Global Polio Eradication Initiative

Financial resource requirements 2005 to 2008

as of July 2005

Partners in the Global Polio Eradication Initiative

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Table of contents

Executive summary 4

- Figure 1: Global Eradication Initiative annual expenditure 1988-2004, pledged/projected contributions and funding gap for 2005-2006, and financial resource requirements for 2007-2008. 5
- Table 1: Summary of external resource requirements by major category of activity, 2005-2008 6

Section 1: **Background** 7

- Table 2: Donor profile for 1988-2008 7
- Figure 2: Ensuring the interruption of polio transmission US$ 4 billion, 1988-2006 8

Section 2: **Financial requirements for 2005-2006: ensuring interruption of polio transmission** 9

- Figure 3: Ensuring the interruption of poliovirus transmission 2005-2006 10
- Table 3: Baseline NIDs and SNIDs required for polio eradication, 2005-2006, as of July 2005. 11

Section 3: **Financial requirements for 2007-2008: preparing for certification and OPV cessation** 13

- Figure 4: Preparing for certification and OPV cessation, 2007-2008 13

Section 4: **Conclusion** 15

Annex 1: **Details of country-level planned costs for 2005-2006** 16

- Table 4: Details of planned costs in polio-endemic and highest-risk countries, 2005-2006 16
- Table 5: Surveillance and laboratory costs by country and region, 2005 17
- Table 6: Technical assistance, country-level details 2005 18

Acronyms and Abbrevations

CDC	US Centers for Disease Control and Prevention
NIDs	national immunization days
OPV	oral polio vaccine
SIAs	supplementary immunization activities
SNIDs	subnational immunization days
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

2004 saw unprecedented international support to the global effort to consign polio to the history books. Financial contributions from long-standing and new contributors ensured that intensified polio campaigns in Africa and Asia could proceed as planned. The impact of these intensified activities will be seen in 2005.

The Global Polio Eradication Initiative has a tremendous opportunity to ensure that everyone shares equally in the benefits of a polio-free world, possibly into perpetuity. Nearly five million children are walking who would otherwise have been paralysed by polio and 1.25 million childhood deaths have been averted by distributing vitamin A during polio immunization campaigns. The world also stands to reap impressive financial benefits from forgone polio treatment and rehabilitation costs. Depending on national immunization decisions on the future use of polio vaccines, these savings could exceed US$ 1 billion annually. Importantly, the substantive and symbolic impact of polio eradication will build momentum for other development and health initiatives.

Despite a number of key challenges, 2004 was an important year of progress for the Global Polio Eradication Initiative. With Asia ending the end-2004 high season for polio with extremely focal transmission and very low numbers of cases, the stage is set for polio transmission to be interrupted in the region in 2005.

In Africa, the polio outbreak, originating in northern Nigeria during a year-long suspension of polio vaccinations, spread across west and central Africa and threatened the Horn of Africa in the east, re-establishing transmission of wild poliovirus in six previously polio-free countries (Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Mali and the Sudan). When polio vaccinations restarted in northern Nigeria in July 2004, Heads of State of 23 countries across the region re-affirmed their commitment to polio eradication, as their countries synchronized immunization campaigns to immunize more than 80 million children in October and November 2004. Similar campaigns are planned in Africa throughout 2005.

All remaining polio-affected countries have set as their target the interruption of polio transmission by the end of 2005. The key to success will be reaching all children multiple times with oral polio vaccine (OPV) during immunization activities, and protecting this investment by ensuring multi-year pledges are in place for the 2006-2008 'mop-up and certification phase', most notably to fill the US$ 200 million needed for 2006 activities. Of this, US$ 75 million is needed by November 2005, for activities in the first quarter of 2006.

The *Financial Resource Requirements 2005-2008* presents the estimated financial resources needed from external sources to ensure interruption of polio transmission (2005-2006) and to prepare for certification and OPV cessation (2007-2008) using strategies outlined in the *Global Polio Eradication Strategic Plan 2004-2008*.

Section 1 provides an overview of the Global Polio Eradication Initiative partnership, summarizing financial contributions and pledges made to the Global Polio Eradication Initiative as of July 2005.

Section 2 describes the funding required for 2005-2006, when the primary focus is on stopping polio transmission and ensuring transmission has been stopped. To fully implement the planned activities during this period, a US$ 200 million funding gap must be filled for 2006 activities. Of this, US$ 75 million is needed by November 2005, for polio eradication activities in the first quarter of 2006.

Section 3 describes the funding required to implement the 2007-2008 programme of work to prepare for certification and OPV cessation. It is estimated that US$ 329 million will be required during this period, plus US$ 300 million for the development and procurement of a vaccine stockpile prior to OPV cessation.

The major assumption underpinning the supplementary immunization activities and budgets is that polio transmission will be stopped by end-2005, or at latest mid-2006. Continued transmission of polio beyond then would result in increased costs. Contingency plans are summarized on page 12.

Annex 1 provides details of the planned costs in polio-endemic and high-risk countries in 2005-2006.

Almost US$ 4 billion has been invested by the international community in the Global Polio Eradication Initiative, the world's largest public health undertaking. Figure 1 highlights the total annual expenditure from 1988 to 2005, together with the requirements, contributions, and funding gap for 2006, and the requirements for 2007-2008.

Figure 1: Global Polio Eradication Initiative annual expenditure 1988-2005, pledged/projected contributions and funding gap for 2006, and financial resource requirements for 2007-2008.

