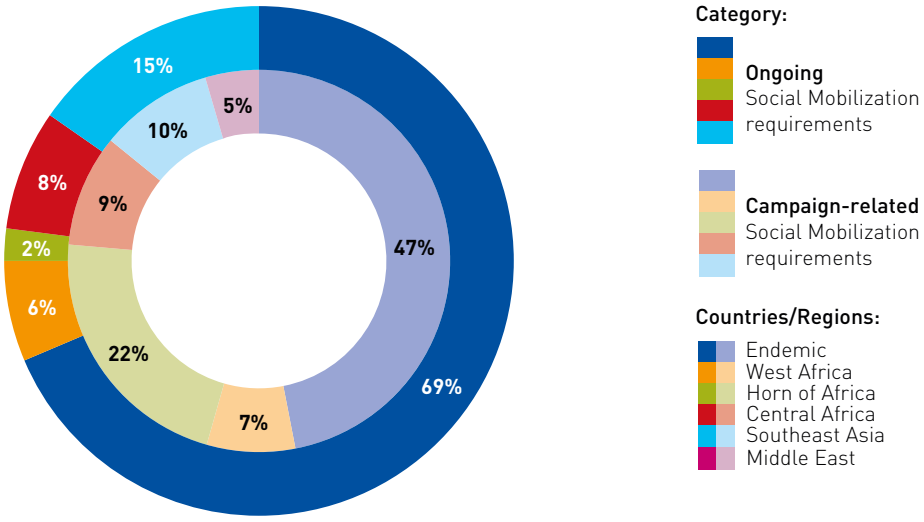
On-going activities are those conducted continuously throughout the year in support of the polio eradication programme and broader EPI, in order to lay the foundation for campaign work, but also to promote routine immunization and increase families' and communities' understanding and demand for vaccination beyond campaigns and beyond OPV. Convergence activities (integration with other sectors) also fall under this category.

Campaign-related activities

Campaign-related activities are required to support the immediate implementation of SIAs. This may include different communication activities such as community dialogue, engagement with influencers, traditional and religious leaders to gain their support, door to door mobilization through frontline workers, printing of materials to announce campaign dates, airing of campaign-specific radio or TV spots, specific trainings, operations and logistical costs.

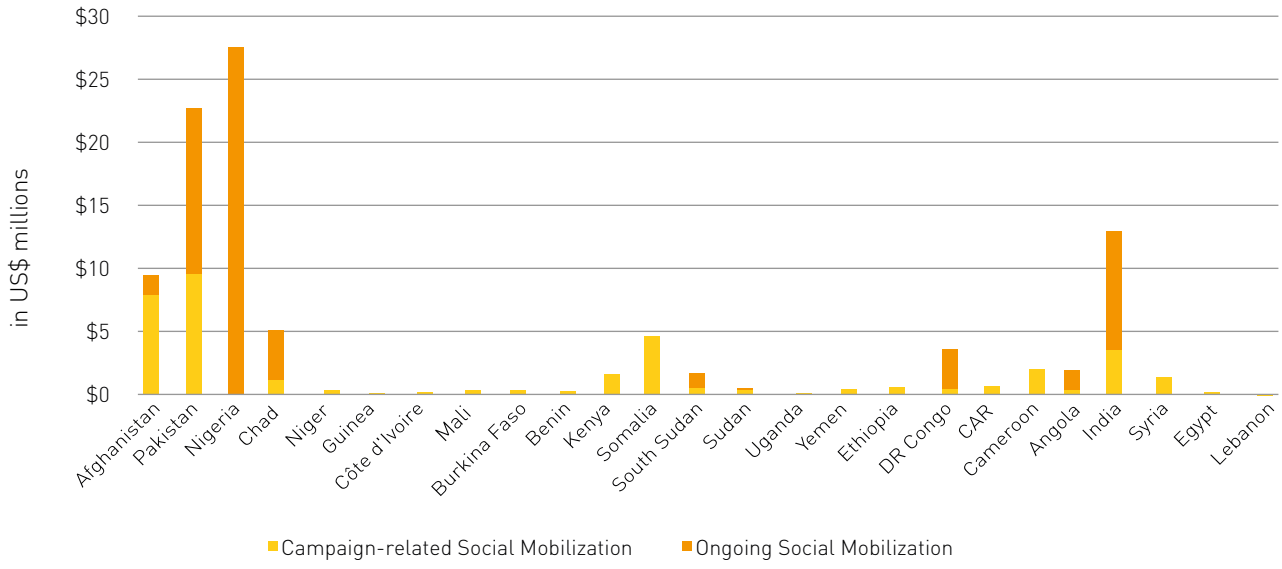
In the majority of countries, the campaign-related budget is larger than the on-going activity budget. Exceptions are found in Angola, Chad, Democratic Republic of the Congo, India, Nigeria, Pakistan, and South Sudan where the concentration is more on the on-going activities (see figures below).

