

## EXPENDITURES 2014

In 2014, the expenditures of the GPEI programme were 12% below the budget set in July 2014. This pattern is largely similar to what was observed in 2013, and the drivers are mostly the same. By decreasing order of impact, the main factors were:

- A large part of the response to the Middle East outbreak, notably in Syria and Iraq was funded from humanitarian sources, which reduced the budgetary impact on GPEI.
- Late in 2014, the favourable evolution of exchange rate with the US dollar, either against currencies pegged to the Euro (e.g. CFA Francs used in many west and central African countries), or against currencies of commodity exporters affected by commodity price drops (e.g. Nigeria), reduced some of the programme's operational costs in some countries.
- A sizeable percentage of unfilled positions across the programme. The GPEI budget reflects full funding for all approved positions. Various partner agencies experience a vacancy rate that typically ranges from 5% to 15%. Given that the locations where GPEI deploys its staff are some of the most challenging, it is not unusual to observe vacancy rates of more than 20% in some geographies. This factor mostly affects the technical assistance and social mobilization elements of the budget, but also impacts campaigns, surveillance and other activities with a significant personnel component.
- Campaign delays or campaign scope reduction: GPEI sets a provisional calendar for supplementary immunization activities (SIAs) twice a year, based on an epidemiological risk assessment and budgets for its implementation. Planned campaigns can be delayed for a variety of decisions, ranging from governments' decision on timing (e.g. Ethiopia), delays in arrival of funds at the local level (e.g. Somalia), security concerns (e.g. Central African Republic), or, notably in 2014, the Ebola outbreak in West Africa (planned campaigns delayed in Guinea, Liberia, Sierra Leone, Mali and Senegal).

### Summary of external resource requirements and expenditure by major category of activity, 2014

(all figures in US\$ millions)

IMMUNIZATION ACTIVITIES	TOTAL	EXPENDITURE 2014		
		WHO	UNICEF	OTHERS*
Planned OPV Campaigns (OPV)	\$196		\$196	
Planned OPV Campaigns (WHO – Operational Cost)	\$301	\$269		\$32
Planned OPV Campaigns (UNICEF - Operational Cost)	\$35		\$35	
Planned OPV Campaigns (Social Mobilization)	\$51		\$40	\$11
Complementary OPV Campaigns				
IPV in Routine Immunization	\$68			\$68
<b>Sub-Total</b>	<b>\$651</b>	<b>\$269</b>	<b>\$271</b>	<b>\$111</b>
<b>SURVEILLANCE AND RESPONSE CAPACITY</b>				
Surveillance and Running Costs (incl. Security)	\$62	\$62		
Laboratory	\$6	\$6		
Environmental Surveillance				
Emergency Response (WHO)				
Emergency Response (UNICEF)				
Stockpiles for Emergency Response				
<b>Sub-Total</b>	<b>\$68</b>	<b>\$68</b>		
<b>CONTAINMENT AND CERTIFICATION</b>				
Certification and Containment	\$8	\$8		
Surveillance and Lab enhancement for Certification				
<b>Sub-Total</b>	<b>\$8</b>	<b>\$8</b>		
<b>CORE FUNCTIONS AND INFRASTRUCTURE</b>				
Ongoing QI, surge capacity, etc...	\$151	\$131		\$20
Technical Assistance (WHO)				
Technical Assistance (UNICEF)	\$26		\$26	
Community Engagement and Social Mobilization	\$46		\$46	
R&D and Technology Transfer	\$3	\$3		
<b>Sub-Total</b>	<b>\$225</b>	<b>\$133</b>	<b>\$72</b>	<b>\$20</b>
<b>SUBTOTAL DIRECT COSTS</b>	<b>\$952</b>	<b>\$478</b>	<b>\$343</b>	<b>\$131</b>

\* CDC, GAVI, GoN