FINANCIAL RESOURCE REQUIREMENTS

2013-2018 (AS OF DECEMBER 2014)

World Health Organization

PARTNERS IN THE GLOBAL POLIO ERADICATION INITIATIVE

unicef

POLIO GLOBAL ERADICATION INITIATIVE

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EXECUTIVE SUMMARY

This Financial Resource Requirements (FRRs) report is the budget document accompanying the Polio Eradication & Endgame Strategic Plan 2013–2018 of the Global Polio Eradication Initiative (GPEI). The FRRs are updated regularly based on evolving epidemiology and available funding. The financial needs reflected in this publication represent the requirements for activities to be implemented by the World Health Organization (WHO) and the United Nations Children's Fund (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, see ***http://www.polioeradication.org/Financing.aspx.***

A CLEAR, MULTI-YEAR BUDGET TO ACHIEVE SUCCESS

The budget for the Polio Eradication & Endgame Strategic Plan 2013-2018 (the Plan) is US$ 5.5 billion **(Figure 1)**. The budget has four major cost categories (immunization activities, surveillance and response capacity, poliovirus containment and certification, and core functions and infrastructure). The main assumptions that underpin the cost model behind the budget are based on the key milestones and outcome indicators described in the Plan, including global certification of the eradication of polio by the end of 2018. For a full version of the Plan, see **http://www.polioeradication.org/Resourcelibrary/Strategyandwork.aspx.**

COMMITMENTS TO FULLY FUND THE PLAN

On 25 April 2013, the Plan was shared at the Global Vaccine Summit in Abu Dhabi, United Arab Emirates. 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.

By end-2014, the GPEI had received US$ 2.23 billion in contributions and was tracking an additional US$ 2.85 billion in pledges, against the overall US$ 5.5 billion budget. Full and rapid realization of all pledges would result in a funding gap of US$ 451 million against the Plan **(Table 1)**.

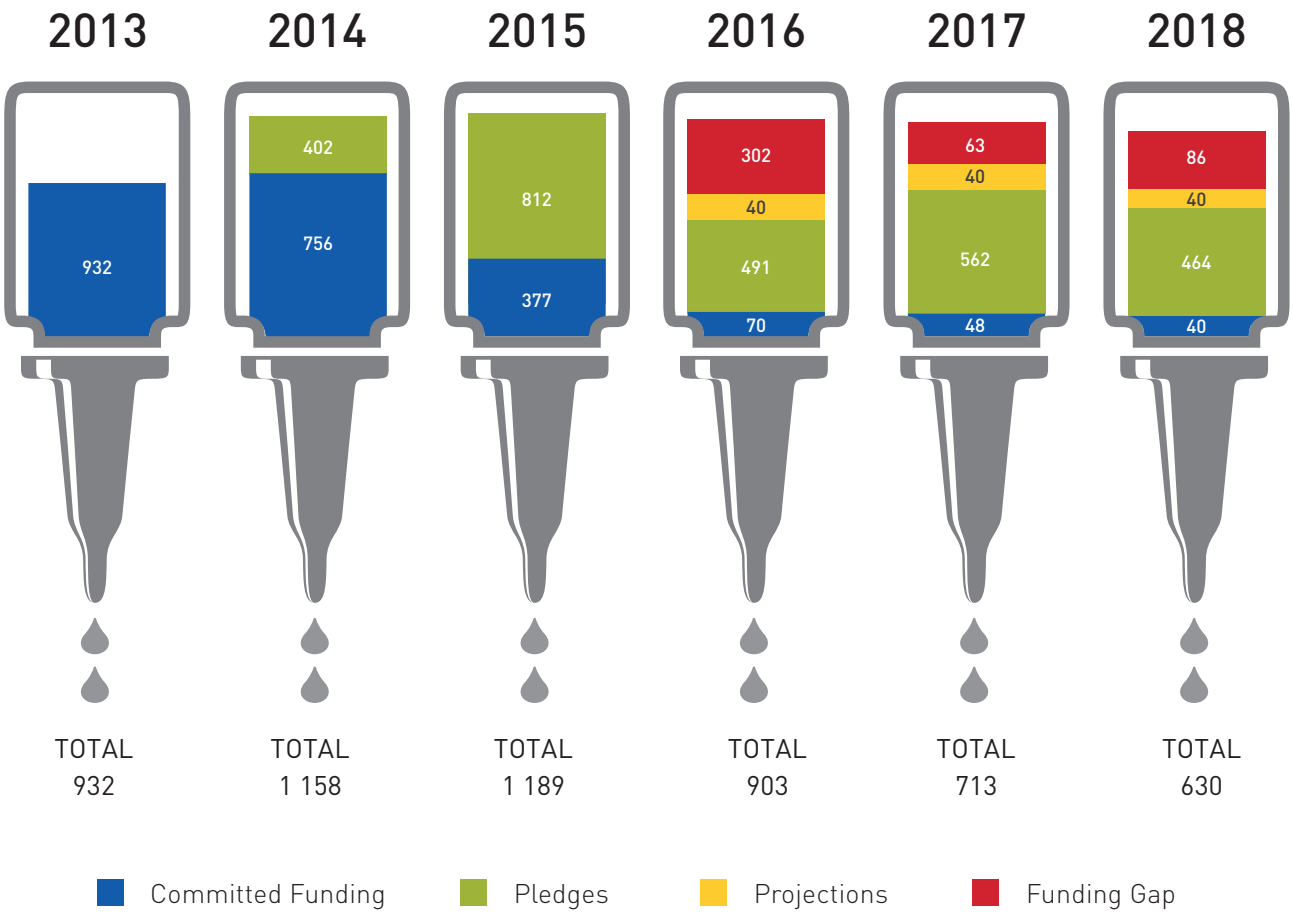
On 5 May 2014, on the advice of an Emergency Committee under the International Health Regulations (IHR, 2005), the Director-General of the World Health Organization (WHO) declared the international spread of wild poliovirus (WPV) to be a Public Health Emergency of International Concern and issued Temporary Recommendations for "States currently exporting wild polioviruses" and "States infected with wild poliovirus but not currently exporting". Within this context, the Emergency Committee emphasized the importance of continued support of partners to countries, noting the additional challenges, both material and technical, in implementing the Temporary Recommendations.

IMPLEMENTING THE PLAN

By end-2014, significant progress had been made towards each of the Plan's four objectives, particularly in Africa, to stop outbreaks and prepare the world for the phased removal of oral polio vaccines (OPVs). Also in 2014, in May, the Director-General of the WHO declared the international spread of WPV to be a Public Health Emergency of International Concern, on the advice of an Emergency Committee of the International Health Regulations (IHR, 2005). Throughout 2014, work continued to ensure the legacy of polio eradication, including that the investments made in the GPEI continue to benefit other development goals in the long term. As a clear example of the legacy in action, polio staff and infrastructure continue to support ongoing response efforts to the Ebola outbreak in west Africa.

The major epidemiological priority is to rapidly stop poliovirus in Pakistan and neighbouring Afghanistan. In 2014, Pakistan accounted for 85% of all polio cases worldwide and is now the greatest epidemiological risk to achieving a polio-free world, as too many children remain under-immunized (due to operational challenges, insecurity, targeted attacks on health workers and hampered access). Recognizing the risks Pakistan poses to the global effort, end-2014 saw an increase in government

FIGURE 1
SUMMARY OF CONTRIBUTIONS AGAINST GPEI REQUIREMENTS, 2013–2018 (All figures in US$ millions)



commitments at all levels, including the development of a "low-season" emergency operational plan that has all the necessary elements in place to rapidly achieve success. To facilitate its implementation, a national task force reporting directly to the prime minister's office has been established; a cabinet committee has been formed to address security for immunization; and close collaboration is being fostered to secure the assistance of the army and the Ministry of the Interior of Pakistan. WHO and UNICEF are providing emergency staff for surge support to the country's effort.

The GPEI has developed a strengthened monitoring framework that tracks progress against the objectives of the Plan in its six-monthly *Status Report – Progress Against the Polio Eradication and Endgame Strategic Plan 2013–2018*, available at **http://www.polioeradication.org.**

STRENGTHENING THE MANAGEMENT OF THE PLAN

The GPEI underwent significant management and administrative changes in the second half of 2014, following a comprehensive management review conducted by PricewaterhouseCoopers. Of note is that a new finance and accountability committee at the level of the Polio Oversight Board is being established to ensure more rapid, comprehensive and transparent financial reporting for all stakeholders.

In the first half of 2015, the GPEI will also carry out a mid-term review of the Plan to assess progress to date and identify adjustments as needed.

TABLE 1
EXTERNAL RESOURCE REQUIREMENTS BY MAJOR ACTIVITY CATEGORY, 2013-2018
(All figures in US$ millions)

IMMUNIZATION ACTIVITIES	2013	2014	2015	2016	2017	2018	Total 2013-2018
Planned OPV Campaigns (OPV)	214	197	149	93	57	42	752
Planned OPV Campaigns (WHO - Operational Cost)	270	276	185	133	78	57	999
Planned OPV Campaigns (UNICEF - Operational Cost)	51	37	29	23	14	11	165
Planned OPV Campaigns (Social Mobilization)	40	55	27	20	11	9	162
*Complementary OPV Campaigns	0	0	44	10	0	0	54
IPV in Routine Immunization	0	47	159	102	87	79	474
Subtotal	**575**	**612**	**593**	**381**	**247**	**198**	**2 606**
SURVEILLANCE AND RESPONSE CAPACITY							
Surveillance and Running Costs (incl. Security)	63	63	70	63	64	64	387
Laboratory	9	11	11	11	11	11	64
Environmental Surveillance	0	5	5	5	5	5	25
Emergency Response (UNICEF)	0	12	20	20	20	8	80
Emergency Response (WHO)	0	18	30	30	30	12	120
Stockpiles for Emergency Response	0	12	0	12	0	0	24
Subtotal	**72**	**121**	**136**	**141**	**130**	**100**	**700**
POLIOVIRUS CONTAINMENT							
Certification and Containment	1	5	5	5	5	5	26
Surveillance and Lab Enhancement for Certification	0	4	4	4	4	4	20
Subtotal	**1**	**9**	**9**	**9**	**9**	**9**	**46**
CORE FUNCTIONS AND INFRASTRUCTURE							
Ongoing quality improvement, surge capacity, endgame risk management, OPV cessation, additional innovations & programmatic adjustments	30	57	43	62	51	50	293
Surge Capacity	36	41	69	20	0	0	166
Technical Assistance (WHO)	96	135	150	128	129	129	767
Technical Assistance (UNICEF)	25	34	37	34	34	34	198
Community Engagement and Social Mobilization	33	62	68	62	62	62	349
Research and Development, and Technology Transfer	5	10	10	10	10	10	55
Subtotal	**225**	**339**	**377**	**316**	**286**	**285**	**1 828**
Total – direct costs	**873**	**1 081**	**1 115**	**847**	**672**	**592**	**5 180**
Indirect costs	58	76	74	56	43	38	345
GRAND TOTAL – costs	**931**	**1 157**	**1 189**	**903**	**715**	**630**	**5 525**
Contributions (rounded), including 2012 carry-forward	931	756	377	70	48	40	2 223
Pledges (rounded)		401	812	531	602	504	2 852
Best Case Gap	**0**	**0**	**0**	**302**	**65**	**86**	**451**

*The complementary campaigns budget has been moved to planned immunization activities.

1. BUDGET ASSUMPTIONS AND CATEGORIES

The GPEI conducted a thorough cost analysis during the second half of 2012, resulting in the establishment of the US$ 5.5 billion budget to achieve the Plan's objectives from 2013 through 2018. Based on evolving epidemiology and risk, the budget estimates were reviewed and updated during the first half of 2014. Recommended changes to annual budgets were approved by the Polio Oversight Board (POB) during its June 2014 meeting. The overall budget remains US$ 5.5 billion.

The budget has four major cost categories **(Figure 2)** with accompanying assumptions **(Table 2)** that underpin the cost model. While the interruption of WPV globally cannot be guaranteed by a particular date, and various factors could intervene, the current budget reflects the overall goal of a polio-free world by 2018.

