Enabling GPEI to Interrupt Poliovirus Transmission & Achieve Certification

Background

The Global Polio Eradication Initiative (GPEI) is spearheaded by national governments and led by a global partnership of five organizations: WHO, CDC, Rotary International, UNICEF and the Bill and Melinda Gates Foundation, working in collaboration with bilateral donors to eradicate poliovirus. GPEI develops annual operating budgets, which define the program's Financial Resourcing Requirements (FRR) and fundraises to support polio eradication.

Currently GPEI invests approximately US$ 1 billion/year to conduct disease surveillance and supplementary polio immunization campaigns, promote community-based vaccination efforts, provide expert technical assistance to governments to build country-level capacity to detect outbreaks, support outbreak response, and boost demand for vaccination through communication and social mobilization campaigns. Approximately 60% of GPEI's annual budget is invested directly in the three endemic countries – Pakistan, Afghanistan, and Nigeria – and to protect the gains in seven additional countries deemed at high risk for outbreak.[1]

What is the New Multi-Year Financial Outlook for GPEI & What Priorities Have Been Considered?

In 2018, GPEI revised the projected timeline for interrupting transmission of the wild poliovirus to 2020 based on epidemiological indicators (including annual case count and surveillance results), thereby resulting in the development of a new endgame which covers the period of 2019 – 2023. To estimate the cost of sustaining the program through 2023, the GPEI partnership involved regional and country offices in collaboration with multiple GPEI technical teams in a multi-year budgeting exercise to assess which activities and innovations were most critical in the final push to sustainably interrupt transmission, at what scale those should occur, and in which geographies.

There was an overall movement to identify funding priorities within the budget in alignment with programmatic risk tolerance. For example, the GPEI supported expanding select programs such as environmental surveillance in high-risk locations as well as community-based vaccination programs in Pakistan, while planning reductions in activities that would reflect anticipated programmatic progress, Examples of the latter include reducing immunization campaigns an average of 13%/year after interruption, adjusting surveillance funding in Nigeria, capping technical assistance in Pakistan, and reducing contingency funds set aside to respond to future outbreaks, and challenging countries and regions to achieve targeted reductions in remaining activities.

The resulting multi-year budget estimate concluded that an additional US$ 3.3B was needed to fund the $4.2B 2019-2023 budget. GPEI plans to hold the overall budget flat in 2019[2] to sustain intense polio eradication activities needed to interrupt transmission and then anticipates ramp down at an average rate of 7% per year through 2023. Reduced (or more narrowly focused) activities and related costs will begin sooner in non-endemic geographies and HQ/regional offices, whereas Pakistan and Afghanistan

[1] See appendix B for a breakdown of GPEI spending by location.

[2] See appendix A for a breakdown of activities funded by GPEI in 2019.

won't see significant decreases until vaccination campaigns begin to be carefully scaled back following successful interruption of transmission. In alignment with transition planning, the GPEI will assist the less vulnerable, lower-risk countries to develop strategies and seek alternative funding sources to sustain essential functions initially put in place by the polio program.

Why Do We Believe US$ 4.2B is the Right Number?

The multi-year budget reflects the culmination of a bottom up budgeting exercise that began with countries and was then vetted and refined by GPEI technical experts across programmatic and finance working groups and finalized in consultation with GPEI leadership. Lessons learned, including the need to plan for a modest level of immediate outbreak response, are reflected in the multi-year budget.

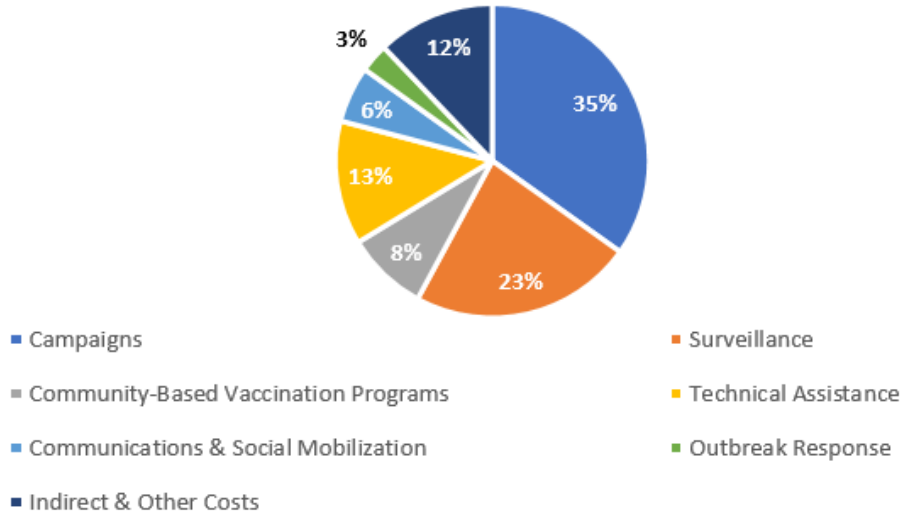
This multi-level review process, in conjunction with leveraging improved expenditure data to inform future planning, has helped hone GPEI's forecasting ability with 2017 expenditures falling within 5% of the approved 2017 budget. 2018 expenditures are projected to be within 2% of GPEI's approved budget for the period.

