POLIO GLOBAL ERADICATION INITIATIVE

Financial Resource Requirements 2013-2018

As of 1 June 2013

World Health Organization

PARTNERS IN THE GLOBAL POLIO ERADICATION INITIATIVE

unicef

Design & layout: Paprika (Annecy,France)

Photo front cover: WHO/Thomas Moran. Social mobilization in Nigeria: two female health workers in northern Nigeria motivate and engage their community during a polio immunization activity. Such social mobilization activities are an integral part of strategic planning, to help create strong demand for polio and other vaccines and foster comprehensive community participation. At the same time, the role of female health workers is critical, as often they command greater respect in a community, especially among mothers and caregivers.

Photo back cover: UNICEF Pakistan/R. Irfan Ali. Young child receives the oral polio vaccine during a campaign in Pakistan and is proud to show the fingermark. Fingermarking is essential to make sure that not a single child is missed during campaigns.

WHO/POLIO/13.01

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ACRONYMS AND ABBREVIATIONS

AusAID	Australian Government Overseas Aid Program
AFP	Acute Flaccid Paralysis
AFR	WHO African Region
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
DFID	UK Department for International Development
EMR	WHO Eastern Mediterranean Region
FRR	Financial Resource Requirements
FWG	Finance Working Group
GPEI	Global Polio Eradication Initiative
GPLN	Global Polio Laboratory Network
IsDB	Islamic Development Bank
IMB	Independent Monitoring Board
IPV	Inactivated Polio Vaccine
JICA	Japan International Cooperation Agency
mOPV	Monovalent Oral Polio Vaccine
NIDs	National Immunization Days
OPV	Oral Polio Vaccine
PAG	Polio Advocacy Group
PPG	Global Polio Partners Group
PSC	Polio Steering Committee
SAGE	Strategic Advisory Group of Experts on immunization
SEAR	WHO South East Asia Region
SIAs	Supplementary Immunization Activities
SIADs	Short Interval Additional Dose
SNIDs	Sub-national Immunization Days
TAG	Technical Advisory Group
tOPV	Trivalent Oral Polio Vaccine
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAPP	Vaccine-Associated Paralytic Polio
VDPV	Vaccine-Derived Poliovirus
WHA	World Health Assembly
WHO	World Health Organization
WPV	Wild Poliovirus

EXECUTIVE SUMMARY

The Financial Resource Requirements (FRR) is the accompanying budget document to the Polio Eradication and Endgame Strategic Plan 2013-2018 of the Global Polio Eradication Initiative (GPEI). The FRR is updated quarterly based on evolving epidemiology and available funding. This edition of the FRR provides detailed information for 2013 and high-level figures for 2014-2018. Subsequent publications will provide greater detail for future years. The financial needs reflected in this publication represent requirements for activities to be implemented by WHO and 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, please see: http://www.polioeradication.org/Financing.aspx.

A clear, multi-year budget to achieve success

The budget for the Polio Eradication and Endgame Strategic Plan 2013-2018 (the Plan) is US$ 5.5 billion, with costs peaking at US$ 1.054 billion in 2013 then declining annually to US$ 760 million in 2018 (Table 1). The budget has four major cost categories (immunization activities, surveillance and response capacity, containment and certification, and core functions and infrastructure). The main assumptions that underpin the cost model behind the budget are based upon the key milestones and outcome indicators described in the Plan, including the interruption globally of polio virus transmission by end-2014. For a full version of the Plan, please see: www.polioeradication.org/Resourcelibrary/Strategyandwork.aspx

Improving oversight, accountability and coordination

An important aspect of the Plan's success is putting the right checks and balances in place to ensure not only that milestones are met and the programme is well-managed and effective, but also that the GPEI remains a good steward of financial resources. New governance mechanisms have been established to further strengthen oversight, accountability and coordination for the duration of the Polio Eradication and Endgame Strategic Plan 2013-2018, including a critical role for active stakeholder engagement (please refer to Figure 3 "GPEI governance and oversight").