FIGURE 2
PLAN BUDGET BY MAJOR BUDGET CATEGORY, 2013-2018 (All figures in US$ millions)

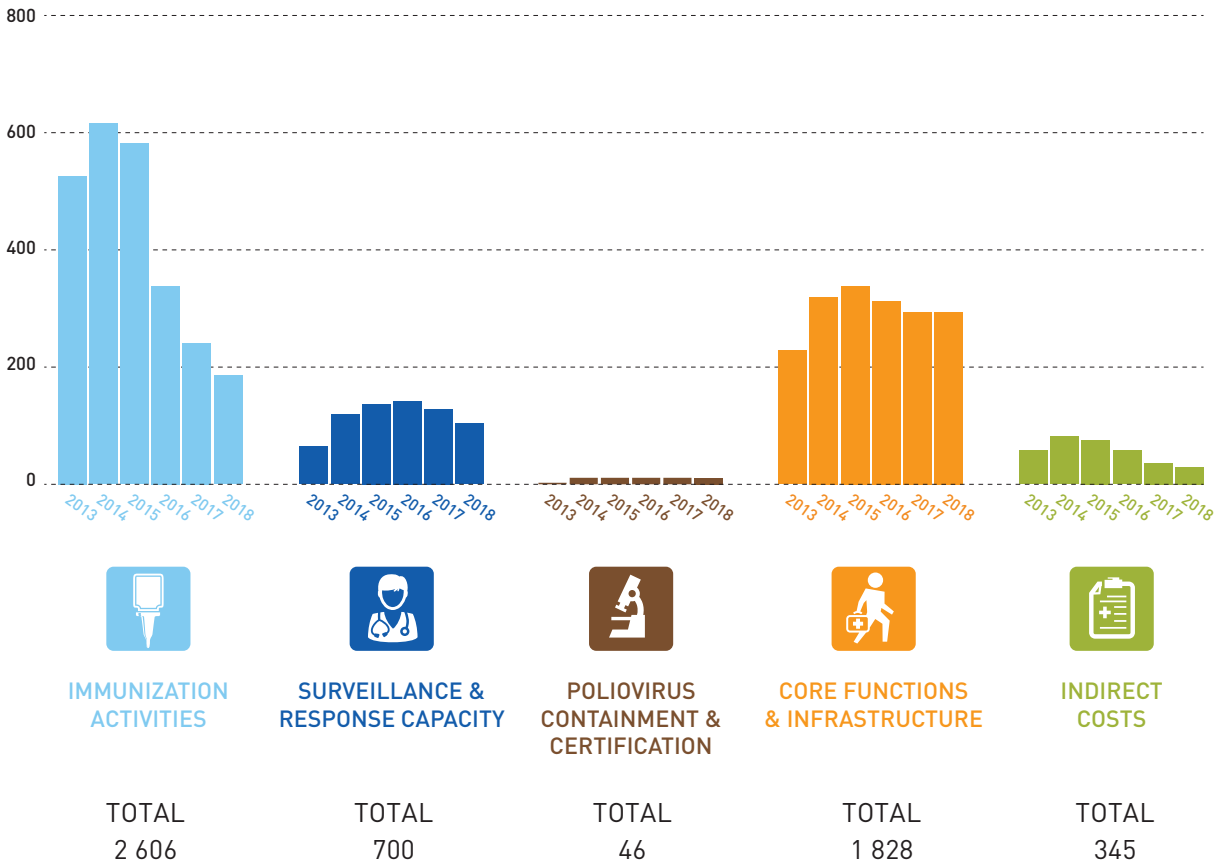


TABLE 2
COST ASSUMPTION BY MAJOR BUDGET CATEGORY

BUDGET CATEGORY	ASSUMPTION
OPV Campaigns	Represents OPV costs, operational costs and campaign-related social mobilization costs. See **Annex B** for additional details: Supplementary immunization activity schedule, 2015.
Inactivated Polio Vaccine (IPV) in Routine Immunization (RI)	Reflects IPV introduction assumptions outlined in the Plan: all OPV-only-using countries introduce at least one dose of IPV into their RI programmes starting in 2014 with 100% uptake before the end of 2015; Includes full annual IPV costs for all Gavi Alliance-eligible and graduate countries (excluding India); limited support is included for selected lower-middle-income and upper-middle-income OPV-using countries. A maximum amount of $US 45 million has been estimated for this purpose, as of November 2014.
Surveillance/ Laboratory	Reflects 2013 surveillance and laboratory activity requirements being maintained on an annual basis until 2018.
Environmental Surveillance	Assumes up to US$ 5 million will be required on an annual basis from 2014 to 2018.
Emergency Response	Represents estimations for vaccine and operational costs for emergency response: - 2015–2016: US$ 50 million (US $30 million for WHO and US$ 20 million for UNICEF/year); - 2017: US$ 50 million (US$ 30 million for WHO and US$ 20 million for UNICEF); - 2018: US$ 20 million (US$ 12 million for WHO and US$ 8 million for UNICEF).
Stockpile	Represents stockpile projections for 2014 and 2016 (US$ 12.3 million each year) based on existing contracts with manufacturers; the funds have already transferred to UNICEF.
Certification and Containment	Represents the annual provision for regional- and country-level activities as well as any enhancements that may be required to surveillance and laboratory capacity in preparation for certification and containment.
Ongoing Quality Improvements, Surge Capacity, Risk Management	Reflects surge capacity in endemic and high-risk countries that will support activities required to interrupt transmission, and 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 African Region, WHO Eastern Mediterranean Region and WHO South-East Asia Region; other areas maintain technical assistance at 2013 levels through 2018.
Community Engagement/ Social Mobilization	Reflects 2013 ongoing community engagement and social mobilization activity 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 to 2018.

DEFINITION OF BUDGET CATEGORIES AND KEY COST DRIVERS

The four major budget categories include the cost of reaching and vaccinating more than 400 million children multiple times every year; implementing monitoring and surveillance activities in more than 70 countries; ensuring the full application of relevant poliovirus biocontainment requirements globally; fulfilling national, regional and global certification requirements; and supporting core functions, including 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. For detailed information on each of the major categories, see **http://www.polioeradication.org/financing.aspx.**

1. IMMUNIZATION ACTIVITIES

The interruption of transmission of both WPV and vaccine-derived polioviruses (VDPVs) requires raising the population's immunity in the three remaining endemic countries, in reinfected countries and in high-risk areas prone to outbreaks and reimportations, to levels sufficient to stop transmission. This is achieved by vaccinating children with polio vaccines, through routine immunization (RI) and supplementary immunization activities (SIAs). **Annex B** provides an overview of the SIA schedule for 2015. Starting in 2014, the GPEI budget includes the cost of inactivated polio vaccine (IPV) introduction into RI systems in OPV-using countries that are Gavi Alliance-eligible and Gavi graduates, as well as in some non-Gavi-eligible countries.

This major 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 (described below) 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, Nigeria and Pakistan.

The sub-budget categories for SIAs are OPV costs, operational costs and campaign-related social mobilization costs (versus ongoing social mobilization costs, which are budgeted separately under core functions and infrastructure – see **Annex C** for additional details).

In 2014, building on 2013 experience from Dadaab, Kenya, during the Horn of Africa outbreak response, IPV was increasingly used during SIAs alongside OPV, including in Nigeria, Afghanistan, Pakistan and Cameroon. This activity is part of the ongoing commitment of the GPEI to innovative and promote sensitive strategic approaches, and will be further increased in 2015.

OPV COSTS

This sub-budget category represents the cost of procuring OPV for use in SIAs, including the vaccine itself plus shipping and freight. UNICEF is the agency that procures vaccines 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 2014, more than 1.6 billion doses of OPV were procured by the UNICEF Supply Division for use in 75 countries. The weighted average price of each OPV dose in 2014 was US$ 0.1311. For the 2013–2018 period, the assumed average cost is US$ 0.15.

OPERATIONAL COSTS

This sub-budget category represents the costs of delivering vaccines during SIAs, including microplanning, training, allowances for field personnel involved in SIAs, transport, logistics, supervision, monitoring, evaluation and general operating expenses.

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 the production and dissemination of communication materials, media campaigns, the engagement of local leaders, the organization of community forums, and training and capacity-building in key geographies (i.e. in endemic areas and areas of recurrent importations).

IPV IN ROUTINE IMMUNIZATION[1]

The major objectives of the Plan include the withdrawal of OPV in a phased manner, starting with type 2-containing OPV. In this context, the Plan calls on all countries that currently use only OPV to introduce at least one dose of IPV into their RI schedules by the end of 2015, or at the latest, in exceptional cases, prior to the trivalent oral polio vaccine/bivalent oral polio vaccine (tOPV-bOPV) switch scheduled for April 2016. The introduction of IPV will reduce the risks associated with type 2 OPV removal, facilitate the outbreak control and interruption of polio transmission, and hasten eradication.

With the support of the Gavi Alliance, regional leadership and high-level advocacy, strong progress has been made by countries planning IPV introduction within the Plan's timelines. By the end of 2014, all but three countries worldwide had introduced IPV or had expressed the commitment to do so by the end of 2015. In total, the last three remaining countries account for less than 0.05% of the global birth cohort and are not considered to be at high risk of emergence of a circulating vaccine-derived poliovirus type 2 (cVDPV2).

Since mid-April 2013, the GPEI core partners have been working with Gavi Alliance through the Immunization Systems Management Group (IMG) to ensure that Objective 2 of the Plan – immunization systems strengthening and OPV withdrawal (which includes the introduction of IPV) – can be achieved. The IMG relies on the complementary strengths of each agency to ensure that this work is completed in synergy with other immunization and health-sector activities in target countries.

To ensure the required vaccine is available, the UNICEF Supply Division awarded a tender for the purchase of up to 580 million doses of IPV, covering both the Gavi Alliance and middle-income country markets. The tender has given countries access to IPV at affordable prices, in appropriate packaging and presentation, and is helping to establish a sustainable supply and a healthy IPV market. The cost per dose of IPV starts at approximately US$ 1.00/dose for the poorest countries, for IPV packaged in 10 doses per vial, and goes up to a cost of US$ 2.80/dose for IPV in a one-dose vial (the price of the one-dose vial is the same for all countries).

Following a decision by the Gavi Alliance board at its November 2013 meeting, the GPEI has worked with the Gavi Alliance to provide support to 71 of the 73 Gavi countries eligible for IPV introduction support. This support includes the provision of one dose of IPV with no requirement for cofinancing and a one-off introduction grant of US$ 0.80 per child. To meet the Plan's timelines, the Gavi Alliance has waived its minimum RI coverage requirement and launched a streamlined application process for IPV.

The GPEI has also provided time-limited, catalytic financial support to select non-Gavi-eligible countries. This support was only offered to 25 countries, those in highest need, and those at highest risk of an outbreak following OPV type 2 withdrawal. For such countries to be eligible for these funds, they will need to demonstrate that the government is able and committed to self-financing IPV after the GPEI support ends and that, without the support, they would not be able to meet the Plan's introduction timelines.

The total budget for the IPV introduction component of the FRRs is US$ 483 million, of which US$ 433 million is budgeted under the immunization activities: IPV in routine immunization category, and US$ 50 million is budgeted under the core functions and infrastructure: ongoing quality improvement category. Several assumptions represent key points of potential variability in the budget. The most significant of these relate to the pace of country uptake and IPV introduction, and to the assumption that India is self-financing IPV introduction. The validity of the assumptions made in this budget will be further refined by the end of 2014, at which point cost projections for the remainder of the 2014–2018 time period will be revised and included in subsequent FRR publications.

TRIVALENT OPV TO BIVALENT OPV SWITCH

At the end of 2013, planning began for the tOPV-bOPV switch. Five readiness criteria must be met for the global withdrawal of tOPV:

1. **The introduction of at least one dose of IPV;**

2. **Access for all OPV-using countries to a bOPV that is licensed for RI;**

[1] This budget category does not include direct costs associated with routine immunization strengthening. See point 4 for additional information on GPEI support to immunization strengthening.

3. **Implementation of surveillance and response protocols for type 2 poliovirus (including the constitution of a stockpile of monovalent OPV type 2);**

4. **Completion of Phase I poliovirus containment activities, with appropriate handling of residual type 2 materials;**

5. **Verification of the global eradication of WPV type 2.**

Once all five criteria are met, the trigger for trivalent withdrawal will be the demonstrated absence of all persistent cVDPV2. The withdrawal of type 2 OPV will happen in a synchronized manner across all OPV-using countries through a global switch from tOPV to bOPV. At its meeting in October 2014, the Strategic Advisory Group of Experts on immunization concluded that preparations were on track and urged Member States to intensify their preparations for the planned switch in April 2016.

While estimated costs for the tOPV-bOPV switch are already included in the FRRs, a complete budget for this area, including both global- and country-level needs, is currently under development and will be completed by early 2015. The availability of funds to support country-level switch activities will be crucial to achieving the Plan's timelines.

2. SURVEILLANCE AND RESPONSE CAPACITY

The detection and investigation of acute flaccid paralysis (AFP) 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 145 laboratories.

In June 2014, the POB endorsed a more aggressive approach to outbreak response, both to WPV and cVDPVs, based on lessons learned in the management of recent outbreaks. This includes ensuring highest-level government commitment to the response, managing each outbreak as a "zone of concern", deploying GPEI staff rapidly, and ensuring a step change in response timelines. This approach applies to endemic countries and any others affected by outbreaks. In addition to maintaining the flexibility to rapidly and comprehensively respond to outbreaks according to international outbreak response guidelines endorsed by the World Health Assembly (WHA), immunity levels and surveillance must be maintained in particular in high-risk countries to minimize 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 surveillance and response capacity budget category. These budget lines are implemented by WHO and UNICEF, with annual combined budgets of between US$ 20 million and US$ 50 million at the beginning of the year. 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 time.

To ensure a rapid response to outbreaks, upon notification of an outbreak situation, 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 headquarter 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 apply to in-country humanitarian financing mechanisms for outbreak response. Mobilizing funds from humanitarian mechanisms enables the rapid release of funding and complements global resources, which ensures that the limited funding available at the global level for outbreak response is not completely depleted.

3. POLIOVIRUS CONTAINMENT AND CERTIFICATION

The global certification of WPV eradication requires ensuring highly sensitive poliovirus surveillance and full application of relevant poliovirus biocontainment requirements, throughout the world. Biocontainment activities have started in all six WHO regions. For the two regions not certified as polio-free – the African and Eastern Mediterranean Regions – the priority will be to close the remaining gaps in AFP surveillance sensitivity *(budgeted under the surveillance and response capacity category)* and then to sustain certification-standard surveillance performance at the national and subnational levels through regional and global certification. For the four regions that are certified polio-free – the Region of the Americas and the European, South-East Asia and Western Pacific Regions – the priority will be to achieve or maintain surveillance at certification-standard levels.

In late 2014, the draft of the third edition of the *WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use* (GAPIII), which outlines biorisk management requirements for handling and storing wild, Sabin and Sabin-derived polioviruses, was aligned with the Plan's timelines and strategies.

