

The Global **Polio** Eradication Initiative

Partner Funding Advisory 2003

as of 24 April 2003

On the verge of global polio eradication

During 2002 significant milestones were achieved toward polio eradication. National support remained strong worldwide, with nearly 100 countries immunizing over 500 million children against polio during supplementary immunization activities (SIAs). Today there are just seven polio-endemic countries and the world is on the verge of becoming polio-free. Half of the world's population is now living in certified polio-free regions.

The epidemiology of the poliovirus is rapidly evolving. Never before has polio been more geographically contained, with 99% of cases found in India, Nigeria and Pakistan. However, each new virus is a potential global public health threat.

Polio Progress Highlights

- The number of polio-endemic countries dropped to seven – (from highest to lowest risk) India, Nigeria, Egypt, Pakistan, Afghanistan, Somalia and Niger – the lowest in history, from 125 in 1988.
- The number of polio cases has been reduced by 99% - from greater than 350 000 cases in 1988 to 1919 reported cases in 2002 (as of 16 April 2003).
- Polio is more geographically contained than ever with 99% of the world's cases in 2002, located in India, Nigeria and Pakistan.
- The 51 countries of the WHO European Region were certified polio-free in June 2002.

Funding shortfall threatens global polio eradication goal

Encouraging international support and endorsement for the Polio Eradication Initiative continued throughout 2002. For example, commitments to polio eradication were made at the G8 Summit and the second Africa-Europe Ministerial meeting. Due in part to the global economic downturn, however, in late 2002 a number of key partners indicated that it would not be possible to provide expected year-end resources. Others indicated they would have to postpone or reschedule polio eradication grants, contributing to an acute funding gap for 2003.

The funding shortfall, coupled with the evolving epidemiology of the poliovirus, prompted a revision of the strategic approach in early 2003:

- The number of SIAs in the seven endemic countries was increased to stop transmission more rapidly;
- The number of SIAs in polio-free areas was markedly reduced to allow the concentration of resources in the endemic areas;
- Surveillance budgets and active surveillance visits were reduced, and
- Preventive campaigns were replaced with an emergency response strategy for importations and/or circulating vaccine-derived poliovirus.

Risks manageable - with sufficient funding by September 2003

The revised strategic approach to polio eradication in 2003 is focused on stopping transmission as soon as possible. However, the vulnerability of polio-free areas to the reintroduction of the poliovirus will increase due to the scaling back of activities in these areas.

In total, the number of SIAs was reduced from a planned 165 activities in 70 countries down to 51 activities in 13 countries. The extent to which these risks can be managed depends on the amount of additional resources available by September 2003.

Even if all existing pledges for 2003 are realized, there remains a gap of US\$ 33 million for activities in 2003 and the first quarter of 2004. Activities include surveillance, National Immunization Days (NIDS) operating costs and emergency response mop-ups. Pages 2 and 3 outline the revised schedule of 2003 activities, budget and funding gap. Page 4 outlines the process for the development of the new 2004–2008 *Strategic Plan* and *Financial Resource Requirements*.

Supplementary polio immunization activities for 2003

In contrast to the original SIA plan for 2003, the revised plan will focus on stopping transmission in *priority A* countries and boosting population immunity in the *priority B* countries. Priority A activities include SIAs in *priority A* countries, surveillance activities globally, emergency response mop-ups and technical assistance to countries. *Priority A* countries are the seven endemic countries at the end of 2002. From highest to lowest risk of ongoing transmission beyond mid-2003 these countries are: India, Nigeria, Pakistan, Egypt, Afghanistan, Somalia and Niger.

Priority B countries are six polio-free countries that have low routine oral polio vaccine (OPV) coverage, a high risk of importations from endemic countries and high population density and/or numbers. These countries are: Angola, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Nepal and the Sudan. In these countries, importations would have the highest risk of re-establishing polio reservoirs.

The SIA calendar for 2003 (shown below) illustrates the planned SIAs for A and B priority countries. As widespread immunization activities have been reduced, an emergency response mop-up capacity must also be in place when outbreaks occur.

The ongoing review of epidemiological data and available funding will guide the process for setting further SIA priorities in 2003.