Commitments to fully fund the Plan

On 25 April 2013, the new Plan was shared at the Global Vaccine Summit in Abu Dhabi. Global leaders, donor nations, polio-affected countries signalled their confidence in the plan by pledging over US$ 4 billion towards the plan's projected US$ 5.5 billion cost over six years. They also called upon the donor community at large to commit up front the additional US$ 1.5 billion to fully resource the Plan. The top priorities for the Initiative will be to work with partners to convert the pledges into signed agreements and cash disbursements and to secure the remaining US$ 1.5 billion in additional resources. For 2013, as of 1 June, the GPEI has received US$ 837 million in contributions and is tracking over US$ 217 million in firm prospects, which if fully operationalized within the third quarter could close the 2013 gap (**Table 1**), provided enough unspecified funds are secured to cover all cost categories.

The most effective option: The Economic Case for Polio Eradication

The Plan has been developed to capitalize on the unique opportunity to eradicate a disease for only the second time in history. Over US$ 10 billion has been invested from 1988-2012, generating net benefits of US $27 billion, out of the total US$ 40-50 billion savings previously estimated for low income countries alone[1]. To build support to mobilize the additional resources required to implement the Plan's US$ 5.5 billion budget, a review of the economic case for continuing to invest in polio eradication was conducted in advance of the Global Vaccine Summit. Building on an existing body of work, the *Economic Case for Polio Eradication* provides a forward-looking perspective on the benefits of eradication using updated cost inputs that underpin the Plan. The Case argues that eradication remains unequivocally more cost effective than the alternatives of control or routine immunization alone. Cost-effectiveness increases further when accounting for the GPEI's contributions to health programs beyond polio and strengthening resource management. (For the full document, please see: www.polioeradication.org/Portals/0/Document/Resources/StrategyWork/EconomicCase.pdf).

[1] Duintjer Tebbens RJ, Pallansch MA, Cochi SL, Wassilak SGF, Linkins J, Sutter RW, Aylward RB, Thompson KM. Economic analysis of the Global Polio Eradication Initiative. Vaccine 2011;29(2):334-343.

Table 1 | Summary of external resource requirements by major category of activity, 2013-2018
(all figures in US$ millions)

IMMUNIZATION ACTIVITIES	2013	2014	2015	2016	2017	2018	2013-18
Planned OPV Campaigns (OPV)	$191.57	$157.93	$106.65	$98.15	$77.50	$77.50	$709.30
Planned OPV Campaigns (WHO - Operational Cost)	$261.42	$200.85	$156.27	$136.75	$97.91	$97.91	$951.12
Planned OPV Campaigns (UNICEF - Operational Cost)	$53.44	$37.52	$25.12	$22.29	$17.64	$17.64	$173.64
Planned OPV Campaigns (Social Mobilization)	$33.51	$39.11	$26.45	$15.43	$10.35	$10.35	$135.19
Complementary OPV Campaigns	-	$55.00	$55.00	$40.00	$11.00	-	$161.00
IPV in Routine Immunization	-	-	$113.68	$68.61	$69.51	$70.39	$322.18
Sub-Total	**$539.94**	**$490.41**	**$483.17**	**$381.23**	**$283.91**	**$273.79**	**$2 452.44**

SURVEILLANCE AND RESPONSE CAPACITY	2013	2014	2015	2016	2017	2018	2013-18
Surveillance and Running Costs (incl. Security)	$64.48	$63.47	$63.47	$63.47	$63.47	$63.47	$381.82
Laboratory	$11.33	$11.33	$11.33	$11.33	$11.33	$11.33	$67.97
Environmental Surveillance	-	$5.00	$5.00	$5.00	$5.00	$5.00	$25.00
Emergency Response (OPV)	$15.00	$15.00	$15.00	$15.00	$20.00	$20.00	$100.00
Emergency Response (Operational Costs)	$30.00	$30.00	$30.00	$30.00	$40.00	$40.00	$200.00
Emergency Response (Social Mobilization)	$4.50	$5.00	$5.00	$5.00	$6.00	$6.00	$31.50
Stockpiles for Emergency Response	-	$12.30	-	$12.30	-	-	$24.60
Sub-Total	**$125.31**	**$142.10**	**$129.80**	**$142.10**	**$145.80**	**$145.80**	**$830.89**