The Global Commission for Certification of the Eradication of Poliomyelitis will be convened in 2015 to review data from all six WHO regions to determine whether there is sufficient evidence to formally conclude that WPV type 2 has been eradicated globally.

4. CORE FUNCTIONS AND INFRASTRUCTURE

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

OVERVIEW OF ROUTINE IMMUNIZATION STRENGTHENING BUDGET LINES

WHO and UNICEF, along with the GPEI partners and the Gavi Alliance in conjunction with immunization system strengthening stakeholders, have initiated a joint programme of work to support the strengthening of RI systems in the 10 priority countries identified in the Plan.[2] The joint approach in these countries seeks to capitalize on Gavi Alliance investments in health system 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. In 2013 and 2014, the immunization plans in six countries (Chad, Democratic Republic of the Congo, Ethiopia, India, Nigeria and Pakistan) were reviewed and revised to include specific actions that ensure GPEI infrastructure systematically contributes to improving RI coverage. In addition, the GPEI's contribution to RI strengthening is measured by the reduction in the number of unvaccinated children for diphtheria–tetanus–pertussis third dose in the 10 focus countries, year-on-year.

In early 2014, US$ 4.8 million was made available through the IMG workplan to bolster country activities using polio assets to support RI strengthening. Eight of the 10 priority countries had already developed 2014 action plans that include RI strengthening activities; however, with these new resources, countries were encouraged to identify key activities to increase the percentage of time spent by polio-funded staff on improving RI in a sustainable way.

Of the US$ 4.8 million, between US$ 300 000 and US$ 500 000 has been allocated to each of the 10 focus countries to support a joint WHO and UNICEF proposal and budget for 2014–2015 activities. The main types of activities planned include training polio-funded staff on RI, using polio staff to assist with RI microplanning, and implementing Reaching Every District activities as well as activities to improve cold chain, vaccine management and data quality.

Additionally, US$ 1 million has been made available to support special studies related to using polio assets to strengthen RI.

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

2. BUDGET PROCESS

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. The budgets that underpin the FRR are prepared by WHO, UNICEF and the national governments that manage polio eradication activities. The funds to finance the activities flow from multiple channels, primarily through these stakeholders. Both United Nations (UN) agencies support the governments in the preparation and implementation of activities.

For immunization activities in particular, the schedule is developed based on the guidance of national and regional Technical Advisory Groups, the ministries of health and the WHO and UNICEF country offices. 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 that take into consideration local costs for all elements of the activities, as described in the "Budget Assumptions and Categories" section above.

Developing the national GPEI budget is paired with a regular, interactive 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 biweekly 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 operational funds for SIAs include the submission of the final activity budget, which is reviewed and validated at the regional office and headquarter 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 while the full budget review is pending. For staff and surveillance, funds are disbursed on a quarterly or semi-annual basis, depending on the GPEI cash flow, against long-term human resource plans and surveillance 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.

In the event that sufficient funds are not available to fully support the GPEI budget in a given year, available resources are 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 the global level)

PRIORITY 5

High-risk/other country SIAs (as required)

This prioritized list will continue to be updated with the evolving epidemiology and will be revised in 2015 to reflect new priority activities in the Plan's Objective 2 (immunization systems strengthening and OPV withdrawal) and Objective 3 (containment and certification), especially IPV introduction.

3. MOBILIZING THE FUNDING: CURRENT STATUS

At the April 2013 Global Vaccine Summit in Abu Dhabi, global leaders, donor nations and polio-affected countries signalled their confidence in the 2013–2018 Strategic Plan by pledging over US$ 4 billion towards its projected US$ 5.5 billion cost. Since then, the GPEI has continued to work to convert pledges into signed agreements and to secure the remaining US$ 1.5 billion needed to implement the Plan. Table 3 provides an update on the status of the funds pledged at the Global Vaccine Summit, including additional contributions received from new donors.

TABLE 3
SUMMARY OF CONFIRMED FUNDING AGAINST GLOBAL VACCINE SUMMIT COMMITMENTS
(All figures in US$ millions)

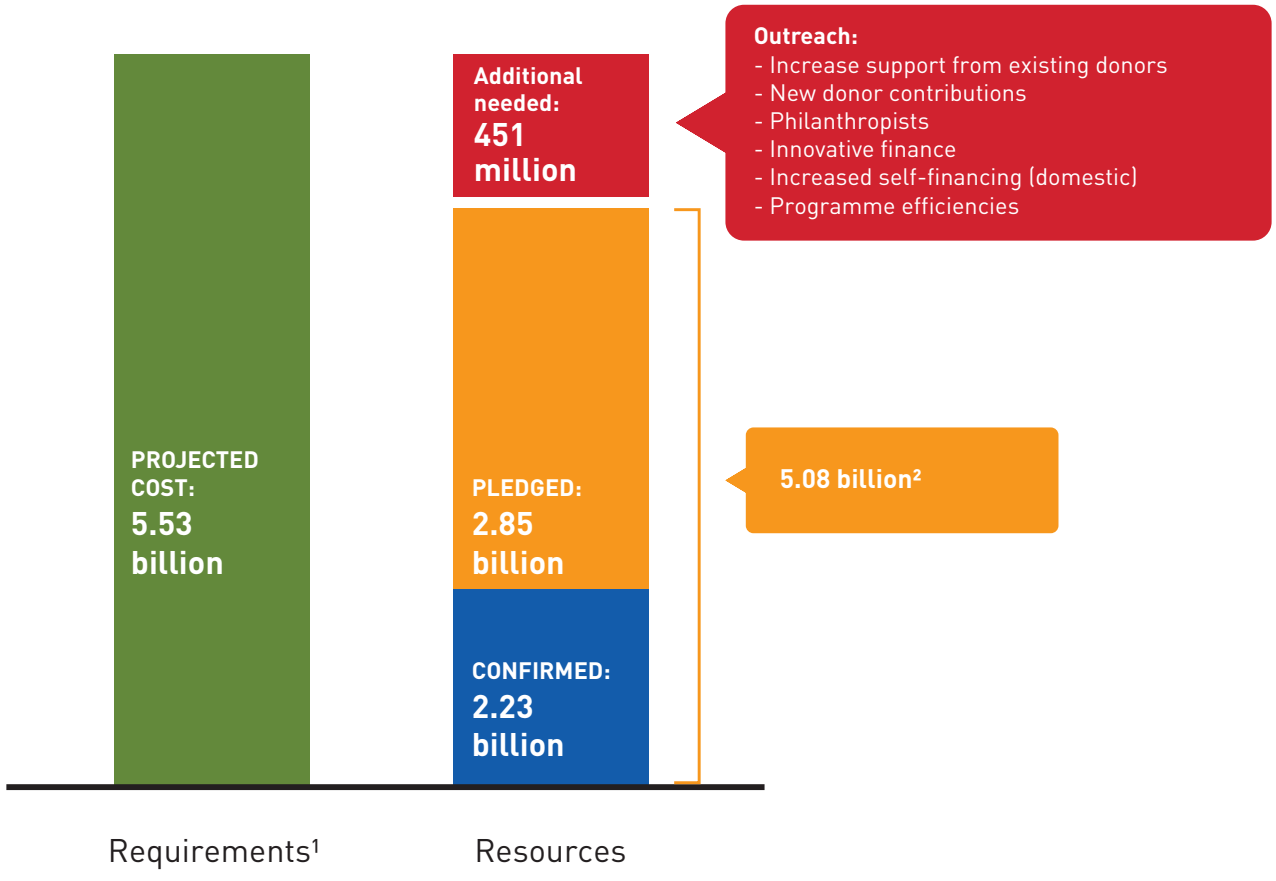
	Committed funding at the April 2013 Global Vaccine Summit	Confirmed funding against the GPEI FRRs, as of 1 December 2014
G8 & European Commission		
Canada	243.53	102.72
European Commission	6.50	13.96
Germany	151.70	53.96
Japan	9.70	21.24
United Kingdom	457.00	297.64
USA	90.60	226.05
Non-G8 OECD Countries		
Australia[1]	34.55	34.55
Finland	0.53	0.53
Ireland	6.50	6.63
Luxembourg	0.70	1.40
Norway	252.45	182.05
Other Donor Countries		
Brunei Darussalam	0.05	0.05
Isle of Man	0.14	0.05
Liechtenstein	0.02	0.02
Monaco	0.35	0.58
Saudi Arabia	15.00	15.00
Private Sector/Non-Governmental Donors		
Al Ansari Exchange	1.00	1.00
Abu Dhabi-Crown Prince	120.00	24.00
Bill & Melinda Gates Foundation	1 800.00	411.65
Korean Foundation for International Healthcare/Community Chest of Korea	1.00	2.00
Private Philanthropists/High Net Worth Individuals	335.00	78.30
Rotary International[2]	76.81	160.00
UN Foundation	0.75	0.07
Multilateral Sector		
GAVI/IFFIm	24.00	36.92
Islamic Development Bank/Government of Pakistan	227.00	137.28
UNICEF	64.50	40.75

World Bank (Grant to Afghanistan)	10.00	10.00
World Bank Investment Partnership, Bank Portion	50.00	50.00
World Health Organization	4.27	10.40
Domestic Resources		
Angola	7.30	$6.54
Bangladesh	10.00	10.00
Nepal	0.90	0.67
Nigeria	40.00	59.30
TOTAL	**4 041.85**	**1 995.31**

[1] In June 2014, Prime Minister Tony Abbott reaffirmed the pledge of US$ 80 million towards the Plan.
[2] Funds for 2013 under the US$ 355 million challenge grant from the Bill & Melinda Gates Foundation to Rotary International are reflected in the Rotary International contribution lines, although the contribution is only counted once in the GPEI totals. In 2013, Rotary pledged up to US$ 175 million for 2013–2018, which will be matched 2:1 by the Bill & Melinda Gates Foundation. Contributions from both under this match scheme will be reflected as and when funds are confirmed. Rotary's contributions to the GPEI are through the Rotary Foundation.

As of 1 December 2014, with the inclusion of all confirmed and pledged funding, the overall best-case funding gap for 2013–2018 is US$ 451 million **(Figure 3)**. The pledged funding represents donor commitments for which no signed agreement or cash payments have been received. The confirmed funding constitutes funds that have been received and are available for programme use.

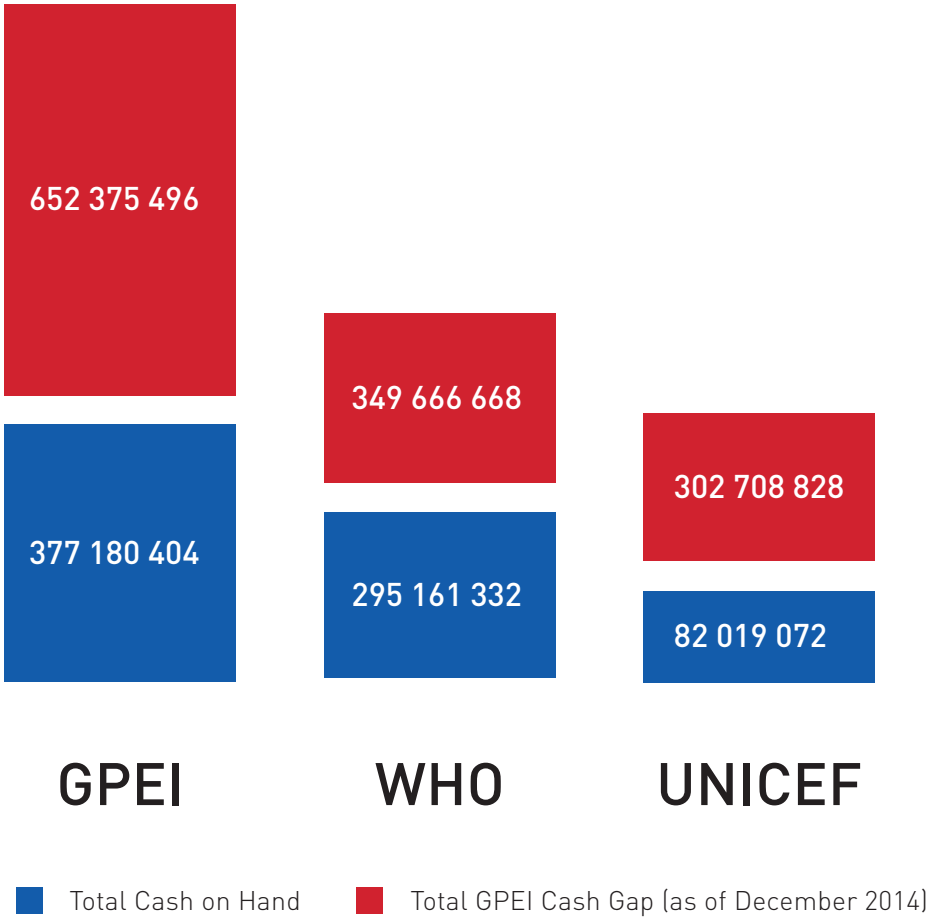
FIGURE 3
MEETING THE PLAN'S FUNDING REQUIREMENTS, 2013–2018
(All figures in US$)



[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 Vaccine Summit as well as pledges made since the Vaccine Summit.

As of November 2014, while all needed funds for 2014 had been received, a significant cash gap existed for 2015. This means that while sufficient pledges were in place to meet all funding needs in 2015, only 377 million out of the total operational budget of US$ 1 189 million was available to the implementing partners (WHO and UNICEF) to conduct activities and ensure the continuity of the programme. **Figure 4** provides an overview of available funds or cash on hand for 2015.