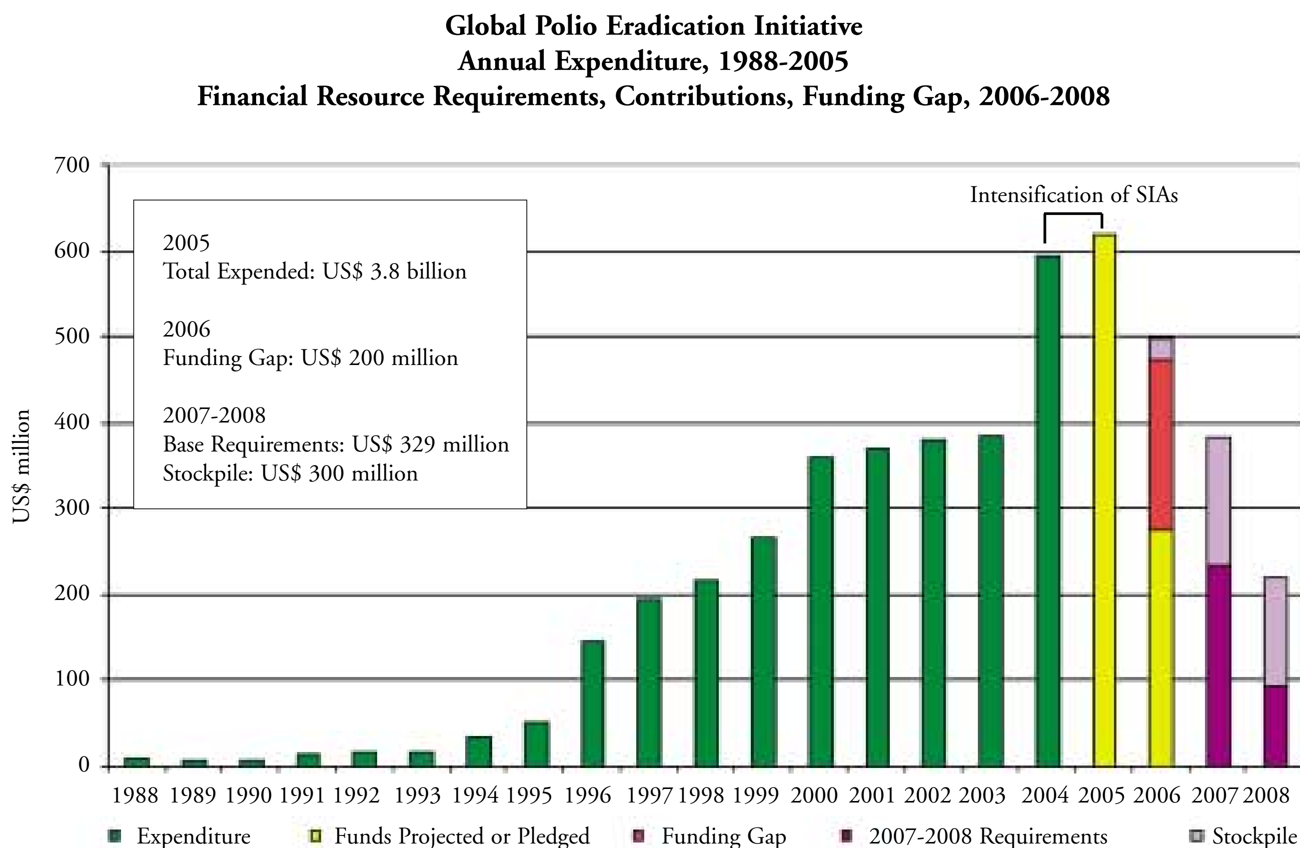


Table 1 summarizes the external financial requirements by major category of activity for 2005-2008 (eg. OPV, operations costs, including social mobilization, for planned national and subnational polio immunization days -- NIDs and SNIDs -- surveillance and laboratory, technical assistance, containment and certification activities, emergency response, polio stockpile development and OPV cessation product development).

Protecting the world's 16-year investment in polio eradication requires the international community to:

1) fill the US$ 200 million gap for 2006. Of this, US$ 75 million is needed by November 2005, for polio eradication activities in the first quarter of 2006.

2) make multi-year pledges for the 2006-2008 period, to ensure polio transmission has been stopped and to support activities in the pre-OPV cessation period, including the development of a vaccine stockpile.

Table 1: Summary of external resource requirements by major category of activity, 2005-2008 (all figures are in US$ millions).

Activity Category	2005	2006	2007-2008	
Oral polio vaccine	$ 224.87	$ 183.85	$ 74.36	
NIDs/SNIDs operations*	$ 246.95	$ 161.45	$ 64.81	$ -
Emergency response mop-ups	$ 35.00	$ 20.00	$ 7.50	$ 7.50
Surveillance**	$ 41.70	$ 36.19	$ 29.49	$ 29.12
Laboratory	$ 6.90	$ 6.80	$ 5.80	$ 5.80
Technical assistance***	$ 57.00	$ 49.78	$ 39.39	$ 37.21
Certification and containment	$ 0.87	$ 7.50	$ 7.50	$ 7.50
Preparation for OPV cessation	$ 5.00	$ 5.00	$ 5.00	$ 5.00
Utilization of lessons	$ 2.00	$ 2.00	$ 2.00	$ 2.00
Subtotal	**$ 620.29**	**$ 472.57**	**$ 235.85**	**$ 94.13**
Contributions	$ 620.29	$ 275.00	$ -	$ -
Funding Gap	**$ -**	**$ 197.57**	**$ -**	**$ -**
Funding Gap (rounded)	**$ -**	**$ 200.00**	**$ -**	**$ -**
Polio stockpile****	$ -	$ 25.00	$ 150.00	$ 125.00

* *Operations costs include manpower and incentives, training and meetings, supplies and equipment, transportation, social mobilization and running costs.*

** *Country-level surveillance and laboratory summary for 2005-2006 provided in Table 5.*

*** *Technical assistance includes the cost of human resources deployed through UN agencies. Country-level breakdown for 2005 provided in Table 6.*

**** *The timing of stockpile funding requirements is dependant on 1) the date of interruption of polio transmission globally and 2) the long-term contractual arrangements to secure storage, maintenance and filling capacity.*

Section 1: Background

The Global Polio Eradication Initiative, a public-private partnership spearheaded by the World Health Organization, Rotary International, the US Centers for Disease Control and Prevention and UNICEF, includes governments of countries affected by polio; private sector foundations (e.g. United Nations Foundation, Bill & Melinda Gates Foundation); development banks (e.g. the World Bank); donor governments (e.g. Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Luxembourg, Malaysia, Monaco, the Netherlands, New Zealand, Norway, Oman, Portugal, Qatar, the Russian Federation, Spain, Sweden, United Arab Emirates, the United Kingdom and the United States of America); the European Commission; humanitarian and nongovernmental organizations (e.g. the International Red Cross and Red Crescent societies) and corporate partners (e.g. Sanofi Pasteur, De Beers, Wyeth).