POLIOVIRUS CONTAINMENT	2013	2014	2015	2016	2017	2018	2013-18
Certification and Containment	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$30.00
Surveillance and Lab enhancement for Certification	-	$3.74	$3.74	$3.74	$3.74	$3.74	$18.70
Sub-Total	**$5.00**	**$8.74**	**$8.74**	**$8.74**	**$8.74**	**$8.74**	**$48.70**

CORE FUNCTIONS AND INFRASTRUCTURE	2013	2014	2015	2016	2017	2018	2013-18
Ongoing quality improvement; surge capacity; endgame risk management; OPV cessation; additional innovations & programmatic adjustments	$72.24	$86.60	$82.69	$81.46	$50.56	$49.68	$423.23
Technical Assistance (WHO)	$135.13	$135.13	$130.14	$128.10	$128.47	$128.97	$785.95
Technical Assistance (UNICEF)	$34.31	$34.31	$34.31	$34.31	$34.31	$34.31	$205.86
Community Engagement and Social Mobilization	$66.23	$61.51	$61.71	$61.71	$61.71	$61.71	$374.59
R&D and Technology Transfer	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	$60.00
Sub-Total	**$317.91**	**$327.55**	**$318.85**	**$315.59**	**$285.05**	**$284.67**	**$1 849.64**

Subtotal Direct Costs	**$988.16**	**$968.79**	**$940.56**	**$847.65**	**$723.50**	**$713.00**	**$5 181.67**
*Indirect costs**	*$65.44*	*$64.15*	*$62.28*	*$56.13*	*$47.91*	*$47.21*	*$343.13*
GRAND TOTAL	**$1 053.60**	**$1 032.95**	**$1 002.84**	**$903.78**	**$771.41**	**$760.21**	**$5 524.80**

2013 Contributions (Rounded)	**$837.00**
2013 Funding Gap (Rounded)	**$217.00**
2013 Firm Prospects (Rounded)	**$217.00**
2013 Best Case Gap (Rounded)	**$0.00**

* Represents the estimated program support costs of WHO and UNICEF based on each organizations official policy.

1 | BUDGET ASSUMPTIONS & CATEGORIES

A thorough cost analysis was conducted by the Global Polio Eradication Initiative (GPEI) during the second half of 2012, resulting in the establishment of the budget of US$ 5.5 billion to achieve the Plan's objectives from 2013 through 2018. The budget has four major cost categories **(Figure 1)** with accompanying assumptions **(Table 2)** that underpin the cost model. While interruption of wild polio virus globally cannot be guaranteed by a particular date, and various factors could intervene, the current budget reflects the fact that endemic countries were at end-2012 on a trajectory to interrupt transmission by end-2014, with costs peaking at US$ 1.054 billion in 2013 then declining annually to US$ 760 million in 2018.

Figure 1 | Plan budget by major category (US$ millions)