FIGURE 4
CASH ON HAND AND CASH GAP, 2015 (All figures in US$ millions)

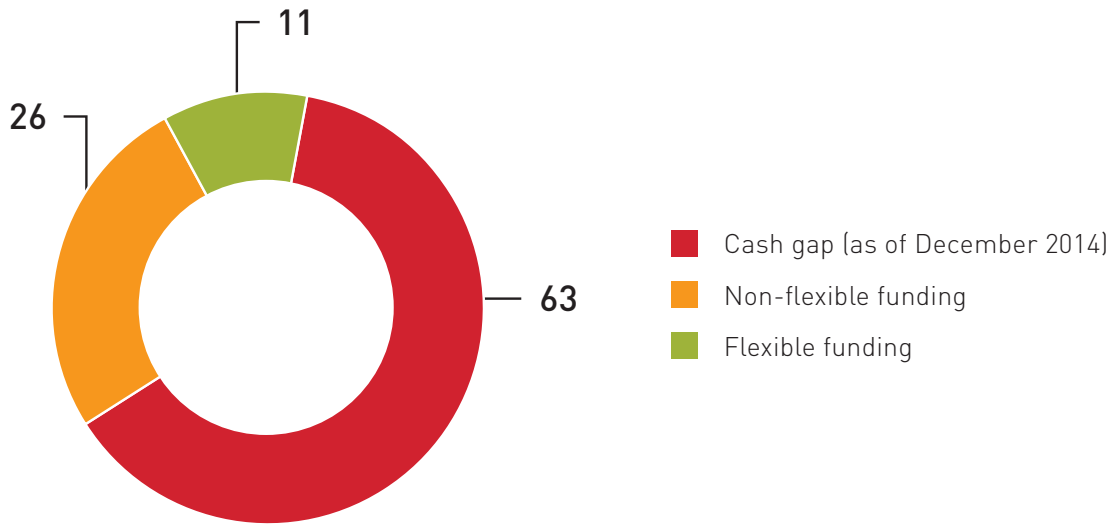


Delays in the operationalization of pledges can lead to significant cash flow problems and the postponement or cancellation of activities. The WHO Executive Board identified this in January 2015 as one of the major risks to the programme.

The majority of contributions from donors to the GPEI are specified, usually by geographical area or activity, and often both. This presents a significant challenge to programme planning, as the donors' allocation of resources may not be known in advance or arrive in time to implement programme activities. It restricts the programme's capacity to react swiftly to programmatic changes. The high earmarking of contributions also means that the cash gap is unevenly spread across the programme, with critical funding gaps in particular budget lines or countries. **Figure 5a** shows the percentage of flexible funding and **Figure 5b** where those funds were allocated.

Figure 5a presents the 2015 GPEI budget allocations by funding type. The availability of cash and the flexibility of these funds allows the GPEI to react more quickly to changes in programmatic requirements and activities.

FIGURE 5A
TOTAL GPEI BUDGET ALLOCATION BY FUNDING TYPE, 2015 (WITH PSC[1])
(All figures in percentages)

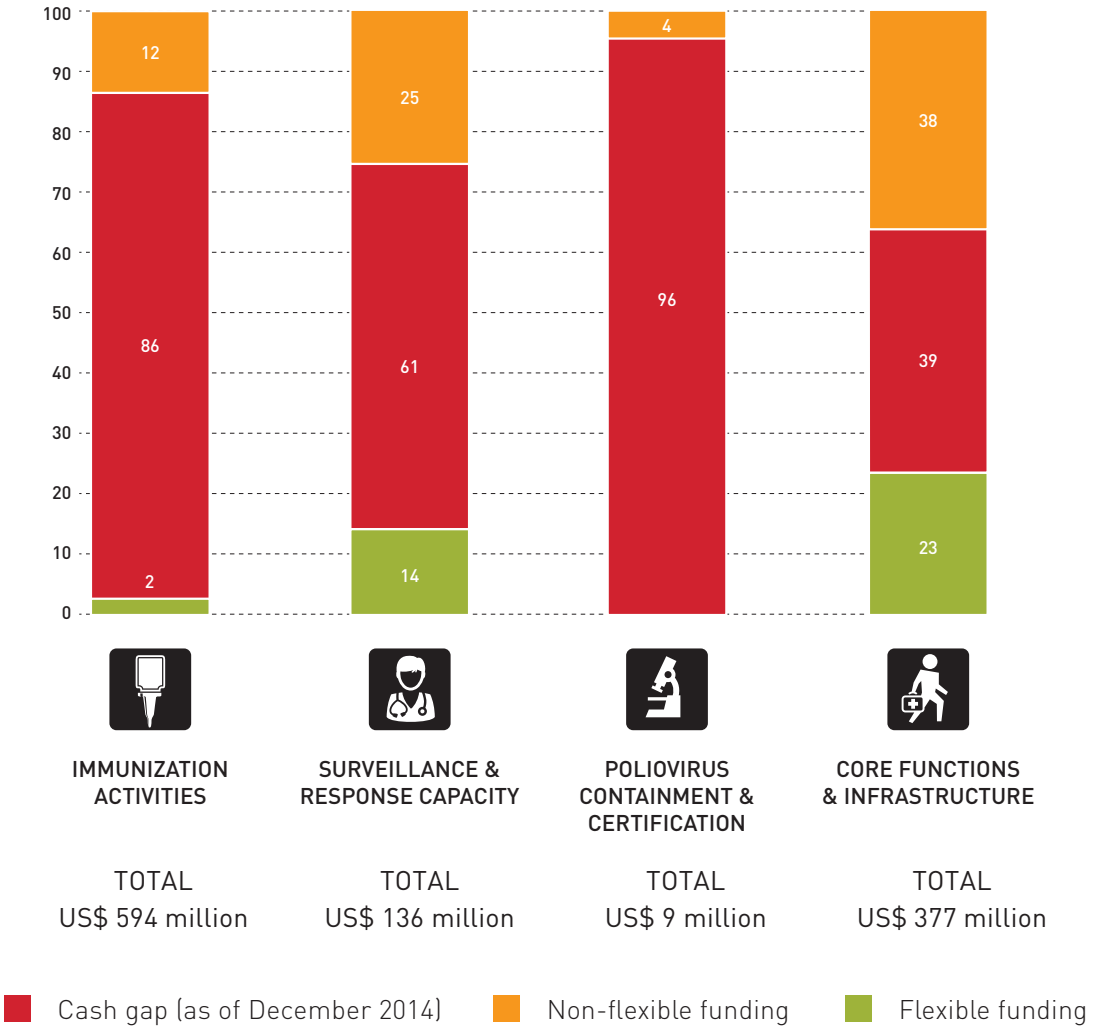


Total 2015 budget allocation:
US$ 1.19 billion

[1] Programme Support Cost

Figure 5b provides information on the allocation of funding types against the specific budget categories. This detail demonstrates the 2015 situation regarding the use of earmarked funding, flexible funding and the remaining cash gap.

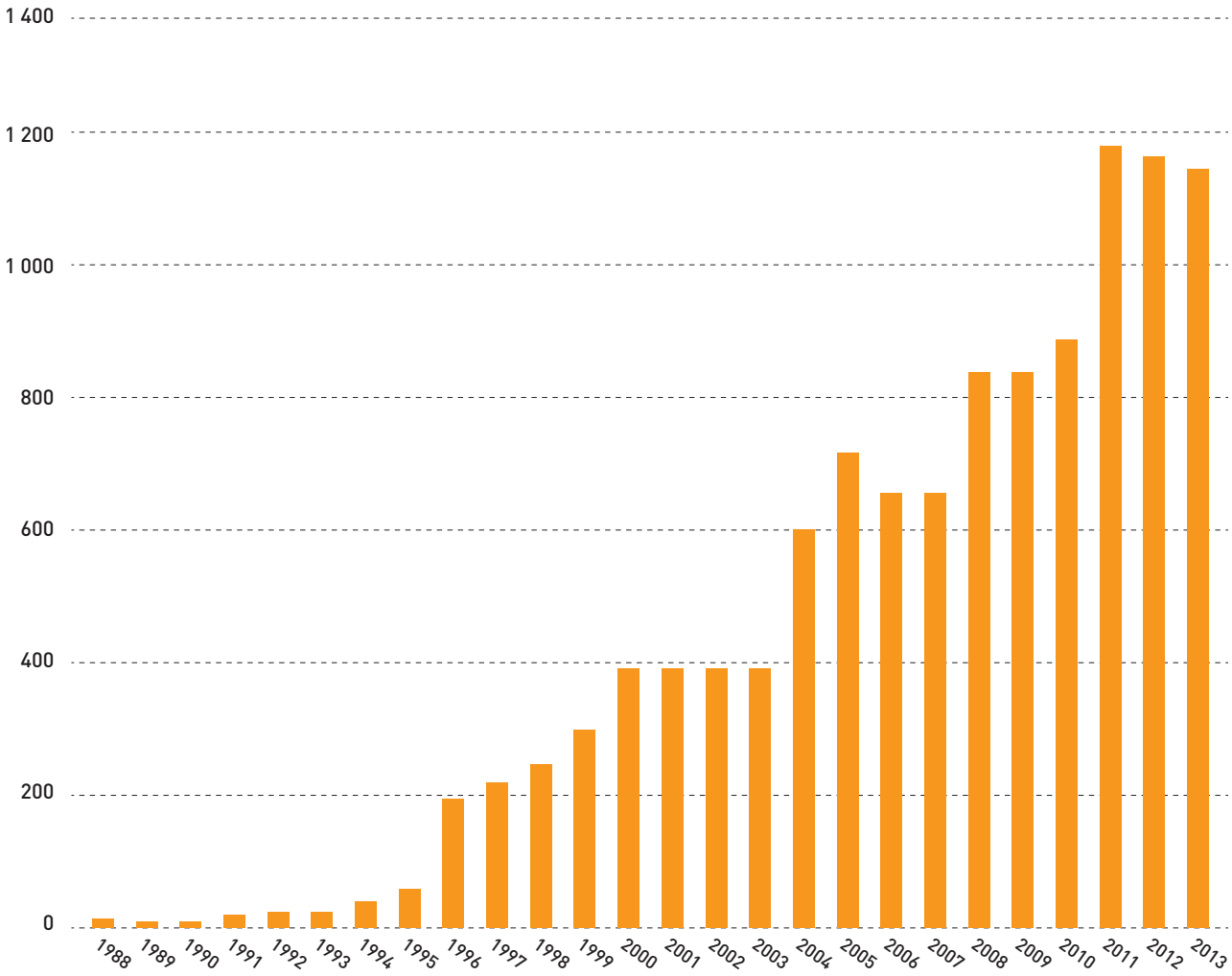
FIGURE 5B
BUDGET CATEGORY ALLOCATIONS BY FUNDING TYPE, 2015 (WITHOUT PSC)
(All figures in percentages)



Since the 1988 WHA resolution to eradicate polio, 77 public- and private-sector donors have contributed over US$ 11 billion to the GPEI **(Figure 6)**.

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.

FIGURE 6
ANNUAL CONTRIBUTIONS TO THE GPEI, 1988–2013 (All figures in US$ millions)



4. POLIO-ENDEMIC COUNTRIES: 2015–2017 FUNDING REQUIREMENTS

At the end of 2014, three countries remained endemic for WPV transmission – Afghanistan, Nigeria, and Pakistan. In these 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 unique operational challenges.

The estimated total cost for the three endemic countries is approximately US$ 2.48 billion. Endemic countries represent 45% of the US$ 5.5 billion budget **(Figure 7)**. The visuals in **Figure 8** provide a breakdown of costs associated with SIAs, surveillance and technical assistance in the remaining endemic countries for 2015–2017.