Table 2 highlights contributions by major donor for 1988-2008. Funding provided through external sources (including both multilateral and bilateral contributions) for the period totals US$4 billion. Thirty-eight private and public sector donors contributed or pledged more than US$1 million each to polio eradication. Of these, 27 contributed US$5 million or more. Spearheading partner Rotary International has contributed more than US$ 500 million.

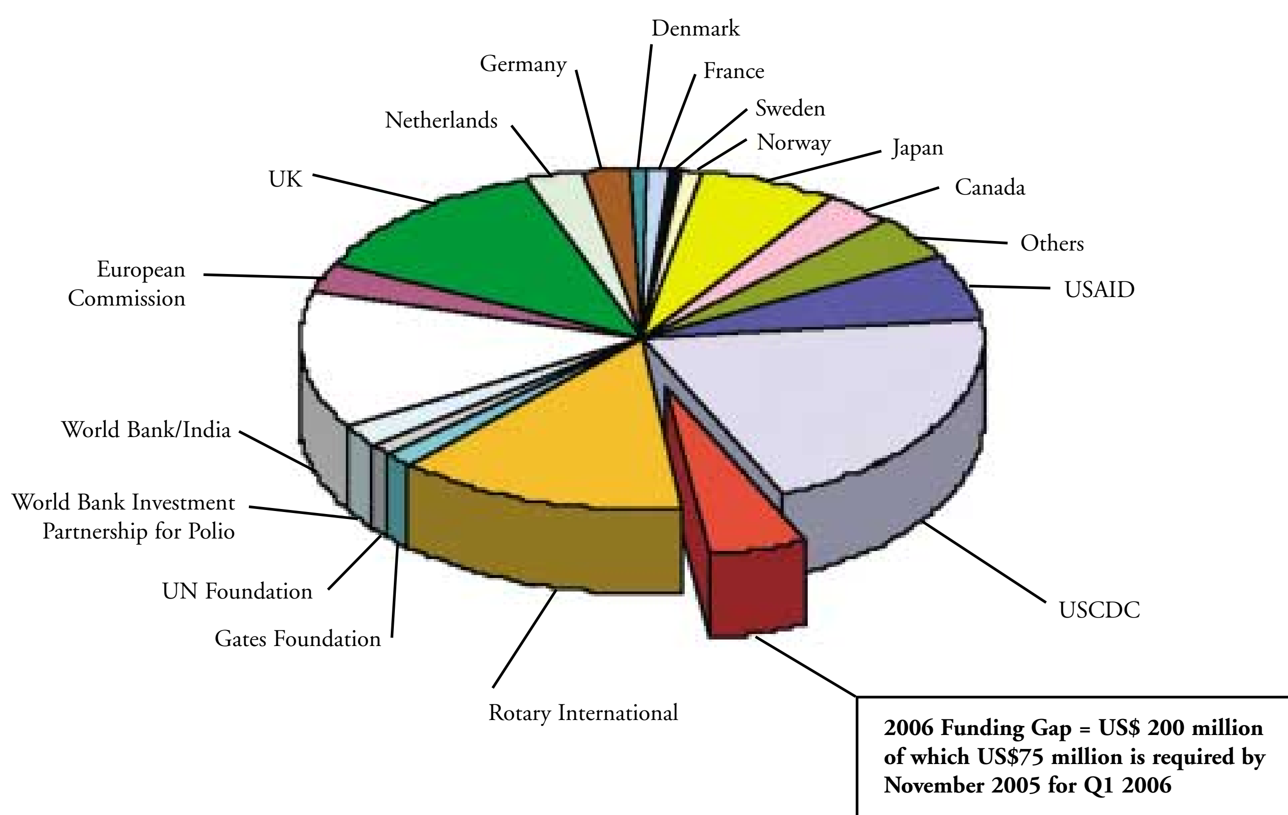
Table 2: Donor profile for 1988-2008

Contribution (US$ million)	Public Sector Partners	Development Banks	Private Sector Partners
> 500	United Kingdom, USA		Rotary International
250 - 500	Japan	World Bank	
100 - 249	European Commission, Canada, Netherlands, Germany		
50 - 99			Bill & Melinda Gates Foundation
25 - 49	Denmark, France, Norway, Sweden, UNICEF Regular Resources, WHO Regular Budget		United Nations Foundation
5 - 24	Italy, Australia, Belgium, Russian Federation, Ireland, Luxembourg	Inter-American Development Bank	American Red Cross, Sanofi Pasteur, IFPMA, UNICEF, National Committees
1 - 4	Spain, Switzerland, Malaysia, New Zealand, United Arab Emirates	African Development Bank	International Federation of Red Cross and Red Crescent Societies, Advantage Trust (HK), De Beers, Pew Charitable Trust, Wyeth, Shinnyo-en

External resources to countries' polio eradication efforts have been matched by national resources, including both financial expenditures and non-monetary commitments such as the time spent by volunteers, health workers and others in the implementation of supplementary immunization activities. Funds are expended by governments, the private sector and non-governmental organizations at national, state/province, district and local community levels to pay for petrol, social mobilization, training and other costs. Between 1988 and 2005, it has been estimated that polio-endemic and polio-affected will have contributed more than US$ 2.35 billion in volunteer time alone for polio eradication activities, compared with external resources of US$ 2.35 billion in volunteer time alone for polio eradication activities.

Figures presented in the following pages present external financial resource requirements for 2005-2008. Budgets were developed by ministries of health, WHO and UNICEF, and are based on the costs of implementing polio eradication strategies at the country level and the costs of managing the Global Polio Eradication Initiative through the UN implementing agencies (WHO and UNICEF) at the country, regional and global levels.

Figure 2: Ensuring the Interruption of Polio Transmission US$ 4 billion, 1988-2006



'Other' includes: the Governments of Austria, Australia, Belgium, Finland, Ireland, Italy, Luxembourg, Malaysia, Monaco, New Zealand, Oman, Portugal, Qatar, Republic of Korea, Russian Federation, Saudi Arabia, Spain, Switzerland, African Development Bank, the United Arab Emirates; AG Fund, American Red Cross, De Beers, Inter-American Development Bank, International Federation of Red Cross and Red Crescent Societies, Oil for Food Programme, OPEC Fund, Sanofi Pasteur, Saudi Arabian Red Crescent Society, Smith Kline Biologicals, UNICEF National Committees, UNICEF Regular Resources, United Arab Emirates Red Crescent Society, WHO Regular Budget and Wyeth.