2014 Social Mobilization requirements, by category (Ongoing & Campaign-related)*



*Ongoing social mobilization requirements do not reflect HQ or Regional Office requirements and campaign-related requirements do not include Europe.

2014 Social Mobilization requirements, by country and by category (Ongoing & Campaign-related)



Annex D | Laboratory, surveillance (including security) and running costs by country and region, 2014, excluding indirect costs (all figures in US$ millions)

WHO AFRICAN REGION	2014
Algeria	$0.03
Angola	$1.77
Benin	$0.17
Botswana	$0.08
Burkina Faso	$0.25
Burundi	$0.08
Cameroon	$0.38
Cape Verde	$0.04
Central African Republic	$0.43
Chad	$0.84
Comoros	$0.04
Congo	$0.13
Côte d'Ivoire	$0.27
Democratic Republic of the Congo	$2.09
Equatorial Guinea	$0.04
Eritrea	$0.13
Ethiopia	$2.84
Gabon	$0.08
Gambia	$0.05
Ghana	$0.33
Guinea	$0.17
Guinea Bissau	$0.06
Kenya	$0.41
Lesotho	$0.04
Liberia	$0.21
Madagascar	$0.37
Malawi	$0.17
Mali	$0.23
Mauritania	$0.17
Mauritius	$0.02
Mozambique	$0.25
Namibia	$0.13
Niger	$0.54
Nigeria	$14.29
Rwanda	$0.10
Sao Tome and Principe	$0.01
Senegal	$0.29
Seychelles	$0.01
Sierra Leone	$0.21
South Africa	$0.25
South Sudan	$0.73
Swaziland	$0.07
Togo	$0.13
Uganda	$0.37
United Republic of Tanzania	$0.38
Zambia	$0.33
Zimbabwe	$0.22
Regional surveillance and laboratory	$5.24
Subtotal	**$35.47**

WHO REGION OF THE AMERICAS	2014
Regional surveillance and laboratory	$0.62

WHO WESTERN PACIFIC REGION	2014
Regional surveillance and laboratory	$0.83

WHO EASTERN MEDITERRANEAN REGION	2014
Afghanistan	$3.13
Djibouti	$0.03
Egypt	$0.21
Iraq	$0.04
Pakistan	$4.32
Somalia	$0.37
Sudan	$0.30
Yemen	$0.11
Regional surveillance and laboratory	$1.17
Subtotal	**$9.68**

WHO SOUTH-EAST ASIA REGION	2014
Bangladesh	$1.06
India	$6.80
Indonesia	$0.78
Myanmar	$0.42
Nepal	$0.50
Regional surveillance and laboratory	$5.16
Subtotal	**$14.72**

WHO EUROPEAN REGION	2014
Armenia	$0.01
Azerbaijan	$0.03
Bosnia	$0.08
Georgia	$0.03
Kazakhstan	$0.01
Kyrgyzstan	$0.01
Moldova	$0.01
Tajikistan	$0.13
Turkey	$0.01
Turkmenistan	$0.03
Ukraine	$0.04
Uzbekistan	$0.03
Regional surveillance and laboratory	$1.40
Subtotal	**$1.82**