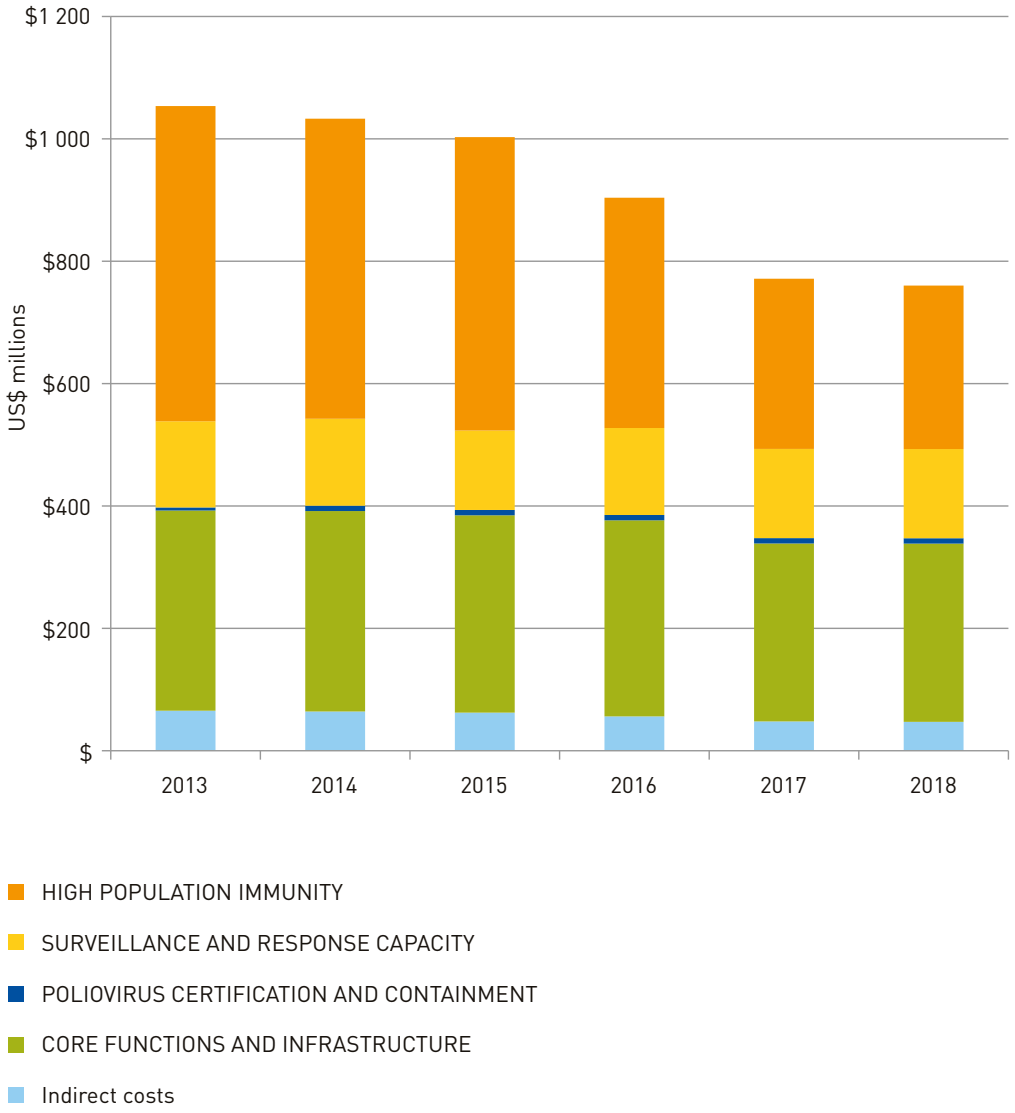


Table 2 | Cost assumption by major budget category

BUDGET CATEGORY	ASSUMPTIONS
IPV in Routine Immunization	• Reflects IPV introduction assumptions outlined in the Strategic Plan: all countries introduce at least one dose of IPV into their routine immunization programmes starting in 2015 with 100% uptake in the first year until 2018 • Includes full annual IPV costs for all countries conducting SIAs with OPV in 2013-2014, all GAVI-eligible and GAVI graduate countries; partial IPV costs are included for selected lower-middle income and upper-middle income OPV-using countries, where is it assumed that only catalytic funding will be required.
Surveillance/ Laboratory	• Reflects 2013 surveillance and lab activity requirements being maintained on an annual basis until 2018
Environment 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 operations costs for emergency response:
	  • 2013 US$ 66 million (US$ 20 million for vaccine & US$ 46 million for operations and social mobilization);
	  • 2014–2016 US$ 50 million (US$ 15 million for vaccine & US$ 35 million for operations/year);
	  • 2017–2018 US$ 66 million (US$ 20 million for vaccine & US$ 46 million for operations/year)