NID = National Immunization Day | SNID = Subnational Immunization Day

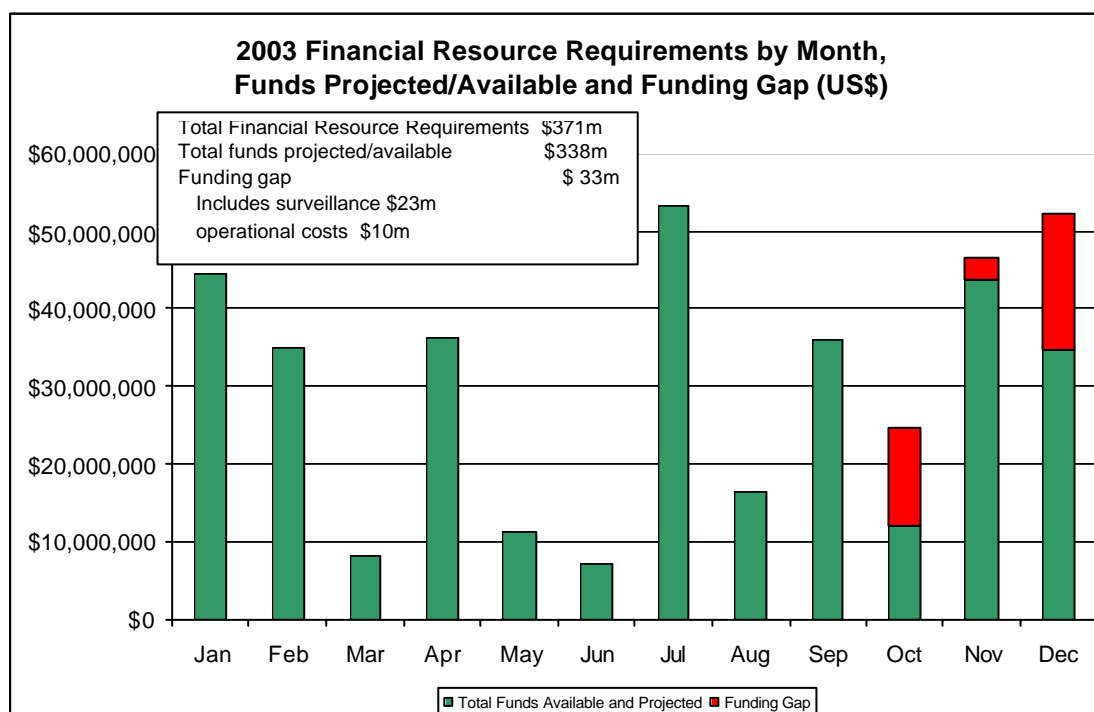
| Country | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|-------------------|------|-----|------|------|------|------|------|------|------|------|------|------|
| Priority A | | | | | | | | | | | | |
| India | NID | NID | | SNID | | SNID | | | SNID | | SNID | |
| Nigeria | SNID | | SNID | SNID | | | | | | NID | NID | |
| Pakistan | SNID | | NID | NID | | SNID | SNID | | NID | NID | | SNID |
| Egypt | | | NID | NID | | | | | | NID | NID | |
| Afghanistan | SNID | | SNID | NID | NID | | SNID | | NID | NID | | |
| Somalia | | NID | NID | | | | | | SNID | SNID | | |
| Niger | | | | SNID | SNID | | | | | NID | NID | |
| Priority B | | | | | | | | | | | | |
| Angola | | | | | | NID | | NID | | | | |
| Bangladesh | | | NID | | NID | | | | | | | |
| DR Congo | | | | | | | SNID | SNID | | | | |
| Ethiopia | | | | | | | | | | SNID | | SNID |
| Nepal | NID | NID | | | | | | | | | | |
| Sudan | | | | | | | | | SNID | | SNID | |

The Polio Eradication Initiative would like to acknowledge 2003 contributions from: the Governments of Australia, Canada, Finland, Germany, Italy, Japan, The Netherlands, New Zealand, the United Kingdom and the USA (CDC and USAID); The Bill & Melinda Gates Foundation, Rotary International, United Nations Foundation, The European Commission, UNICEF National Committees and The World Bank; Aventis Pasteur and Wyeth.

External financing required in 2003 for polio eradication activities for 2003 and Q1 2004