Section 2: Financial requirements for 2005-2006: ensuring interruption of polio transmission

The highest priority for the Global Polio Eradication Initiative and the focus for 2005 is the rapid interruption of polio transmission in the six remaining polio-endemic countries[1] and the six countries where polio was re-established in 2004[2] following a major epidemic on the African continent.

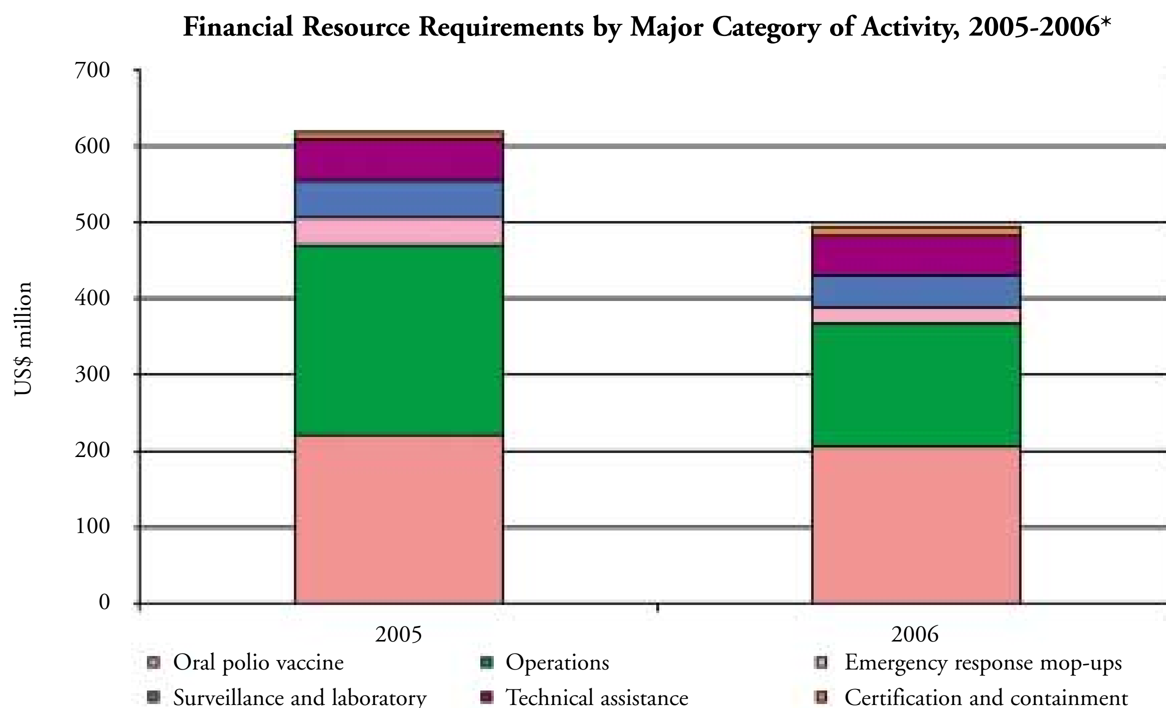
Three countries - Nigeria, India and Pakistan - accounted for 78% of polio cases worldwide in 2004 and account for 55% of the financial resource requirements in 2005-2006. Supplementary immunization activities (SIAs) are planned for polio-endemic countries, countries with re-established transmission and for those at high risk of polio importations. At Ministerial Meetings on polio eradication held in Geneva in January and February 2005, Ministers of Health from the most polio-affected countries in Africa and Asia agreed to an unprecedented intensification of supplementary immunization activities to reach every child under five years of age with multiple doses of oral polio vaccine in 2005 to stop polio transmission, and again in 2006, to ensure polio transmission has been stopped.

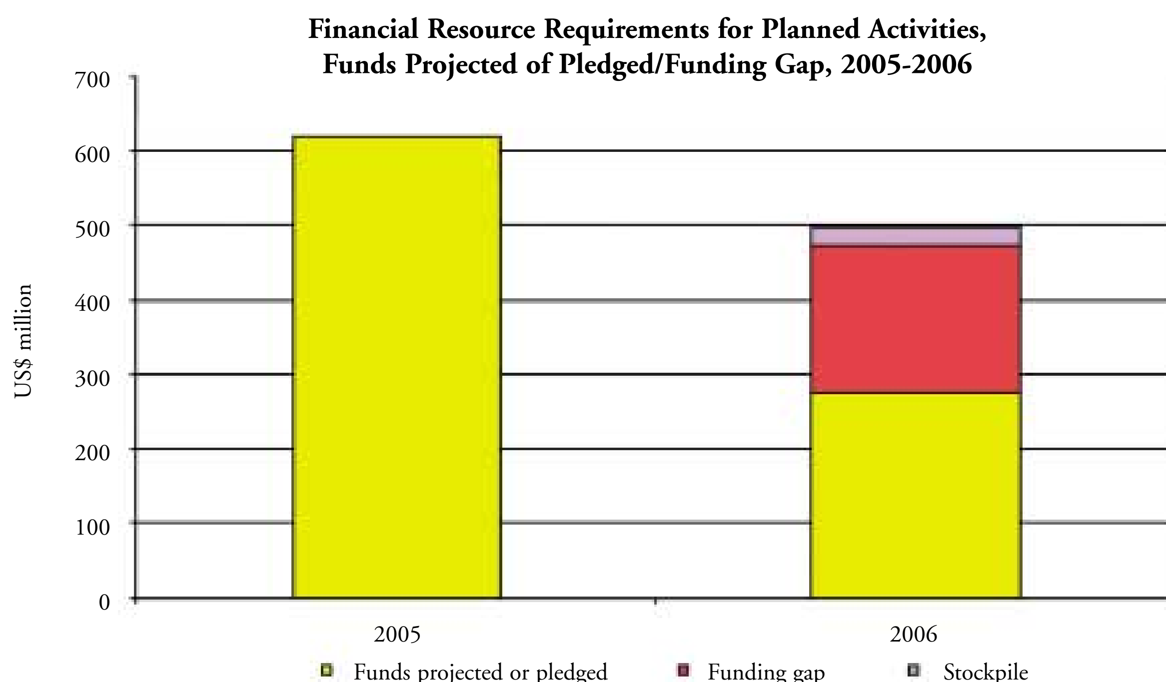
[1] *Countries with ongoing indigenous wild polioviruses in 2004, in order of intensity of transmission were: Nigeria, India, Pakistan, Niger, Afghanistan and Egypt.*