Complementary Investments and Other Factors that Influence Resourcing

As the program approaches the certification milestone, there are activities associated with the Post-Certification Strategy (PCS, presented to the World Health Assembly in May 2018) that will occur prior to certification but are not captured in the multi-year budget – these include stockpiling monovalent oral poliovirus vaccine (mOPV) in preparation for cessation and bivalent oral poliovirus vaccine (bOPV) withdrawal support to countries. Also, in anticipation of a revised Gavi strategy, the costs of inactivated polio vaccine (IPV) in routine immunization are not included in the multi-year budget.[3]

Appendix A: 2019 GPEI Budget, by Activity

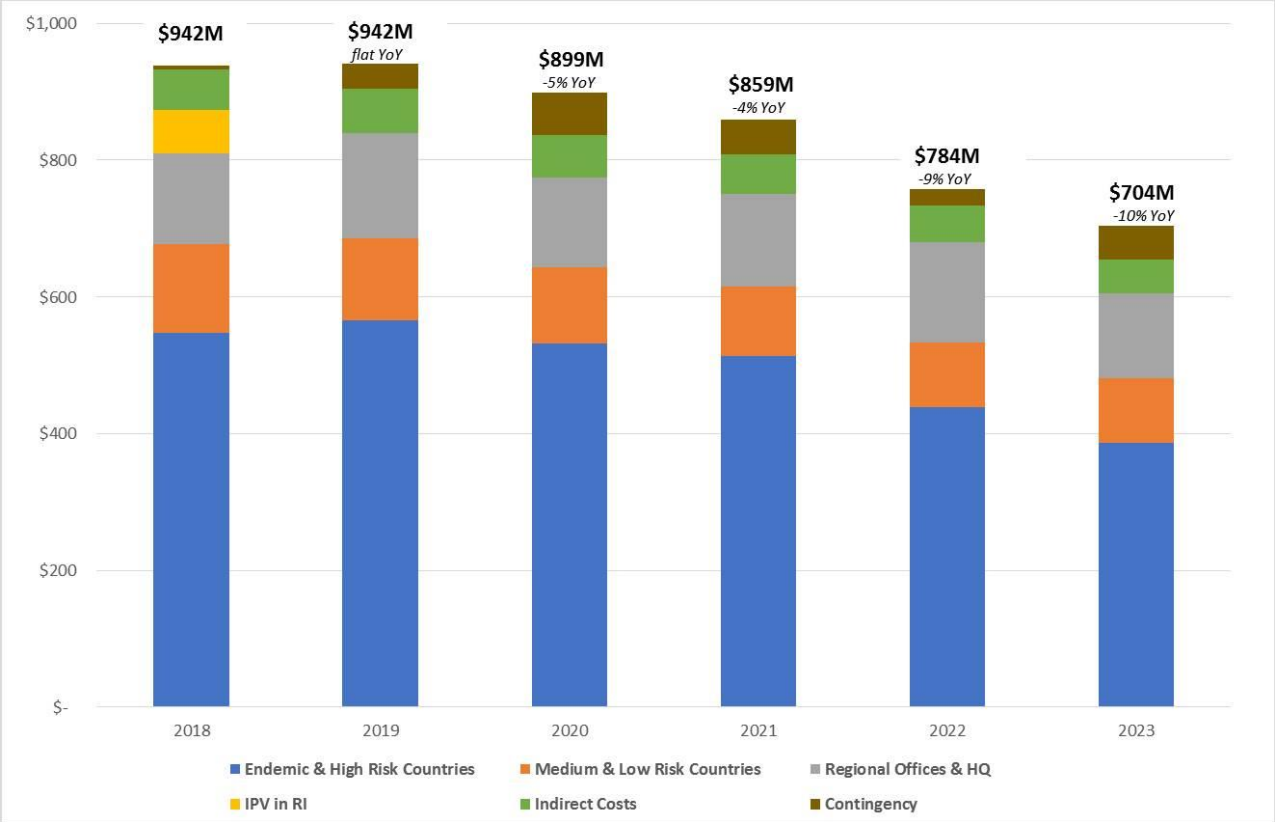
Key Takeaway: Supplementary immunization campaigns, community-based vaccination, and surveillance (environmental and AFP) constitute nearly 70% of GPEI's 2019 budget.



[3] Per Gavi board decision in June 2017, Gavi will cover the cost of IPV in 2019 and 2020, currently estimated at $142M and $161M, respectively, per the Gavi Audit and Finance Committee report dated 10/12/2018

Appendix B: Approved GPEI Budget

Key Takeaway: Approximately 60% of GPEI's annual funding is directed to endemic and high-risk countries. GPEI is targeting a measured ramp down trajectory at -7% YoY on average.



Appendix C: Category Definitions

Campaigns – The costs to implement planned supplementary immunization activities (SIAs) including procuring OPV, delivery (microplanning, training, allowances for field personnel, transport, logistics, supervision monitoring, evaluation and general operating expenses) and campaign related social mobilization (production and dissemination of communication and education materials, the production of mass media campaigns, the engagement of local leaders and influences, the training of health workers, and social mobilizers and the mobilization of civil society.)

Community-Based Vaccination Programs – The cost of sustained engagement from local, permanent, most female vaccinators.

Communications and Social Mobilization – The cost of full-time social mobilization networks that support a greater social commitment to polio eradication and a higher demand for polio vaccines the broader Expanded Programme on Immunization (EPI). Convergence activities, including integration with other sectors.

Surveillance - The surveillance costs relate to maintaining an extensive and active AFP and environmental surveillance network to detect virus circulation, including the collection and testing of stool and sewage specimens as well as sustaining the Global Polio Laboratory Network.

Technical Assistance - GPEI funded technical assistance (staff and consultants) is deployed to fill capacity gaps when relevant skills are not available within the national health system, to build capacity and to facilitate international information exchange. The priorities for technical assistance are driven by the relative strength of the health systems in countries as well as how critical the country is to global polio eradication.

Outbreak Response – The costs associated with emergency response SIAs (see Campaigns above), case investigations (including sampling), and other interventions undertaken as a result of an outbreak.

Indirect & Other Costs – Includes the indirect overhead rates of implementing agencies as well as smaller cost drivers such as containment and certification costs.