Stockpile	• Represents Stockpile projections for 2014 (US$ 24.6 million) based upon existing contract with manufacturers; funds have already transferred to UNICEF
Certification and Containment	• Represents enhancements that may be required to surveillance and lab capacity in preparation for certification and containment, as well as an annual provision for regional and country level activities
Ongoing quality improvements, surge capacity, risk management	• Reflects surge capacity in endemic and high-risk countries through 2015 that will support activities required to interrupt transmission; 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 AFR, EMR and SEAR; 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 2013-2018

Definition of budget categories and key cost drivers

The four major budget categories include the cost of reaching and vaccinating more than 250 million children multiple times every year; implementing monitoring and surveillance activities in more than 70 countries; ensuring the full application of relevant poliovirus bio-containment requirements globally, and fulfilling national, regional and global certification requirements; and supporting core functions and 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, please see: http://www.polioeradication.org/Financing.aspx

1. Immunization activities

Interruption of wild polioviruses and VDPVs requires the raising of population immunity in the three remaining endemic countries, in re-infected countries and in high-risk areas prone to outbreaks and re-importations, to levels sufficient to stop transmission. This is done by vaccinating children with polio vaccines, through routine immunization and supplementary immunization activities (SIAs). **Annex B** provides an overview of the SIA schedule for 2013. Starting in 2015, the GPEI budget includes the cost of IPV for introduction into routine immunization systems in OPV-using 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, Pakistan and Nigeria.

The sub-budget categories for SIAs are: Oral Polio Vaccine (OPV) costs, operations costs, and campaign-related social mobilization costs (versus on-going social mobilization costs, which are budgeted separately under core functions and infrastructure – see **Annex C** for additional details).

Oral polio vaccine costs

This sub-budget category represents the cost of procuring OPV for use in supplementary immunization campaigns, including the vaccine itself plus shipping and freight. UNICEF is the agency that procures vaccine 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 2012, more than 1.3 billion doses of OPV were procured by UNICEF Supply Division for use in 71 countries. The weighted average price of each OPV dose in 2012 was US$ 0.14. For the 2013-2018 period, the assumed average cost is US$ 0.16.

Operations costs

This sub-budget category represents the costs of delivering vaccine during supplementary immunization campaigns, including micro-planning, training, allowances for field personnel involved in vaccination campaigns, transport, logistics, supervision, monitoring, evaluation and general operating expenses. For the average ops cost per child in 2013, please see: http://www.polioeradication.org/Financing.aspx

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

2. Surveillance and response capacity

The detection and investigation of acute flaccid paralysis (AFP) cases remains the core strategy for detecting all polioviruses. In addition, environmental surveillance for polioviruses (circulating and wild) 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 more than 145 laboratories.

A more aggressive approach to outbreaks, both to wild poliovirus and VDPVs, continues to be implemented in endemic countries and in countries affected by outbreaks. The aim is to stop any new polio outbreak within 120 days of the index case. In addition to maintaining the flexibility to rapidly and comprehensively respond to outbreaks, per international outbreak response guidelines issued by the World Health Assembly (WHA), immunity levels and surveillance must be maintained in particular in high-risk countries to minimise the risk and consequences of eventual outbreaks.

3. Poliovirus containment and certification

The global certification of WPV requires ensuring highly sensitive poliovirus surveillance and full application of relevant poliovirus bio-containment requirements, across the entire world. Bio-containment activities have started in all 6 WHO Regions. For the three regions not certified polio-free at the end of 2012 – Africa, South East Asia and the Eastern Mediterranean – the priority will be to close remaining gaps in AFP surveillance sensitivity by 2014 in advance of the trivalent OPV to bivalent OPV switch *(budgeted under the surveillance and response category)* and then to sustain certification-standard surveillance performance at the national and subnational level through regional and global certification. For the three regions that are certified polio-free – the Americas, Europe and the Western Pacific – the priority will be to achieve or maintain surveillance at certification-standard levels.