[2] *Countries with re-established polio transmission in 2004 were: Burkina Faso, Chad, Central African Republic, Côte d'Ivoire, Mali and Sudan.*

The estimated external financial resource requirements for 2005 are US$ 620 million. In 2006, the estimated requirements, exclusive of stockpile costs[3], are US$ 475 million, against which there is a gap of US$ 200 million. Of this, US$ 75 million is required by November 2005, for activities in the first quarter of 2006.

Figure 3: Ensuring the Interruption of Poliovirus Transmission 2005-2006





[3] *US$ 25 million in vaccine stockpile development costs are also being budgeted for in 2006.*
**Additional details in Table 1.*

Table 3 summarizes the intensified supplementary immunization activity plans for 2005 and 2006. In 2005, nearly 400 million children in 39 countries will be reached multiple times with OPV. SIAs are required for at least 12 months after the last case of poliovirus: in 2006, 21 countries are planning to continue SIAs. Recognizing the risk that some countries could still have low-level transmission in early 2006, polio campaigns are being planned also in 2007 in a few key areas.

Supplementary immunization activities are the major cost driver for the Global Polio Eradication Initiative in 2005-2006.

Table 3: Baseline NIDs and SNIDs required for polio eradication, 2005-2006, as of July 2005.

Activity plan for 2005-2006

Activity NID SNID

Pastel colours indicate provisional activities or proposed revisions.

Region/Country	Data	2005 J	F	M	A	M	J	J	A	S	O	N	D	2006 J	F	M	A	M	J	J	A	S	O	N	D
Polio Endemic																									
Afghanistan	% targeted	60		100	100			60	20	100		100			100	100	60	60							
Egypt	% targeted		100	100		100	100			100	100				100	100									
India	% targeted	50	50		100	100	50		50	50		50		100	100	50	50					50	50		
Niger	% targeted		100		100	100					50	100	100		100	100	50					50	100	100	
Nigeria	% targeted		100		100	100			50	100		100			100	100	50					50	100	100	
Pakistan	% targeted	100		100	100		100		100	100		50			100	100	50	50				100	100		
WHO African Region																									
Angola	% targeted							100	100	30															
Benin	% targeted		100		100							100	100		100	100									
Burkina Faso	% targeted		100		100	100		25				100	100		100	100									
Cameroon	% targeted		100		100	100						100	100		50	50									
Cape Verde	% targeted											100	100												
CAR	% targeted		100		100	100						100	100		100	100									
Chad	% targeted		100		100	100						100	100		100	100									
Congo	% targeted		10		10			100	100																
Côte d'Ivoire	% targeted		100		100	100						100	100		100	100									
DR Congo	% targeted				25	25					50	50													
Equ Guinea	% targeted											100	100												
Eritrea	% targeted				100	100						100	100												
Ethiopia	% targeted		23		100	100		100				100	100												
Gabon	% targeted		100		100							100	100												
Gambia	% targeted											100	100												
Ghana	% targeted		100		100							100	100												
Guinea	% targeted		100		100	100						100	100		100	100									
Guinea-Bissau	% targeted											100	100												
Kenya	% targeted		15		15							15	15												
Liberia	% targeted		100		100							100	100		100	100									
Mali	% targeted		100		100	100		25				100	100												
Mauritania	% targeted											100	100												
Senegal	% targeted											100	100												
Sierra Leone	% targeted		100		100							100	100		100	100									
Togo	% targeted		100		100							100	100												
Uganda	% targeted		15		15							15	15												
WHO Eastern Mediterranean Region																									
Djibouti	% targeted					100	100		100																
Somalia	% targeted		100	100			100	100		100	100				100	100									
Sudan (North)	% targeted	100	100		100	100		100				100	100		100	100									
Sudan (South)	% targeted	15	100	100		100	100					100	100	100	100										
Yemen	% targeted				100	100		100	100	100	100														
WHO South-East Asia Region																									
Indonesia	% targeted					20	20	80	80																
Nepal	% targeted	50	10	20																					

In addition to the planned activities summarized in Annex 1, Table 4, the Global Polio Eradication Initiative has budgeted US$ 55 million for emergency response in 2005-2006.

Contingency Plans

The external financial resource requirements for 2005 -2008 are based on the assumption that a) polio transmission will be stopped globally by end-2005, or mid-2006 at latest and b) there is no further spread of wild poliovirus in Africa or Asia. Recognizing that at least one year is required to confirm interruption of transmission, key countries plan to continue campaigns through 2007 (i.e. at least 12 months after the last virus is detected).

Contingency plans are as follows:
Scenario 1: Polio transmission continues throughout Africa through 2006
Under this scenario, 2005 baseline plans for SIAs for all countries on the African continent would be repeated in 2006; baseline SIAs currently planned for 2006 would be repeated in 2007 and baseline SIAs currently planned for 2007 would be repeated in 2008. Maximum funding required: US$ 198 million in additional costs for 2006-2008.

Scenario 2: Further spread of polio in Africa in 2005
Under this scenario, NIDs in DR Congo, Ethiopia, Somalia and Yemen would be added in the second half of 2005 and again in 2006 and 2007; and NIDs in Angola, Kenya and Uganda would be added in the second half of 2005 and again in 2006. Maximum funding required: US$ 174 million in additional costs for 2006-2008.