FIGURE 7
COMPARISON OF THE PLAN'S ESTIMATED COSTS, ENDEMIC COUNTRIES VS ALL OTHER COSTS, INCLUDING INDIRECT COSTS, 2013–2018
(All figures in US$ billions)

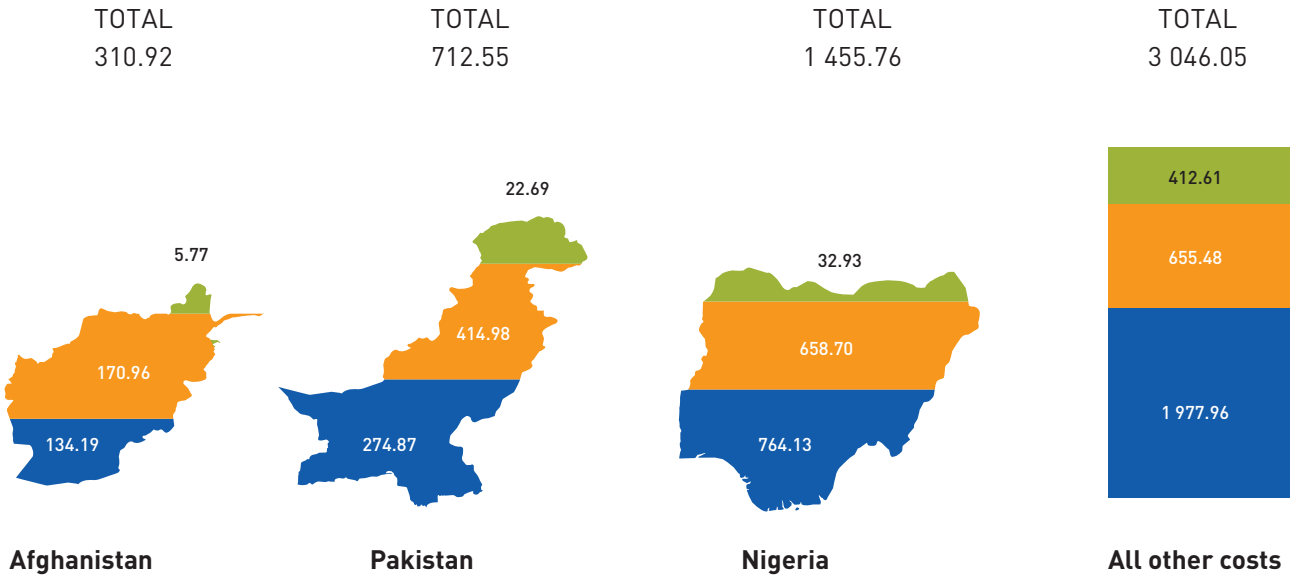
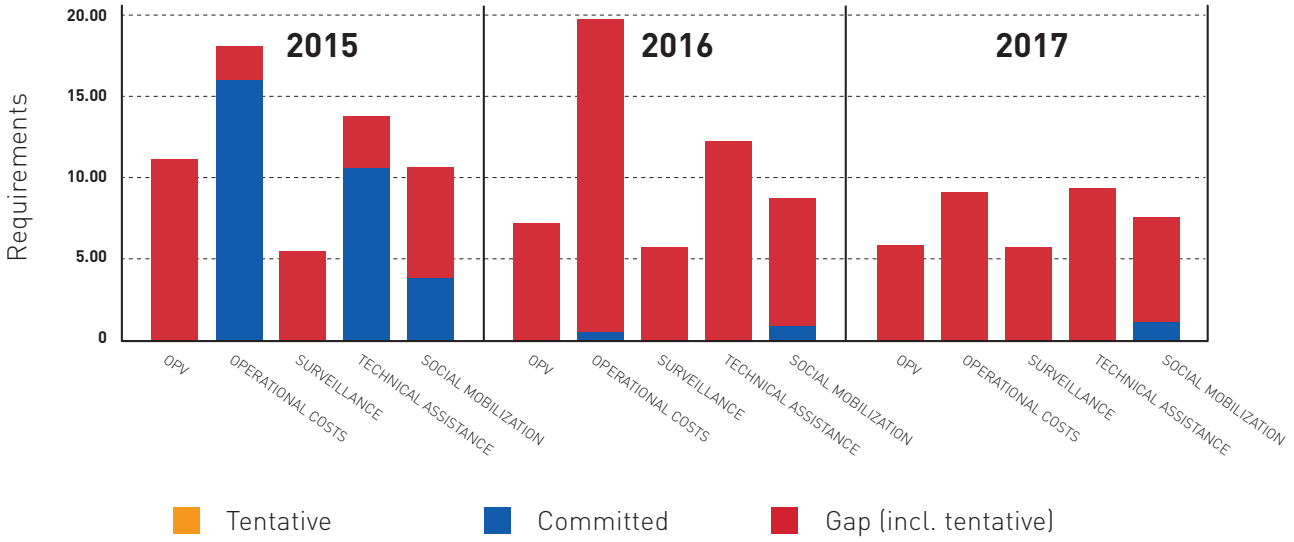
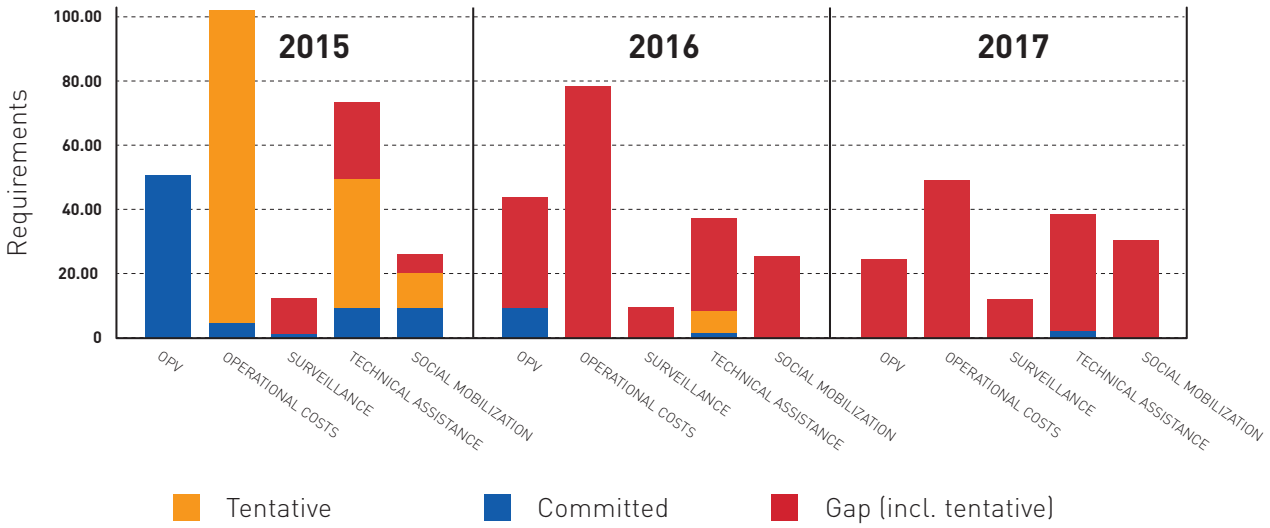


FIGURE 8
REQUIREMENTS AND FUNDING GAP FOR ENDEMIC COUNTRIES, 2015-2017 (All figures in US$ millions)

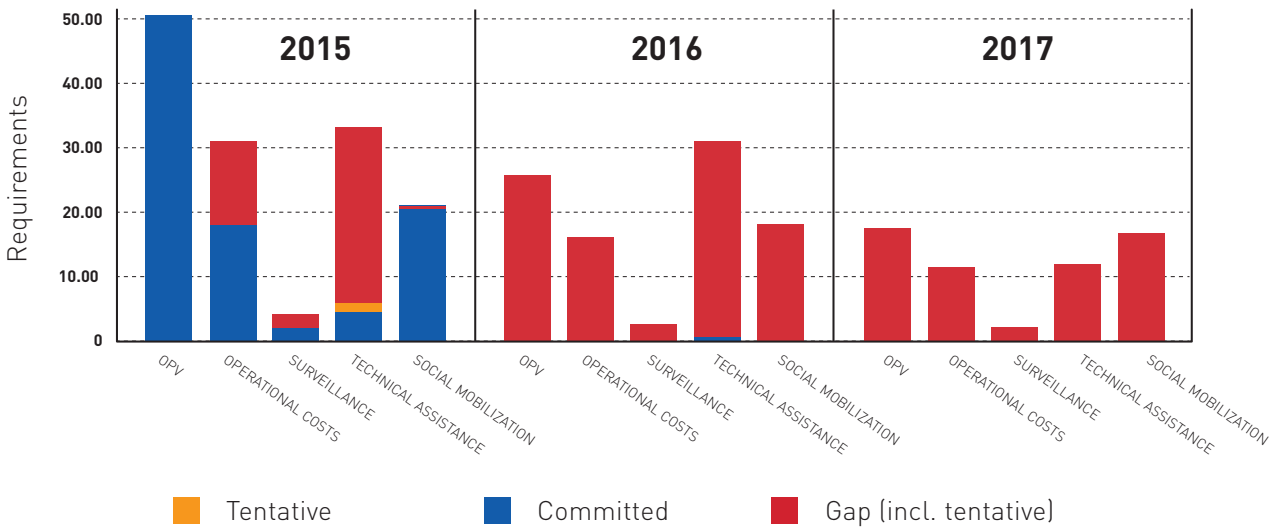
AFGHANISTAN REQUIREMENTS & FUNDING GAP



NIGERIA REQUIREMENTS & FUNDING GAP



PAKISTAN REQUIREMENTS & FUNDING GAP



ENDEMIC COUNTRY REQUIREMENT AND GAP DETAILS, 2015-2017

AFGHANISTAN (All figures in US$ millions, excluding indirect costs)

		2015	2016	2017	2015-2017
	National Immunization Days (NIDs)	**4**	**3**	**3**	**10**
	Subnational Immunization Days (SNIDs)	**5**	**1**	**0**	**6**
	Mop-ups	**1**	**1**	**0**	**2**
	Short Interval Additional Dose (SIAD)	**0**	**0**	**0**	**0**
	Cross-border and Transit	**Year-round**	**Year-round**	**Year-round**	**Year-round**
	Permanent Polio Teams (PPTs)	**4**	**4**	**0**	**8**
ORAL POLIO VACCINE	**REQUIREMENTS**	**11.43**	**7.03**	**5.46**	**23.92**
	COMMITTED FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	TENTATIVE FUNDING*	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**11.43**	**7.03**	**5.46**	**23.92**
	FUNDING GAP (inclusive of tentative funding)	**11.43**	**7.03**	**5.46**	**23.92**
OPERATIONAL COSTS**	**REQUIREMENTS**	**18.73**	**19.66**	**8.58**	**46.97**
	Operational Costs (WHO)	18.13	19.01	7.89	45.03
	Operational Costs (UNICEF)	0.60	0.65	0.69	1.94
	COMMITTED FUNDING	**16.25**	**0.65**	**0.00**	**16.90**
	DFATD (CIDA-UNICEF)	0.60	0.65	0.00	1.25
	DFATD (CIDA-WHO)	4.64	0.00	0.00	4.64
	KfW-Germany (WHO)	7.00	0.00	0.00	7.00
	Rotary International (WHO)	4.01	0.00	0.00	4.01
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**2.48**	**19.01**	**8.58**	**30.07**
	WHO	2.48	19.01	7.89	45.03
	UNICEF	0.00	0.00	0.69	0.69
	FUNDING GAP (inclusive of tentative funding)	**2.48**	**19.01**	**8.58**	**30.07**
	WHO	2.48	19.01	7.89	38.03
	UNICEF	0.00	0.00	0.69	0.69
WHO SURVEILLANCE	**REQUIREMENTS**	**5.41**	**5.41**	**5.41**	**16.23**
	Surveillance (WHO)	3.13	3.13	3.13	9.39
	Security (WHO)	2.28	2.28	2.28	6.84
	Security (UNICEF)	0.00	0.00	0.00	0.00
	COMMITTED FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**5.41**	**5.41**	**5.41**	**16.23**
	WHO	5.41	5.41	5.41	16.23
	FUNDING GAP (inclusive of tentative funding)	**5.41**	**5.41**	**5.41**	**16.23**
	WHO	5.41	5.41	5.41	16.23

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

TECHNICAL ASSISTANCE	**REQUIREMENTS**	**14.49**	**12.62**	**9.01**	**36.12**
	Technical Assistance (WHO)	4.51	4.51	4.51	13.53
	Surge Capacity (WHO)	5.40	3.30	0.00	8.70
	Technical Assistance (UNICEF)	4.58	4.81	4.50	13.89
	COMMITTED FUNDING	**11.33**	**0.00**	**0.00**	**11.33**
	DFATD (CIDA-WHO)	2.01	0.00	0.00	2.01
	Rotary International (WHO)	1.30	0.00	0.00	1.30
	KfW-Germany (WHO)	6.60	0.00	0.00	6.60
	DFATD (CIDA-UNICEF)	0.49	0.00	0.00	0.49
	Rotary International (UNICEF)	0.93	0.00	0.00	0.93
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**3.16**	**12.62**	**9.01**	**24.79**
	WHO	0.00	7.81	4.51	12.32
	UNICEF	3.16	4.81	4.50	12.47
	FUNDING GAP (inclusive of tentative funding)	**3.16**	**12.62**	**9.01**	**24.79**
	WHO	0.00	7.81	4.51	12.32
	UNICEF	3.16	4.81	4.50	12.47
UNICEF SOCIAL MOBILIZATION	**REQUIREMENTS**	**11.33**	**8.91**	**7.78**	**28.02**
	COMMITTED FUNDING	**4.30**	**2.35**	**2.35**	**9.00**
	DFATD (CIDA)	2.40	2.35	2.35	7.10
	Rotary International (UNICEF)	1.90	0.00	0.00	1.90
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**7.03**	**6.56**	**5.43**	**19.02**
	FUNDING GAP (inclusive of tentative funding)	**7.03**	**6.56**	**5.43**	**19.02**
SUMMARY	**TOTAL REQUIREMENTS**	**61.39**	**53.63**	**36.24**	**151.26**
	WHO	33.45	32.23	17.81	83.49
	UNICEF	27.94	21.40	18.43	67.77
	TOTAL FUNDING GAP (exclusive of tentative funding)	**29.51**	**50.63**	**33.89**	**114.03**
	WHO	7.89	32.23	17.81	57.93
	UNICEF	21.62	18.40	16.08	56.10
	TOTAL FUNDING GAP (inclusive of tentative funding)	**29.51**	**50.63**	**33.89**	**114.03**
	WHO	7.89	32.23	17.81	57.93
	UNICEF	21.62	18.40	16.08	56.10

NIGERIA (All figures in US$ millions, excluding indirect costs)