| 2003 (US\$ millions) | | | | |
|---|----------------------------|-----------------------------------|--|-----------------------------|
| | NIDs/SNIDs: OPV US\$ | NIDs/SNIDs: Operations US\$ | AFP Surveillance & Laboratory US\$ | Total Costs 2003 US\$ |
| Priority A: | | | | |
| India | 80.67 | 79.33 | 11.29 | 171.29 |
| Nigeria | 14.40 | 16.88 | 5.10 | 36.38 |
| Pakistan | 18.30 | 10.10 | 0.75 | 29.15 |
| Egypt | 2.00 | 2.98 | 0.40 | 5.38 |
| Afghanistan | 3.30 | 6.35 | 1.04 | 10.69 |
| Somalia | 0.71 | 2.39 | 0.40 | 3.50 |
| Niger | 0.99 | 4.17 | 0.38 | 5.55 |
| Surveillance in 57 countries in 6 regions | | | 16.35 | 16.35 |
| Enabling factors* | 2.50 | 13.01 | 38.35 | 53.86 |
| Priority B: | | | | |
| Angola | 1.32 | 3.80 | 1.75 | 6.87 |
| Bangladesh | 5.10 | 2.63 | 1.06 | 8.79 |
| DR Congo | 0.85 | 3.50 | 2.76 | 7.11 |
| Ethiopia | 2.03 | 4.21 | 1.80 | 8.03 |
| Nepal | 0.99 | 1.69 | 0.99 | 3.67 |
| Sudan | 1.25 | 2.08 | 1.04 | 4.37 |
| Totals | 134.41 | 153.10 | 83.46 | 370.97 |
| Available Funds | 134.41 | 142.77 | 61.03 | 338.21 |
| 2003 funding gap | 0.00 | 10.33 | 22.43 | 32.76 |

* Enabling factors include: technical assistance to countries (including staff), emergency response mop-ups, certification, containment and research activities, advocacy and communications and management and administration.



The funding gap presented here represents a best case scenario and is dependent on the realization of the following 2003 contributions:

- The World Bank/Rotary-UNF/Gates Foundation funding for OPV in Pakistan (US\$ 7.31m) and Nigeria (US\$ 7.4m)
- The World Bank/Rotary-UNF/Gates Foundation funding or new World Bank loan for OPV in India (US\$ 18.6m)
- European Commission funding for operational costs in Nigeria (US\$ 13m) and India (US\$ 25m)

The way forward: polio eradication strategic plan 2004–2008

The revision of the strategic approach for 2003 prompted by the acute funding gap and the evolving epidemiology of the poliovirus has necessitated the development of a new long-term strategic plan. The plan for 2004–2008 will replace the existing *Global Polio Eradication Strategic Plan 2001–2005* and also provide key stakeholders a longer timeframe for planning to ensure they can provide multi-year support through to global certification.

Background

In 2000, the Polio Eradication Initiative partnership developed the *Global Polio Eradication Strategic Plan 2001–2005*, providing details on the five major areas of work which to date have guided the development of annual workplans and budgets. Each year, progress reports are provided to the *Technical Consultative Group for the Global Eradication of Poliomyelitis (TCG)* against the yearly objectives and milestones of the strategic plan. During the April 2002 meeting, the TCG revised the scope of three of the five areas of work – supplementary immunization, post-certification immunization policy and the impact of polio eradication on health systems – as well as the corresponding milestones.¹

The new *Global Polio Eradication Strategic Plan 2004–2008* will be developed in the next few months by the partnership to support effective management of the Initiative and facilitate long-term funding decisions.

Strategic plan 2004–2008

The major objectives of the plan are:

- Interrupting wild poliovirus transmission (2004–2005)
- Achieving global certification (2004–2008)
- Developing policies for the post-certification era (2004–2008)
- Realizing the full benefits from polio eradication (2004–2008)

The following chart provides an outline of the development process for the new *Strategic Plan*.

Timeframe and process for development

| Date | Action |
|----------------|---|
| April 2003 | Achieve consensus on the framework & development process for the 2004–2008 <i>Strategic plan</i> and <i>Financial Resource Requirements (FRR)</i> during the meetings of the TCG and Global Polio Partners. |
| May 2003 | Develop the first draft of the <i>Strategic Plan</i> ; circulate for comments to the core partners and TCG members. Send draft <i>FRR</i> information to WHO/UNICEF regional and country offices based on planned activities and known costs. |
| June–July 2003 | Circulate the second draft of the <i>Strategic Plan</i> for comments to core partners and TCG members. Present second draft to Strategic Advisory Group of Experts (SAGE) and WHO, Department of Vaccines & Biologicals for comments Collect <i>FRR</i> information at central level, review and finalize data. |
| August 2003 | Finalize the text of the <i>Strategic Plan</i> . Review final <i>Financial Resource Requirements</i> ; and update funding gap against known pledges as at mid-2003. |
| September 2003 | Publish the <i>Global Polio Eradication Strategic Plan 2004–2008</i> . Publish the <i>Financial Resource Requirements for 2004–2008</i> . |

¹ Report of the seventh meeting of the Technical Consultative Group on the global eradication of poliomyelitis, Geneva, 9–11 April 2002.