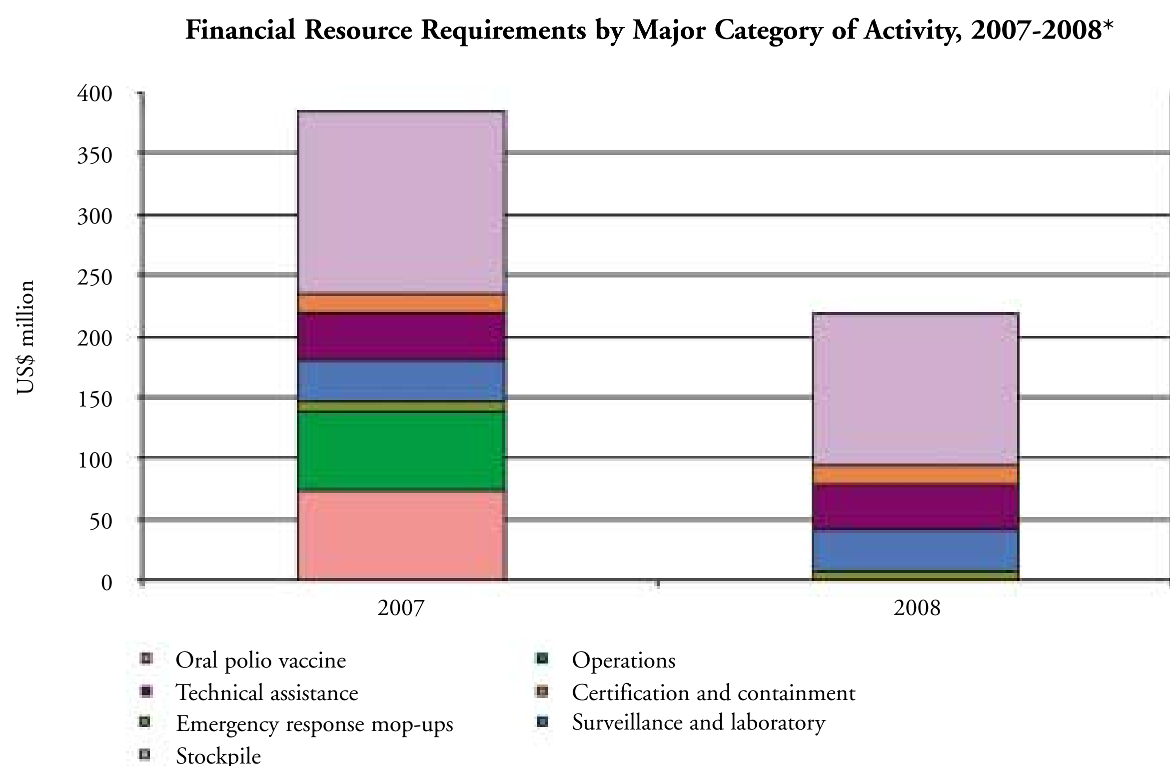
Scenario 3: Polio transmission continues in all three polio-endemic countries in Asia through 2006
Under this scenario, 2005 baseline plans for SIAs in India, Pakistan and Afghanistan would be repeated in 2006; baseline SIAs currently planned for 2006 would be repeated in 2007 and baseline SIAs currently planned for 2007 would be repeated in 2008. Maximum funding required: US$ 270 million in additional costs for 2006-2008.

Section 3: Financial requirements for 2007-2008: preparing for certification and OPV cessation

Realization of the full humanitarian and economic benefits of polio eradication requires not only the interruption of poliovirus transmission worldwide, but also completion of the certification -- including containment -- processes, and the cessation of OPV.

The 2007-2008 external financial resource requirements for these areas of work are estimated at US$ 329 million, plus vaccine stockpile costs of US$ 300 million. A breakdown of the costs by major activity category can be found in Table 1 (page 6).

Figure 4: Preparing for Certification and OPV Cessation, 2007-2008



* *Additional details in Table 1.*

Preparing for global certification requires addressing persistent surveillance gaps in the remaining endemic regions, rapidly responding to circulating vaccine-derived polioviruses (cVDPVs), and completion of appropriate poliovirus containment activities as detailed in the *WHO Global Action Plan for Laboratory Containment of Wild Polioviruses, second edition* (WHO/V&B/03.11).

Cessation of OPV use requires the implementation of the following prerequisites:

1. Confirmation of global interruption of wild poliovirus transmission
2. Containment of stocks of wild poliovirus
3. Development of a monovalent OPV (mOPV) stockpile
4. Continued high levels of disease surveillance
5. Internationally synchronous OPV cessation
6. National polio immunization policies for the post-OPV era

The development of a third edition of the *Global Action Plan for the Laboratory Containment of Wild Polioviruses* (detailing final containment requirements for all polioviruses), as well as the development, licensing and stockpiling of three monovalent oral polio vaccines (mOPV I, II, III) and, for countries which might choose to introduce such a vaccine, Sabin IPV, are also required as per outlined prerequisites for policy makers. During this phase, a stockpile of monovalent oral polio vaccine will be created to provide low-income countries with an insurance policy against an inadvertent reintroduction of polio after cessation of routine immunization with OPV.

Mainstreaming the polio eradication infrastructure requires: incorporating the future containment, surveillance, stockpile and response capacity into the existing national and international mechanisms and structures for managing other serious pathogens; and integrating the existing polio infrastructure, human resources and institutional arrangements to other initiatives.

Section 4: Conclusion

The technical feasibility of polio eradication has been demonstrated through the elimination of the disease from more than 200 countries, territories and areas, including those in complex emergency and those with high population density. The increasingly focal nature of polio transmission in India, Pakistan and Afghanistan is a further demonstration that polio eradication strategies work.

With Asia ending the end-2004 high season for polio with extremely focal transmission and very low numbers of cases, and African commitment to synchronize polio campaigns to reach every child with polio vaccine multiple times, the stage is set for polio to be interrupted in 2005.

Now the critical requirement to consign polio to the history books is to ensure multi-year pledges are in place for the 2006-2008 'mop-up and certification phase', most notably to fill the US$ 200 million needed for 2006 activities. Of this, US$ 75 million is needed by November 2005, for activities in the first quarter of 2006.

The eradication of polio would signal the triumph of a partnership between national governments, UN agencies and civil society to work together over many years to achieve a common objective, while providing great lessons as the world tackles other global development challenges.