		2015	2016*	2017	2015-2017
	National Immunization Days (NIDs)	**2**	**2**	**2**	**6**
	Subnational Immunization Days (SNIDs)	**6**	**4**	**1**	**11**
	Special Revaccination Campaigns in Selected Local Government Areas[1]	**0**	**1**	**0**	**1**
	Provision for Outbreak Response (Mop-ups)[1]	**Yes**	**No**	**No**	
ORAL POLIO VACCINE	**REQUIREMENTS**	**55.89**	**43.00**	**24.90**	**123.79**
	COMMITTED FUNDING	**55.89**	**14.39**	**0.00**	**70.28**
	Government of Japan to Federal Government of Nigeria (UNICEF)	55.89	14.39	0.00	70.28
	TENTATIVE FUNDING**	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**0.00**	**28.61**	**24.90**	**53.51**
	FUNDING GAP (inclusive of tentative funding)	**0.00**	**28.61**	**24.90**	**53.51**
OPERATIONAL COSTS, INCLUDING ENGAGEMENT OF TRADITIONAL LEADERS	**REQUIREMENTS**	**101.89**	**78.80**	**51.77**	**232.46**
	Operational Costs (WHO)[2]	75.90	59.70	38.77	174.37
	Operational Costs (UNICEF, including campaign-related social mobilization)	25.99	19.10	13.00	58.09
	COMMITTED FUNDING	**5.32**	**0.00**	**0.00**	**5.32**
	Rotary International (UNICEF)	2.94	0.00	0.00	2.94
	KfW-Germany (UNICEF)	2.38	0.00	0.00	2.38
	TENTATIVE FUNDING	**96.57**	**0.00**	**0.00**	**96.57**
	Rotary International (WHO)	3.57	0.00	0.00	3.57
	BMGF (WHO) - outbreak response	5.24	0.00	0.00	5.24
	Federal Government of Nigeria (WHO)	67.09	0.00	0.00	67.09
	Rotary International (UNICEF)	4.45	0.00	0.00	4.45
	Federal Government of Nigeria (UNICEF)	16.22	0.00	0.00	16.22
	FUNDING GAP (exclusive of tentative funding)	**96.57**	**78.80**	**51.77**	**227.14**
	WHO	75.90	59.70	38.77	174.37
	UNICEF	20.67	19.10	13.00	52.77
	FUNDING GAP (inclusive of tentative funding)	**0.00**	**78.80**	**51.77**	**130.57**
	WHO	0.00	59.70	38.77	98.47
	UNICEF	0.00	19.10	13.00	32.10
WHO SURVEILLANCE	**REQUIREMENTS**	**16.32**	**14.72**	**14.72**	**45.76**
	Surveillance	15.29	14.72	14.72	44.73
	Security (WHO)	1.03	0.00	0.00	1.03
	COMMITTED FUNDING	**0.68**	**0.00**	**0.00**	**0.68**
	DFATD-Canada (WHO)	0.68	0.00	0.00	0.68
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**15.64**	**14.72**	**14.72**	**45.08**
	FUNDING GAP (inclusive of tentative funding)	**15.64**	**14.72**	**14.72**	**45.08**
TECHNICAL ASSISTANCE	**REQUIREMENTS**	**74.84**	**39.50**	**39.47**	**153.81**
	Technical Assistance (WHO)	39.28	28.57	28.57	96.42
	Surge Capacity (WHO)	24.98	0.00	0.00	24.98
	Technical Assistance (UNICEF)	10.58	10.93	10.90	32.41
	COMMITTED FUNDING	**9.77**	**2.86**	**3.00**	**15.63**
	BMGF - Surge (WHO) carried over from 2014	4.86	0.00	0.00	4.86
	BMGF (UNICEF)	1.16	0.00	0.00	1.16
	Rotary International (UNICEF)	0.99	0.00	0.00	0.99
	UNICEF Regular Resources	2.76	2.86	3.00	8.62
	TENTATIVE FUNDING	**42.73**	**10.00**	**0.00**	**52.73**
	KfW-Germany (WHO)	8.63	0.00	0.00	8.63
	BMGF (WHO) - flexible-ops	8.96	10.00	0.00	18.96
	BMGF (WHO) - flexible outbreak response	2.10	0.00	0.00	2.10
	BMGF (WHO) - surge capacity	20.12	0.00	0.00	20.12
	Rotary International (UNICEF)	0.88	0.00	0.00	0.88
	BMGF (UNICEF)	1.51	0.00	0.00	1.51
	CDC (UNICEF)	0.53	0.00	0.00	0.53
	FUNDING GAP (exclusive of tentative funding)	**65.07**	**36.64**	**36.47**	**138.18**
	WHO	59.40	28.57	28.57	116.54
	UNICEF	5.67	8.07	7.90	21.64
	FUNDING GAP (inclusive of tentative funding)	**22.34**	**26.64**	**36.47**	**85.45**
	WHO	19.59	18.57	28.57	66.73
	UNICEF	2.75	8.07	7.90	18.72

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SPECIAL POLIO IMMUNIZATION ACTIVITIES IN SECURITY CHALLENGED AREAS AND ROUTINE IMMUNIZATION INTENSIFICATION	**REQUIREMENTS**	**12.52**	**7.96**	**0.00**	**20.48**
	WHO	6.51	3.25	0.00	9.76
	UNICEF	6.01	4.71	0.00	10.72
	COMMITTED FUNDING	**9.48**	**0.00**	**0.00**	**9.48**
	BMGF (WHO) - special intervention in security challenged areas	3.55	0.00	0.00	3.55
	KfW (WHO) - special intervention in security challenged areas	2.96	0.00	0.00	2.96
	KfW (UNICEF) - special intervention in security challenged areas	2.97	0.00	0.00	2.97
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**3.04**	**7.96**	**0.00**	**11.00**
	WHO	0.00	3.25	0.00	3.25
	UNICEF	3.04	4.71	0.00	7.75
	FUNDING GAP (inclusive of tentative funding)	**3.04**	**7.96**	**0.00**	**11.00**
	WHO	0.00	3.25	0.00	3.25
	UNICEF	3.04	4.71	0.00	7.75
UNICEF SOCIAL MOBILIZATION, EXCLUDING SIA SOCIAL MOBILIZATION	**REQUIREMENTS**	**26.56**	**26.82**	**26.82**	**80.20**
	COMMITTED FUNDING	**9.81**	**0.00**	**0.00**	**9.81**
	BMGF (UNICEF)	9.04	0.00	0.00	9.04
	KfW (UNICEF)	0.77	0.00	0.00	0.77
	TENTATIVE FUNDING	**10.00**	**0.00**	**0.00**	**10.00**
	BMGF (UNICEF)	10.00	0.00	0.00	10.00
	FUNDING GAP (exclusive of tentative funding)	**16.75**	**26.82**	**26.82**	**70.39**
	FUNDING GAP (inclusive of tentative funding)	**6.75**	**26.82**	**26.82**	**60.39**
SUMMARY	**TOTAL REQUIREMENTS**	**288.02**	**210.80**	**157.68**	**656.50**
	WHO	162.99	106.24	82.06	351.29
	UNICEF	125.03	104.56	75.62	305.21
	FUNDING GAP (exclusive of tentative funding)	**197.07**	**193.55**	**154.68**	**545.30**
	WHO	150.94	106.24	82.06	339.24
	UNICEF	46.13	87.31	75.62	206.06
	FUNDING GAP (inclusive of tentative funding)	**47.77**	**183.55**	**154.68**	**386.00**
	WHO	35.23	96.24	82.06	213.53
	UNICEF	12.54	87.31	72.62	172.47

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* 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.

Notes:
1) For outbreak response, it is assumed that the three non-endemic states in Nigeria may experience one outbreak per semester. For 2014 and 2015, two rounds of revaccination activities in poor-performing areas in high-risk states are planned.
2) Operational costs under WHO (for 2013/2014) and UNICEF (for 2014/2015) include traditional leaders' engagement.

INTRODUCTION OF IPV	**FRR ENABLING ACTIVITIES**				
	REQUIREMENTS (UNICEF)	**0.00**	**0.00**	**0.00**	**0.00**
	COMMITTED FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (inclusive of tentative funding)	**0.00**	**0.00**	**0.00**	**0.00**
OTHER IN-BETWEEN IPD ACTIVITIES	**REQUIREMENTS**	**27.07**	**3.89**	**0.00**	**30.96**
	RI Intensification (UNICEF)	3.00	1.00	0.00	4.00
	Engagement of traditional leaders, non-campaign related (UNICEF)	0.39	0.39	0.00	0.78
	Reaching underserved/isolated communities in high-risk states (UNICEF)	11.91	0.00	0.00	11.91
	Reaching underserved/isolated communities in high-risk states (WHO)	6.33	0.00	0.00	6.33
	RI Intensification (WHO)	5.44	2.50	0.00	7.94
	COMMITTED FUNDING	**1.15**	**0.00**	**0.00**	**1.15**
	BMGF, hard-to-reach community project (UNICEF)	0.63	0.00	0.00	0.63
	BMGF (UNICEF)	0.52	0.00	0.00	0.52
	TENTATIVE FUNDING	**23.68**	**0.00**	**0.00**	**23.68**
	BMGF, hard-to-reach community project (WHO)	6.33	0.00	0.00	6.33
	BMGF, RI Intensification (WHO)	5.44	0.00	0.00	5.44
	BMGF, hard-to-reach community project (UNICEF)	3.91	0.00	0.00	3.91
	DFATD, hard-to-reach community project (UNICEF)	8.00	0.00	0.00	8.00
	FUNDING GAP (exclusive of tentative funding)	**25.92**	**3.89**	**0.00**	**29.81**
	WHO	11.77	2.50	0.00	14.27
	UNICEF	14.15	1.39	0.00	15.54
	FUNDING GAP (inclusive of tentative funding)	**2.24**	**3.89**	**0.00**	**6.13**
	WHO	0.00	2.50	0.00	2.50
	UNICEF	2.24	1.39	0.00	3.63
SUMMARY	**TOTAL FRR ENABLING REQUIREMENTS**	**27.07**	**3.89**	**0.00**	**30.96**
	WHO	5.44	2.50	0.00	7.94
	UNICEF	21.63	1.39	0.00	23.02
	FUNDING GAP (exclusive of tentative funding)	**25.92**	**3.89**	**0.00**	**29.81**
	WHO	11.77	2.50	0.00	14.27
	UNICEF	14.15	1.39	0.00	15.54
	FUNDING GAP (inclusive of tentative funding)	**2.24**	**3.89**	**0.00**	**6.13**
	WHO	0.00	2.50	0.00	2.50
	UNICEF	2.24	1.39	0.00	3.63
TOTAL ACTIVITIES NIGERIA	**TOTAL REQUIREMENTS**	**315.09**	**214.69**	**157.68**	**687.46**
	WHO	168.43	108.74	82.06	359.23
	UNICEF	146.66	105.95	75.62	328.23
	FUNDING GAP (exclusive of tentative funding)	**222.99**	**197.44**	**154.68**	**575.11**
	WHO	162.71	108.74	82.06	353.51
	UNICEF	60.28	88.70	72.62	221.60
	FUNDING GAP (inclusive of tentative funding)	**50.01**	**187.44**	**154.68**	**392.13**
	WHO	35.23	98.74	82.06	216.03
	UNICEF	14.78	88.70	72.62	176.10

PAKISTAN (All figures in US$ millions, excluding indirect costs)

		2015	2016	2017	2015-2017
	National Immunization Days (NIDs)	**5**	**3**	**2**	**10**
	Subnational Immunization Days (SNIDs)	**3**	**3**	**2**	**8**
	Short Interval Additional Dose (SIAD)	**7**	**0**	**0**	**7**
	Case Response (Mop-ups)	**0**	**0**	**0**	**0**
ORAL POLIO VACCINE	**REQUIREMENTS**	**50.35**	**27.43**	**18.72**	**96.50**
	COMMITTED FUNDING	**50.35**	**0.00**	**0.00**	**50.35**
	CDC	7.45	0.00	0.00	7.45
	Government of Pakistan - IDB (UNICEF)	40.68	0.00	0.00	40.68
	Government of Japan	2.22	0.00	0.00	2.22
	TENTATIVE FUNDING*	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**0.00**	**27.43**	**18.72**	**46.15**
	FUNDING GAP (inclusive of tentative funding)	**0.00**	**27.43**	**18.72**	**46.15**
OPERATIONAL COSTS	**REQUIREMENTS**	**31.14**	**16.60**	**11.10**	**58.84**
	Operational Costs	31.14	16.60	11.10	58.84
	COMMITTED FUNDING	**18.25**	**0.00**	**0.00**	**18.25**
	Government of Pakistan - IDB (WHO)	18.25	0.00	0.00	18.25
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**12.89**	**16.60**	**11.10**	**40.59**
	FUNDING GAP (inclusive of tentative funding)	**12.89**	**16.60**	**11.10**	**40.59**
WHO SURVEILLANCE	**REQUIREMENTS**	**7.02**	**4.41**	**4.41**	**15.84**
	Surveillance	6.02	3.41	3.41	12.84
	Security (MOSS)	1.00	1.00	1.00	3.00
	COMMITTED FUNDING	**3.33**	**0.00**	**0.00**	**3.33**
	Government of Pakistan - IDB (WHO)	3.33	0.00	0.00	3.33
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**3.69**	**4.41**	**4.41**	**12.51**
	FUNDING GAP (inclusive of tentative funding)	**3.69**	**4.41**	**4.41**	**12.51**
TECHNICAL ASSISTANCE	**REQUIREMENTS**	**34.55**	**31.94**	**11.94**	**78.43**
	Technical Assistance (WHO)	7.05	6.44	6.44	19.93
	Technical Assistance (UNICEF)	5.54	5.50	5.50	16.54
	Surge Capacity (WHO)	14.46	20.00	0.00	34.46
	Surge Capacity (UNICEF)	7.50	0.00	0.00	7.50
	COMMITTED FUNDING	**6.82**	**0.28**	**0.00**	**7.10**
	Rotary International (WHO)	2.52	0.00	0.00	2.52
	BMGF (UNICEF)	4.00	0.28	0.00	4.28
	Rotary International (UNICEF)	0.30	0.00	0.00	0.30
	TENTATIVE FUNDING	**1.60**	**0.00**	**0.00**	**1.60**
	CDC (UNICEF)	0.60	0.00	0.00	0.60
	Rotary International (UNICEF)	1.00	0.00	0.00	1.00
	FUNDING GAP (exclusive of tentative funding)	**27.73**	**31.66**	**11.94**	**71.33**
	WHO	18.99	26.44	6.44	51.87
	UNICEF	8.74	5.22	5.50	19.46
	FUNDING GAP (inclusive of tentative funding)	**26.13**	**31.66**	**11.94**	**69.73**
	WHO	18.99	26.44	6.44	51.87
	UNICEF	7.14	5.22	5.50	17.86
UNICEF SOCIAL MOBILIZATION	**REQUIREMENTS**	**22.32**	**18.76**	**17.56**	**58.64**
	COMMITTED FUNDING	**21.84**	**0.00**	**0.00**	**21.84**
	BMGF	2.00	0.00	0.00	2.00
	Government of Pakistan - IDB (UNICEF)	19.16	0.00	0.00	19.16
	Canadian NATCOMM	0.05	0.00	0.00	0.05
	Rotary International	0.53	0.00	0.00	0.53
	Japan NATCOMM	0.02	0.00	0.00	0.02
	GAVI Alliance	0.08	0.00	0.00	0.08
	TENTATIVE FUNDING	**0.08**	**0.00**	**0.00**	**0.08**
	Japan NATCOMM	0.08	0.00	0.00	0.08
	FUNDING GAP (exclusive of tentative funding)	**0.48**	**18.76**	**17.56**	**36.80**
	FUNDING GAP (inclusive of tentative funding)	**0.40**	**18.76**	**17.56**	**36.72**