4. Core functions and infrastructure

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

SPOTLIGHT: CDC'S EFFORTS TOWARDS POLIO ERADICATION

The spearheading partners of the GPEI are the WHO, Rotary International, the US Center's for Disease Control and Prevention (CDC) and UNICEF. CDC deploys a wide range of public health assistance in the form of staff and consultants, provides specialized laboratory and diagnostic expertise and contributes direct funding.

In addition to contributions toward the FRR, CDC also directly supports research and the global polio laboratory network. CDC's scientists conduct polio research around the world, collaborating with a wide range of partners. The results from this research helps guide policy and strategies and identify strategies best practices towards the GPEI endgame. In 2013, CDC will spend approximately US$2 million on polio research that will address questions surrounding immunity against poliovirus as well as inactivated poliovirus vaccine (IPV) administration in preparation for IPV introduction as outlined in Objective 2 of the Polio Eradication and Endgame Strategic Plan 2013-2018.

CDC's polio laboratory is the premier global polio reference lab. CDC's laboratory plays a lead role in identifying the origin of poliovirus in a new outbreak, mapping virus origin and spread, and describing how the virus relates to other polioviruses. For 2013-2014, the CDC laboratory expects to receive over 100,000 specimens for diagnostic testing, molecular epidemiology, and for measuring poliovirus population immunity in high risk areas and effectiveness of new poliovirus vaccine strategies. Laboratory-based surveillance will detect emergence of circulating vaccine derived polioviruses and ultimately allow the planned shifts in global polio vaccine usage. CDC's polio laboratory will be one of the few facilities to retain poliovirus stocks after eradication, and it will play a leadership role in setting safe handling and bio-containment procedures.

2 | BUDGET PROCESS, OVERSIGHT, ACCOUNTABILITY & MONITORING

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 the polio eradication activities. The funds to finance the activities flow from multiple channels, primarily through these stakeholders. Both UN agencies support the governments in the preparation and implementation of SIAs.

For immunization activities in particular, the schedule is developed based on the guidance of national and regional Technical Advisory Groups (TAGs), Ministries of Health and the country offices of WHO and UNICEF. 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 and take into consideration local costs for all elements of the activities, as described in the Section 1.

The national GPEI budget development 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 bi-weekly 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.