Annex 1: Details of Country-Level Planned Costs for 2005-2006, as of July 2005

Table 4: Details of planned costs in polio-endemic and highest-risk countries, 2005-2006 (all figures are in US$ millions)

	2005				2006				2005 to 2006			
Country	NIDs/ SNIDs: OPV	NIDs/ SNIDs: Op Costs	AFP Surveillance and Laboratory	Total Costs 2005	NIDs/ SNIDs: OPV	NIDs/ SNIDs: Op Costs	AFP Surveillance and Laboratory	Total Costs 2006	NIDs/ SNIDs: OPV	NIDs/ SNIDs: Op Costs	AFP Surveillance and Laboratory	Total Costs 2005 to 2006
Polio-Endemic												
Afghanistan	$4.75	$10.19	$1.55	$16.49	$3.99	$8.42	$1.16	$13.56	$8.74	$18.61	$2.71	$30.05
Egypt	$9.60	$3.98	$0.37	$13.95	$4.16	$1.62	$0.37	$6.15	$13.76	$5.60	$0.74	$20.10
India	$103.60	$96.73	$4.30	$204.63	$95.06	$74.70	$4.30	$174.06	$198.66	$171.43	$8.60	$378.69
Niger	$2.55	$8.42	$0.40	$11.37	$3.08	$6.68	$0.38	$10.15	$5.63	$15.10	$0.78	$21.52
Nigeria	$24.30	$39.54	$7.57	$71.41	$35.58	$36.99	$3.60	$76.16	$59.88	$76.53	$11.17	$147.57
Pakistan	$30.27	$18.00	$1.50	$49.77	$31.09	$15.55	$1.50	$48.14	$61.36	$33.55	$3.00	$97.91
African Region												
Angola	$1.75	$2.32	$1.96	$6.03	$0.00	$0.00	$1.96	$1.96	$1.75	$2.32	$3.92	$7.99
Benin	$1.30	$2.43	$0.23	$3.96	$0.79	$1.10	$0.23	$2.12	$2.09	$3.53	$0.46	$6.08
Burkina Faso	$2.50	$6.70	$0.28	$9.48	$1.32	$2.71	$0.28	$4.31	$3.82	$9.41	$0.56	$13.80
Cameroon	$2.43	$3.36	$0.29	$6.08	$0.75	$0.80	$0.29	$1.84	$3.18	$4.16	$0.58	$7.92
Cape Verde	$0.03	$0.21	$0.05	$0.29	$0.00	$0.00	$0.05	$0.05	$0.03	$0.21	$0.10	$0.34
CAR	$0.53	$1.50	$0.27	$2.30	$0.26	$0.62	$0.27	$1.15	$0.79	$2.12	$0.54	$3.45
Chad	$1.87	$4.89	$0.38	$7.14	$0.96	$1.90	$0.38	$3.24	$2.83	$6.79	$0.76	$10.39
Congo	$0.53	$0.67	$0.20	$1.40	$0.00	$0.00	$0.20	$0.20	$0.53	$0.67	$0.40	$1.60
Côte d'Ivoire	$3.53	$5.31	$0.32	$9.16	$1.80	$1.80	$0.32	$3.92	$5.33	$7.11	$0.64	$13.08
DR Congo	$2.67	$7.60	$2.40	$12.67	$0.00	$0.00	$2.40	$2.40	$2.67	$7.60	$4.80	$15.07
Equatorial Guinea	$0.03	$0.12	$0.02	$0.17	$0.00	$0.00	$0.02	$0.02	$0.03	$0.12	$0.04	$0.19
Eritrea	$0.36	$0.46	$0.14	$0.96	$0.00	$0.00	$0.14	$0.14	$0.36	$0.46	$0.28	$1.10
Ethiopia	$11.15	$29.15	$2.76	$43.06	$0.00	$0.00	$1.80	$1.80	$11.15	$29.15	$4.56	$44.86
Gabon	$0.11	$0.84	$0.11	$1.06	$0.00	$0.00	$0.11	$0.11	$0.11	$0.84	$0.23	$1.18
Gambia	$0.09	$0.08	$0.07	$0.23	$0.00	$0.00	$0.07	$0.07	$0.09	$0.08	$0.14	$0.30
Ghana	$3.12	$5.19	$0.47	$8.78	$0.00	$0.00	$0.47	$0.47	$3.12	$5.19	$0.94	$9.25
Guinea	$1.15	$1.60	$0.16	$2.91	$0.72	$0.80	$0.16	$1.68	$1.87	$2.40	$0.32	$4.59
Guinea-Bissau	$0.06	$0.25	$0.07	$0.38	$0.00	$0.00	$0.07	$0.07	$0.06	$0.25	$0.13	$0.44
Kenya	$0.35	$0.50	$0.50	$1.35	$0.00	$0.00	$0.50	$0.50	$0.35	$0.50	$1.00	$1.85
Liberia	$0.54	$2.90	$0.27	$3.71	$0.35	$1.45	$0.27	$2.07	$0.89	$4.35	$0.54	$5.78
Mali	$2.82	$5.78	$0.22	$8.82	$0.00	$0.00	$0.22	$0.22	$2.82	$5.78	$0.44	$9.04
Mauritania	$0.14	$0.58	$0.18	$0.90	$0.00	$0.00	$0.18	$0.18	$0.14	$0.58	$0.37	$1.08
Senegal	$0.65	$1.84	$0.21	$2.70	$0.00	$0.00	$0.21	$0.21	$0.65	$1.84	$0.42	$2.91
Sierra Leone	$0.68	$2.30	$0.24	$3.22	$0.00	$0.00	$0.24	$0.24	$0.68	$2.30	$0.48	$3.46
Togo	$0.84	$0.82	$0.09	$1.75	$0.00	$0.00	$0.09	$0.09	$0.84	$0.82	$0.18	$1.84
Uganda	$1.00	$2.75	$0.37	$4.12	$0.00	$0.00	$0.37	$0.37	$1.00	$2.75	$0.74	$4.49
Eastern Mediterranean Region												
Djibouti	$0.40	$0.41	$0.10	$0.91	$0.00	$0.00	$0.10	$0.10	$0.40	$0.41	$0.20	$1.01
Somalia	$1.31	$3.38	$0.86	$5.55	$0.52	$1.50	$0.68	$2.70	$1.83	$4.88	$1.54	$8.25
Sudan	$7.08	$11.89	$1.38	$20.35	$2.94	$3.66	$1.25	$7.86	$10.02	$15.55	$2.63	$28.21
Yemen	$4.32	$3.65	$0.18	$8.15	$0.00	$0.00	$0.18	$0.18	$4.32	$3.65	$0.36	$8.33
South-East Asia Region												
Bangladesh	$0.00	$0.00	$0.75	$0.75	$0.00	$0.00	$0.56	$0.56	$0.00	$0.00	$1.31	$1.31
Indonesia	$5.52	$12.08	$0.44	$18.04	$0.00	$0.00	$0.44	$0.44	$5.52	$12.08	$0.88	$18.48
Nepal	$0.12	$0.09	$0.50	$0.71	$0.00	$0.00	$0.37	$0.37	$0.12	$0.09	$0.87	$1.09