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

SUMMARY	**TOTAL REQUIREMENTS**	**145.38**	**99.14**	**63.73**	**308.25**
	WHO	59.67	47.45	21.95	129.07
	UNICEF	85.71	51.69	41.78	179.18
	FUNDING GAP (exclusive of tentative funding)	**44.79**	**98.86**	**63.73**	**207.38**
	WHO	35.57	47.45	21.95	104.97
	UNICEF	9.22	51.41	41.78	102.41
	FUNDING GAP (inclusive of tentative funding)	**43.11**	**98.86**	**63.73**	**205.70**
	WHO	35.57	47.45	21.95	104.97
	UNICEF	7.54	51.41	41.78	100.73

IPV (VACCINE & DEVICES)	**FRR ENABLING ACTIVITIES**				
	REQUIREMENTS	**0.00**	**6.50**	**6.50**	**13.00**
	COMMITTED FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	TENTATIVE FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	FUNDING GAP (exclusive of tentative funding)	**0.00**	**6.50**	**6.50**	**13.00**
	FUNDING GAP (inclusive of tentative funding)	**0.00**	**6.50**	**6.50**	**13.00**
UNICEF VACCINE MANAGEMENT	**REQUIREMENTS**	**1.18**	**1.18**	**1.18**	**3.54**
	COMMITTED FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	TENTATIVE FUNDING	**1.18**	**0.00**	**0.00**	**1.18**
	Government of Japan /JICA	1.18	0.00	0.00	1.18
	FUNDING GAP (exclusive of tentative funding)	**1.18**	**1.18**	**1.18**	**3.54**
	FUNDING GAP (inclusive of tentative funding)	**0.00**	**1.18**	**1.18**	**2.36**
POLIO PLUS INITIATIVE	**REQUIREMENTS**	**7.55**	**3.78**	**0.00**	**11.33**
	COMMITTED FUNDING	**0.00**	**0.00**	**0.00**	**0.00**
	TENTATIVE FUNDING	**7.55**	**3.78**	**0.00**	**11.33**
	CIDA	7.55	3.78	0.00	11.33
	FUNDING GAP (exclusive of tentative funding)	**7.55**	**3.78**	**0.00**	**11.33**
	FUNDING GAP (inclusive of tentative funding)	**0.00**	**0.00**	**0.00**	**0.00**
SUMMARY	**TOTAL FRR ENABLING REQUIREMENTS**	**8.73**	**11.46**	**7.68**	**27.87**
	WHO	0.00	0.00	0.00	0.00
	UNICEF	8.73	11.46	7.68	27.87
	FUNDING GAP (exclusive of tentative funding)	**8.73**	**11.46**	**7.68**	**27.87**
	WHO	0.00	0.00	0.00	0.00
	UNICEF	8.73	11.46	7.68	27.87
	FUNDING GAP (inclusive of tentative funding)	**0.00**	**7.68**	**7.68**	**15.36**
	WHO	0.00	0.00	0.00	0.00
	UNICEF	0.00	7.68	7.68	15.36
TOTAL ACTIVITIES PAKISTAN	**TOTAL REQUIREMENTS**	**154.11**	**110.60**	**71.41**	**336.12**
	WHO	59.67	47.45	21.95	129.07
	UNICEF	94.44	63.15	49.46	207.05
	FUNDING GAP (exclusive of tentative funding)	**53.52**	**110.32**	**71.41**	**235.25**
	WHO	35.57	47.45	21.95	104.97
	UNICEF	17.95	62.87	49.46	130.28
	FUNDING GAP (inclusive of tentative funding)	**43.11**	**106.54**	**71.41**	**221.06**
	WHO	35.57	47.45	21.95	104.97
	UNICEF	7.54	59.09	49.46	116.09

ANNEXES A-E: 2015 COST DETAILS

ANNEX A - EXTERNAL FUNDING REQUIREMENTS IN POLIO-ENDEMIC AND HIGHEST-RISK COUNTRIES, EXCLUDING PROGRAMME SUPPORT COSTS, 2015 (All figures in US$ millions)

	2015					
Country	**AFP Surveillance**	**Social Mobilization**	**Technical Assistance**	**OPV**	**Operational Costs**	**Total Costs 2015**
West/South Asia						
Afghanistan	5.41	11.33	14.49	11.43	18.73	61.39
Pakistan	7.02	22.32	34.55	50.35	31.14	145.38
India	6.80	9.92	18.41	0.00	7.80	42.93
Nepal	0.49	0.00	1.63	0.00	0.00	2.12
West/Central Africa						
Nigeria[1]	16.32	26.55	74.84	55.89	114.41	288.02
Chad	1.27	2.73	7.96	1.61	2.09	15.66
Cameroon	0.41	2.73	0.57	3.29	3.23	10.23
Niger	0.59	0.58	1.78	2.52	4.62	10.09
Mali	0.25	0.21	0.14	2.39	3.23	6.22
Burkina Faso	0.27	0.16	0.26	1.13	1.61	3.43
Benin	0.18	0.21	0.26	1.18	1.65	3.47
Guinea	0.18	0.15	0.09	1.07	1.51	2.99
Côte d'Ivoire	0.29	0.22	1.09	1.38	1.61	4.59
Central African Republic	0.47	0.71	0.63	0.44	0.76	3.01
Democratic Republic of the Congo	2.25	2.45	11.43	0.91	3.63	20.67
Angola	1.90	0.13	10.08	0.30	0.07	12.48
Liberia	0.23	0.22	0.49	0.34	0.91	2.19
Gabon	0.09	0.30	0.28	0.10	0.20	0.97
Equatorial Guinea	0.04	0.18	0.15	0.05	0.30	0.72
Congo	0.14	0.28	0.34	0.37	0.73	1.86
Sierra Leone	0.23	0.37	0.44	0.52	1.07	2.63
Senegal	0.32	0.16	0.16	0.46	0.46	1.56
Horn of Africa						
Somalia	2.42	5.06	7.35	1.87	6.09	22.79
Ethiopia	3.06	1.58	3.19	2.32	6.66	16.81
Kenya	0.44	0.90	1.87	1.21	4.23	8.65
South Sudan	1.27	1.14	4.43	0.99	4.12	11.94
Sudan	1.27	0.23	0.62	0.79	1.82	4.72
Uganda	0.40	0.10	0.80	0.64	1.08	3.02
Yemen	0.19	0.43	0.19	1.45	2.09	4.35
Middle East						
Syrian Arab Republic	0.05	0.30	0.00	0.30	1.88	2.53
Egypt	0.38	0.30	0.38	1.54	0.40	3.00
Jordan	0.22	0.03	1.60	0.04	0.11	2.00
Lebanon	0.41	0.30	0.00	0.08	0.67	1.46
Iraq	0.09	0.94	1.19	2.44	0.30	4.96
Turkey	0.05	0.13	0.00	0.33	0.00	0.51
Europe						
Tajikistan	0.03	0.00	0.00	0.22	0.39	0.64

[1]Nigeria: Operational costs include special polio immunization activities in security-challenged areas and routine immunization intensification.

ANNEX B - SUPPLEMENTARY IMMUNIZATION ACTIVITY SCHEDULE, 2015 (AS OF 07/11/2014)
(All activities are expressed in percentages)*

TRANSMISSION ZONE / COUNTRY	2015											
	JAN		FEB		MAR		APR	MAY	JUN			
West/South Asia												
Afghanistan	10		100		100		40	40				
Pakistan	100	28	100	28	100	28	50	50				
India (self-financing)	100		100				45		45			
Nepal												
Bangladesh												
West/Central Africa												
Nigeria	45				100		100	45	45			
Cameroon	100		100		50			50	100			
Equatorial Guinea	100		100					100				
Central African Republic			100		100			100				
Chad			100		100		50					
Niger			100		100		70					
Mali					100		100					
Burkina Faso					100							
Benin			100		100							
DR of the Congo					50							
Gabon					100			100				
Congo	100				100							
Liberia					100		100					
Sierra Leone					100		100					
Guinea					100		100					
Cote d'Ivoire					100							
Senegal					100							
Angola					50							
Horn of Africa												
Somalia	100		65		100		65	100				
Ethiopia			33		66		20					
Kenya			20		66							
South Sudan			100		100							
Sudan					65							
Uganda					50							
Yemen			50		100							
Middle East												
Syrian Arab Republic			100				100		100			
Iraq	50		100				100					
Egypt			33		33							
Jordan			20									
Lebanon			33				30					
Turkey			10				10					
Israel												
Europe												
Tajikistan					100							

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Countries with no poliovirus for more than 12 months

Countries with poliovirus within the last 6 months

Countries with poliovirus between 6 and 12 months

Categorization includes cVDPVs - Child Health Day
* Percentage of country coverage (100% = national activity; <100% = subnational activity/percentage of the country covered by the activity)

TRANSMISSION ZONE / COUNTRY	2015											
	JUL		AUG		SEP		OCT		NOV			DEC
West/South Asia												
Afghanistan	40		40		100		40		100			
Pakistan	50		28		100	28	28		100	28		
India (self-financing)										45		
Nepal												
Bangladesh												
West/Central Africa												
Nigeria	45				45					25	45	
Cameroon												
Equatorial Guinea												
Central African Republic												
Chad												
Niger												
Mali												
Burkina Faso												
Benin												
DR of the Congo												
Gabon												
Congo												
Liberia												
Sierra Leone												
Guinea												
Cote d'Ivoire												
Senegal												
Angola												
Horn of Africa												
Somalia												
Ethiopia												
Kenya												
South Sudan												
Sudan												
Uganda												
Yemen												
Middle East												
Syrian Arab Republic												
Iraq												
Egypt												
Jordan												
Lebanon												
Turkey												
Israel												
Europe												
Tajikistan												

Countries with no poliovirus for more than 12 months

Countries with poliovirus within the last 6 months

Countries with poliovirus between 6 and 12 months

Categorization includes cVDPVs - Child Health Day
* Percentage of country coverage (100% = national activity; <100% = subnational activity/percentage of the country covered by the activity)

ANNEX C – SOCIAL MOBILIZATION COSTS, 2015

Social mobilization and communication efforts are essential to ensure high levels of community demand for OPV, and to gain trust and acceptance in the most challenging areas. The activities can be broadly separated into two categories – ongoing and campaign-related.

Ongoing activities

Ongoing activities are those conducted continuously throughout the year in support of the polio eradication programme and the broader Expanded Programme on Immunization, to lay the foundation for campaign work, but also to promote RI and increase families' and communities' understanding and demand for vaccination beyond campaigns and OPV. Convergence activities (integration with other sectors) also fall under this category.

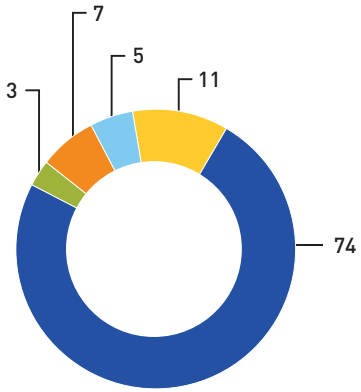
Campaign-related activities

Campaign-related activities are required to support the immediate implementation of a Subnational Immunization Day/National Immunization Day/ Short Interval Additional Dose/mop-up. 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 front-line workers, the printing of materials to announce campaign dates, the airing of campaign-specific radio or TV spots, specific trainings, operations and logistical costs.

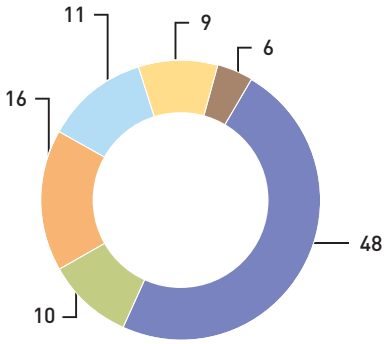
In the majority of countries, the campaign-related budget is larger than the ongoing activity budget. Exceptions are found in Angola, Chad, India, Nigeria and Pakistan, where the concentration is to a greater extent on the ongoing activities (see the figures below).