WHO/HQ LABORATORY GLOBAL	2014
laboratory	$2.03

WHO/HQ INFRASTRUCTURE GLOBAL	2014
WHO/HQ Infrastructure Global	$1.82
Afghanistan	$0.98
Pakistan	$1.27
Somalia	$0.24
Subtotal	**$4.31**

WHO/HQ SECURITY GLOBAL	2014
Security /HQ Global	$2.05
Afghanistan	$1.26
Pakistan	$0.43
Somalia	$0.53
Nigeria	$1.03
Subtotal	**$5.30**

GLOBAL	2014
Total	**$74.78**

Annex E | Technical assistance, including surge capacity by country and region, 2014, excluding indirect costs (all figures in US$ millions)

WHO AFRICAN REGION	2014
Angola	$5.10
Benin	$0.20
Botswana	$0.12
Burkina Faso	$0.18
Burundi	$0.03
Cameroon	$0.43
Central African Republic	$0.47
Chad	$2.23
Congo	$0.26
Côte d'Ivoire	$0.83
Democratic Republic of the Congo	$4.95
Equatorial Guinea	$0.10
Eritrea	$0.14
Ethiopia	$1.18
Gabon	$0.21
Gambia	$0.05
Ghana	$0.09
Guinea	$0.06
Guinea-Bissau	$0.10
Kenya	$0.66
Lesotho	$0.07
Liberia	$0.38
Madagascar	$0.06
Malawi	$0.08
Mali	$0.12
Mauritania	$0.05
Mozambique	$0.33
Namibia	$0.19
Niger	$0.91
Nigeria	$38.99
Rwanda	$0.15
Senegal	$0.11
Sierra Leone	$0.34
South Africa	$0.54
South Sudan	$3.84
Swaziland	$0.11
Togo	$0.15
Uganda	$0.32
United Republic of Tanzania	$0.32
Zambia	$0.51
Zimbabwe	$0.14
IST (Central block)	$0.88
IST (South/East block)	$1.25
IST (West block)	$0.95
Regional Office	$1.02
Subtotal	**$69.20**

* IST= Inter-country Support Team

WHO WESTERN PACIFIC REGION	2014
Regional Office	$0.68
Subtotal	**$0.68**

WHO EASTERN MEDITERRANEAN REGION	2014
Afghanistan	$4.51
Djibouti	$0.01
Egypt	$0.07
Iraq	$0.01
Pakistan	$7.68
Somalia	$1.51
Sudan	$1.15
Yemen	$0.26
Regional Office	$1.50
Subtotal	**$16.70**

WHO SOUTH-EAST ASIA REGION	2014
Bangladesh	$1.21
India	$16.35
Indonesia	$0.52
Myanmar	$0.39
Nepal	$1.63
Regional Office	$1.56
Subtotal	**$21.66**

WHO EUROPEAN REGION	2014
Regional Office/Countries	$1.65
Subtotal	**$1.65**

WHO	2014
WHO/HQ	$13.42
Short Term Tech Assistance	$11.81
Subtotal	**$25.23**

UNICEF	2014
UNICEF HQ/RO	$4.09
Afghanistan	$3.96
Angola	$0.54
Benin	$0.19
Burkina Faso	$0.12
Cameroon	$0.08
Chad	$2.12
Côte d'Ivoire	$0.25
Democratic Republic of the Congo	$3.85
Ethiopia	$0.17
Guinea	$0.25
India	$1.50
Kenya	$0.25
Nepal	$0.02
Niger	$0.25
Nigeria	$9.80
Pakistan	$4.57
Somalia	$0.73
South Sudan	$1.30
Sudan	$0.09
Uganda	$0.17
Subtotal	**$34.30**

WHO SURGE CAPACITY	2014
Afghanistan	$3.30
Angola	$1.07
Chad	$2.09
Democratic Republic of the Congo	$1.63
Kenya	$0.48
Ethiopia	$0.64
Nigeria	$13.31
Niger	$0.40
Uganda	$0.04
Pakistan	$7.85
Somalia	$1.15
Regional Office	$1.26
Subtotal	**$33.22**

GLOBAL WHO-UNICEF	2014
Total	**$202,64**

www.polioeradication.org

EVERY LAST CHILD