Note: additional activities may be funded through the emergency response funds.

Table 5: Surveillance and laboratory costs by country and region, 2005 (all figures are in US$ millions)

WHO African Region	2005
Algeria	$0.08
Angola	$1.96
Burkina Faso	$0.28
Benin	$0.23
Botswana	$0.10
Burundi	$0.17
CAR	$0.27
Cameroon	$0.29
Cape Verde	$0.05
Chad	$0.38
Comoros	$0.06
Congo	$0.20
Côte D'Ivoire	$0.32
DR Congo	$2.40
Equatorial Guinea	$0.02
Eritrea	$0.14
Ethiopia	$2.76
Gabon	$0.11
Gambia	$0.07
Ghana	$0.47
Guinea	$0.16
Guinea Bissau	$0.07
Kenya	$0.50
Lesotho	$0.06
Liberia	$0.27
Madagascar	$0.42
Malawi	$0.20
Mali	$0.22
Mauritania	$0.18
Mauritius	$0.04
Mozambique	$0.85
Namibia	$0.11
Niger	$0.40
Nigeria	$7.57
Rwanda	$0.11
Sao Tome	$0.01
Senegal	$0.21
Seychelles	$0.01
Sierra Leone	$0.24
South Africa	$0.07
Swaziland	$0.06
Tanzania	$0.24
Togo	$0.09
Uganda	$0.37
Zambia	$0.45
Zimbabwe	$0.11
Regional Office	$3.26
Subtotal	**$26.65**

WHO Region of the Americas	2005
Regional Office	$0.60

WHO Eastern Mediterranean Region	2005
Afghanistan	$1.55
Djibouti	$0.10
Egypt	$0.37
Iraq	$0.10
Pakistan	$1.50
Somalia	$0.86
Sudan	$1.38
Yemen	$0.18
Regional Office	$1.05
Subtotal	**$7.08**

WHO South-East Asia Region	2005
Bangladesh	$0.75
India	$4.30
Indonesia	$0.44
Myanmar	$0.27
Nepal	$0.50
Regional Office	$2.30
Subtotal	**$8.56**

WHO European Region	2005
Armenia	$0.00
Azerbaijan	$0.01
Bosnia	$0.01
Bulgaria	$0.01
Georgia	$0.01
Kazakhstan	$0.06
Kyrgystan	$0.01
Republic of Moldova	$0.01
Romania	$0.01
Russian Federation	$0.08
Serbia & Montenegro	$0.01
Tadjikistan	$0.08
Turkey	$0.05
Turkmenistan	$0.03
Ukraine	$0.01
Uzbekistan	$0.03
Regional Office	$0.25
Subtotal	**$0.64**

WHO Western Pacific Region	2005
Regional Office	$0.38

WHO/HQ	2005
WHO/HQ	$4.67

Global	2005
Total	$48.57

Note: "Regional Office" includes laboratory costs for the entire region. Surveillance costs in general experience a 10% decrease in 2006.

Table 6: Technical assistance, country-level details 2005 (all figures are in US$ millions)

WHO African Region	2005
Angola	$1.94
Benin	$0.16
Botswana	$0.13
Burkina Faso	$0.17
CAR	$0.29
Cameroon	$0.04
Chad	$0.51
Central ICP Office*	$0.42
Congo	$0.22
Côte d'Ivoire	$0.22
DR Congo	$2.98
Eastern ICP Office	$0.57
Equatorial Guinea	$0.02
Eritrea	$0.06
Ethiopia	$1.02
Gabon	$0.14
Gambia	$0.14
Ghana	$0.24
Guinea	$0.13
Guinea Bissau	$0.11
Kenya	$0.23
Lesotho	$0.02
Liberia	$0.27
Madagascar	$0.12
Malawi	$0.03
Mali	$0.21
Mauritania	$0.13
Mozambique	$0.24
Namibia	$0.16
Niger	$0.49
Nigeria	$5.34
Rwanda	$0.16
Senegal	$0.14
Southern ICP Office	$0.46
Sierra Leone	$0.14
South Africa	$0.06
Swaziland	$0.10
Tanzania	$0.21
Togo	$0.14
Uganda	$0.10
Western ICP Office	$0.40
Zambia	$0.22
Zimbabwe	$0.02
Regional Office	$2.65
Subtotal	**$21.55**

WHO Eastern Mediterranean Region	2005
Afghanistan	$1.97
Djibouti	$0.04
Egypt	$0.31
Iraq	$0.17
Pakistan	$4.96
Somalia	$1.04
Sudan	$2.71
Yemen	$0.14
Regional Office	$0.75
Subtotal	**$12.09**

WHO South-East Asia Region	2005
Bangladesh	$1.32
India	$7.10
Indonesia	$0.47
Myanmar	$0.37
Nepal	$0.52
Regional Office	$0.75
Subtotal	**$10.53**

WHO European Region	2005
Kazakhstan	$0.16
Regional Office	$0.74
Subtotal	**$0.90**

WHO Western Pacific Region	2005
Vietnam	$0.28
Cambodia	$0.14
China	$0.14
Fiji	$0.14
Laos	$0.14
Philippines	$0.14
Regional Office	$0.84
Subtotal	**$1.82**

WHO/HQ	$5.30
UNICEF	$4.80

Global	2005
Total	**$56.99**

** ICP= Inter-country Programme*