FIGURE C1
SOCIAL MOBILIZATION REQUIREMENTS BY CATEGORY (ONGOING AND CAMPAIGN-RELATED), 2015
(All figures in percentages)

ONGOING



CAMPAIGN-RELATED



ONGOING SOCIAL MOBILIZATION

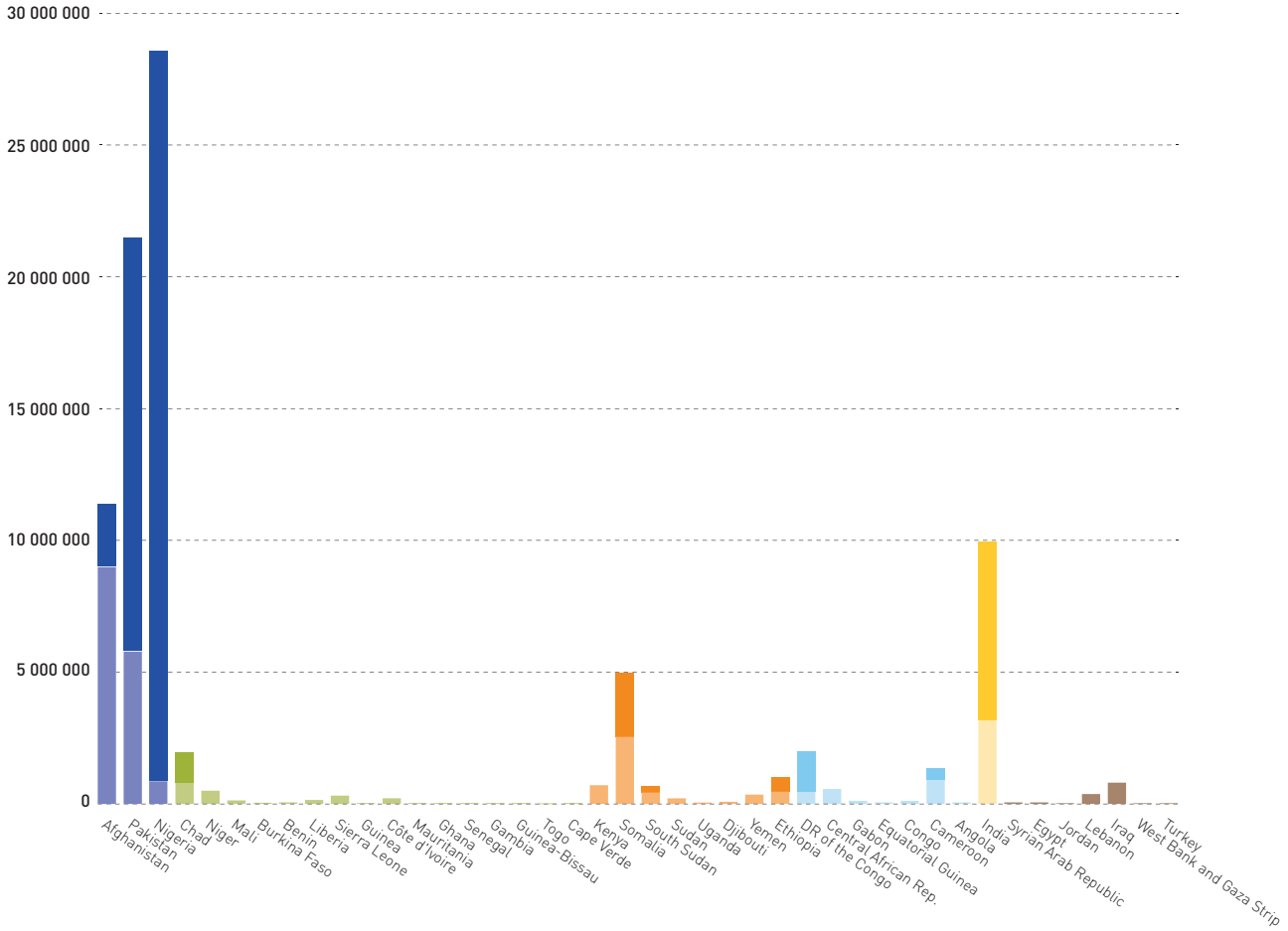
- Endemic
- West Africa
- Horn of Africa
- Central Africa
- South-East Asia
- Middle East

CAMPAIGN-RELATED SOCIAL MOBILIZATION

- Endemic
- West Africa
- Horn of Africa
- Central Africa
- South-East Asia
- Middle East

Ongoing social mobilization requirements do not reflect headquarter or regional office requirements and campaign-related requirements do not include Europe.

FIGURE C2
SOCIAL MOBILIZATION REQUIREMENTS BY COUNTRY AND CATEGORY (ONGOING AND CAMPAIGN-RELATED), 2015 (ALL FIGURES IN US$)



ONGOING SOCIAL MOBILIZATION

- Endemic
- West Africa
- Horn of Africa
- Central Africa
- South-East Asia
- Middle East

CAMPAIGN-RELATED SOCIAL MOBILIZATION

- Endemic
- West Africa
- Horn of Africa
- Central Africa
- South-East Asia
- Middle East

ANNEX D - LABORATORY, SURVEILLANCE (INCLUDING SECURITY) AND RUNNING COSTS BY COUNTRY AND REGION, EXCLUDING INDIRECT COSTS, 2015 (All figures in US$ millions)

WHO African Region	2015
Algeria	0.03
Angola	1.90
Benin	0.18
Botswana	0.09
Burkina Faso	0.27
Burundi	0.09
Cameroon	0.41
Cape Verde	0.04
Central African Republic	0.47
Chad	1.27
Comoros	0.04
Congo	0.14
Côte d'Ivoire	0.29
Democratic Republic of the Congo	2.25
Equatorial Guinea	0.04
Eritrea	0.14
Ethiopia	3.06
Gabon	0.09
Gambia	0.05
Ghana	0.36
Guinea	0.18
Guinea-Bissau	0.06
Kenya	0.44
Lesotho	0.05
Liberia	0.23
Madagascar	0.40
Malawi	0.18
Mali	0.25
Mauritania	0.18
Mauritius	0.02
Mozambique	0.27
Namibia	0.14
Niger	0.59
Nigeria	15.29
Rwanda	0.11
Sao Tome and Principe	0.01
Senegal	0.32
Seychelles	0.01
Sierra Leone	0.23
South Africa	0.27
South Sudan	1.27
Swaziland	0.07
Togo	0.14
Uganda	0.40
United Republic of Tanzania	0.41
Zambia	0.36
Zimbabwe	0.25
Regional surveillance and laboratory	5.44
Subtotal	**38.78**

WHO Region of the Americas	2015
Regional surveillance and laboratory	0.65

WHO Western Pacific Region	2015
Regional surveillance and laboratory	1.12

WHO/HQ Laboratory Global	2015
Laboratory	2.03

WHO Eastern Mediterranean Region	2015
Afghanistan	3.13
Djibouti	0.05
Egypt	0.38
Iran (Islamic Republic of)	0.03
Iraq	0.09
Jordan	0.22
Lebanon	0.41
Pakistan	6.02
Somalia	1.65
Sudan	1.27
Syrian Arab Republic	0.05
West Bank and Gaza Strip	0.05
Yemen	0.19
Regional surveillance and laboratory	1.55
Subtotal	**15.09**

WHO South-East Asia Region	2015
Bangladesh	1.06
India	6.80
Indonesia	0.79
Myanmar	0.42
Nepal	0.49
Regional surveillance and laboratory	5.15
Subtotal	**14.71**

WHO European Region	2015
Armenia	0.01
Azerbaijan	0.01
Bosnia and Herzegovina	0.01
Georgia	0.01
Kazakhstan	0.01
Kyrgyzstan	0.01
Republic of Moldova	0.02
Tajikistan	0.03
Turkey	0.05
Turkmenistan	0.02
Ukraine	0.05
Uzbekistan	0.03
Regional surveillance and laboratory	1.55
Subtotal	**1.80**

WHO/HQ Infrastructure Global	2015
WHO/HQ Infrastructure Global	0.52
Afghanistan	1.61
Pakistan	0.67
Somalia	0.44
Subtotal	**3.24**

WHO/HQ Security Global	2015
Security /HQ Global	1.87
Afghanistan	0.67
Nigeria	1.03
Pakistan	0.33
Somalia	0.33
Subtotal	**4.23**

Global	2015
Total	**81.65**

ANNEX E - TECHNICAL ASSISTANCE, INCLUDING SURGE CAPACITY BY COUNTRY AND REGION, EXCLUDING INDIRECT COSTS, 2015 (All figures in US$ millions)

WHO African Region	2015
Angola	7.77
Benin	0.26
Botswana	0.15
Burkina Faso	0.26
Burundi	0.12
Cameroon	0.57
Central African Republic	0.63
Chad	2.83
Congo	0.34
Côte d'Ivoire	1.09
Democratic Republic of the Congo	6.13
Equatorial Guinea	0.15
Eritrea	0.21
Ethiopia	2.05
Gabon	0.28
Gambia	0.07
Ghana	0.13
Guinea	0.09
Guinea-Bissau	0.14
Kenya	0.81
Lesotho	0.09
Liberia	0.49
Madagascar	0.10
Malawi	0.08
Mali	0.14
Mauritania	0.07
Mozambique	0.46
Namibia	0.25
Niger	1.25
Nigeria	39.28
Rwanda	0.21
Senegal	0.16
Sierra Leone	0.44
South Africa	0.66
South Sudan	3.83
Swaziland	0.15
Togo	0.21
Uganda	0.49
United Republic of Tanzania	0.57
Zambia	0.68
Zimbabwe	0.24
IST (Central block)	1.09
IST (South/East block)	1.84
IST (West block)	1.29
Regional Office for Africa	1.24
Subtotal	**79.40**

*** IST= Intercountry Support Team**

WHO Eastern Mediterranean Region	2015
Afghanistan	4.51
Djibouti	0.05
Egypt	0.38
Iraq	0.01
Pakistan	7.05
Somalia	2.54
Sudan	0.53
Yemen	0.19
Regional Office for the Eastern Mediterranean	1.87
Subtotal	**17.13**

WHO Western Pacific Region	2015
Regional Office for the Western Pacific	0.77
Subtotal	**0.77**

WHO South-East Asia Region	2015
Bangladesh	1.45
India	16.59
Indonesia	0.80
Myanmar	0.39
Nepal	1.63
Regional Office for South-East Asia	1.56
Subtotal	**22.42**

WHO European Region	2015
Regional Office for Europe/Countries	0.82
Subtotal	**0.82**

WHO	2015
WHO/HQ	18.00
Short-term technical assistance	11.81
Subtotal	**29.81**

UNICEF	2015
UNICEF HQ/Regional offices	5.76
Afghanistan	4.58
Chad	2.30
Democratic Republic of the Congo	2.77
Ethiopia	0.25
India	1.82
Kenya	0.25
Nigeria	10.58
Pakistan	5.54
Somalia	2.50
South Sudan	0.60
Sudan	0.09
Uganda	0.25
Subtotal	**37.29**

WHO Surge Capacity	2015
Afghanistan	5.40
Angola	2.31
Chad	2.83
Democratic Republic of the Congo	2.53
Ethiopia	0.89
Iraq	1.18
Jordan	1.60
Kenya	0.81
Niger	0.53
Nigeria	24.98
Pakistan	14.46
Somalia	2.31
Uganda	0.05
IST Central - Regional Office for Africa	0.24
Regional Office for the Eastern Mediterranean	0.67
Regional Office for Africa	1.16
Subtotal	**61.95**

UNICEF Surge Capacity	2015
Pakistan	7.50

Global WHO-UNICEF	2015
Total	**257.09**

GLOSSARY: ACRONYMS AND ABBREVIATIONS

AusAID	Australian Government Overseas Aid Program
AFP	Acute flaccid paralysis
BMGF	Bill & Melinda Gates Foundation
bOPV	Bivalent oral polio vaccine
CDC	US Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
cVDPV	Circulating vaccine-derived poliovirus
cVDPV2	Circulating vaccine-derived poliovirus type 2
DFATD	Department of Foreign Affairs, Trade and Development of Canada
DFID	UK Department for International Development
FRR	Financial Resource Requirement
FWG	Finance Working Group
Gavi	Gavi, the Vaccine Alliance
GPEI	Global Polio Eradication Initiative
GPLN	Global Polio Laboratory Network
HQ	World Health Organization headquarters
IDB	Islamic Development Bank
IFFIm	Innovative Financing Facility for Immunization
IHR	International Health Regulation
IMB	Independent Monitoring Board
IMG	Immunization Systems Management Group
IPD	Immunization Plus Day
IPV	Inactivated polio vaccine

IST	Intercountry Support Team
JICA	Japan International Cooperation Agency
KfW	German Development Bank
MOSS	Minimum operating security standards
OECD	Organisation for Economic Co-operation and Development
OPV	Oral polio vaccine
PAG	Polio Advocacy Group
POB	Polio Oversight Board
PPG	Polio Partners Group
PPT	Permanent polio team
PSC	Polio Steering Committee
RI	Routine immunization
SIA	Supplementary immunization activity
tOPV	Trivalent oral polio vaccine
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAPP	Vaccine-associated paralytic poliomyelitis
VDPV	Vaccine-derived poliovirus
WHA	World Health Assembly
WHO	World Health Organization
WPV	Wild poliovirus

www.polioeradication.org

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