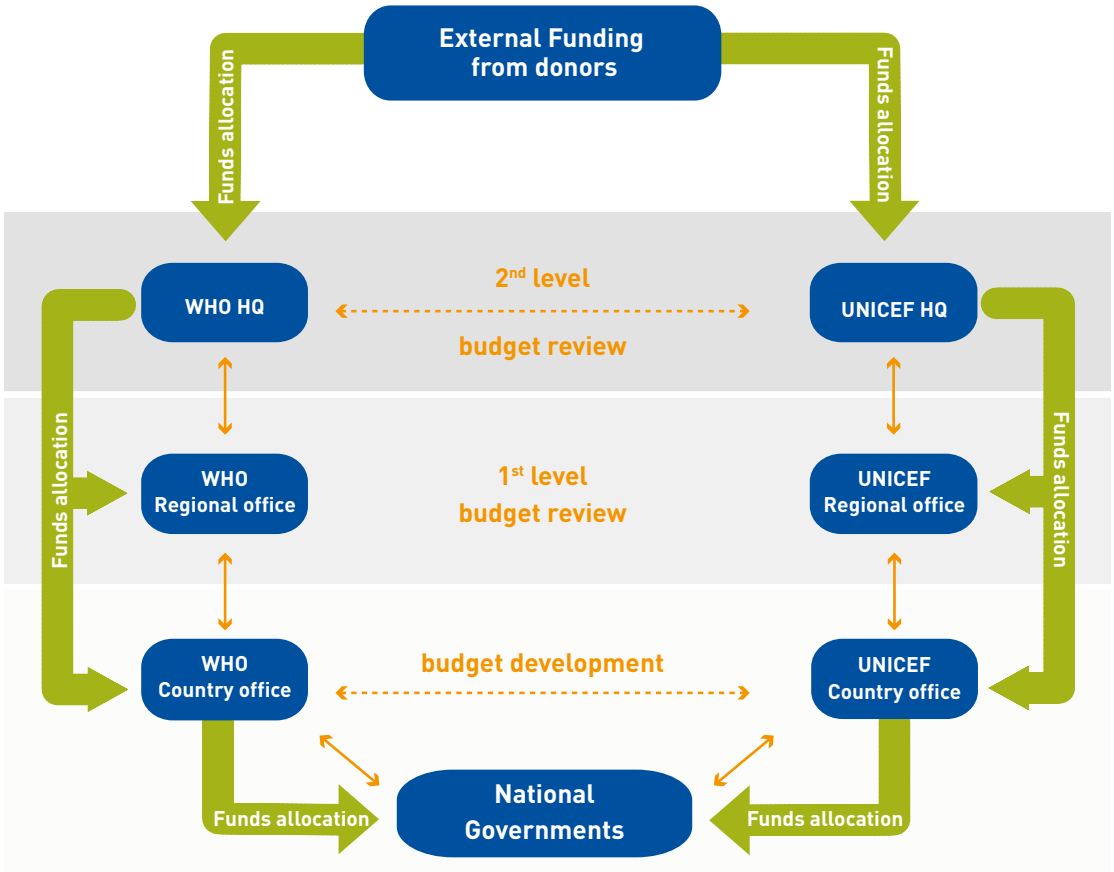
Requests to release operations funds for SIAs include submission of the final activity budget, which is reviewed and validated at the regional office and headquarters levels, prior to the release of funds (usually four to six weeks before SIAs). In the case of an outbreak, initial funds may be released while pending full budget review. For staff and surveillance, funds are disbursed on a quarterly or semi-annual basis, depending on the GPEI cash flow, against long-term human resources (HR) and 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.

Historically the GPEI has been faced with the recurrent challenge of changing plans and cancelling immunization campaigns due to a lack of funding and/or unpredictable funding flows. In the event that sufficient funds are not available to fully support the GPEI budget in a given year, available resources have historically been allocated according to the following priority order:

Priority 1 Technical assistance (12 months funding)
Priority 2 Surveillance/Laboratory network (6 months funding)
Priority 3 Endemic country SIAs (6 months)
Priority 4 Outbreak response (3 months)
Priority 5 High-risk/other country SIAs

This prioritization process will continue to be updated with the evolving epidemiology and will in 2013 be revised to reflect new priority activities in Objectives 2 and 3 of the Plan, especially IPV introduction.

Figure 2 | Budget review and fund allocation process



Budget oversight, accountability and coordination

Please also refer to Section 11 of the Plan for a full description of governance, monitoring, oversight and management for the GPEI at www.polioeradication.org/Resourcelibrary/Strategyandwork.aspx

Figure 3 provides an overview of GPEI's governance, oversight and management structure. As the primary WHO decision-making body, the **World Health Assembly (WHA)**, comprised of all 194 WHO Member States, provides the highest level of governance of the GPEI. National governments are both the owners and beneficiaries of the GPEI. Polio-affected countries undertake the full range of activities detailed in their country plans and take primary responsibility for the achievement of the Major Objectives of the 2013-2018 Polio Eradication and Endgame Strategic Plan.

The **Polio Oversight Board (POB)**, comprised of the heads of agencies of core GPEI partners, provides oversight of the GPEI and programme management, and ensures high-level accountability across the GPEI partnership. The POB receives and reviews inputs from the various advisory and monitoring bodies (IMB, SAGE, GCC) , and operational information from the **Polio Steering Committee (PSC)**.

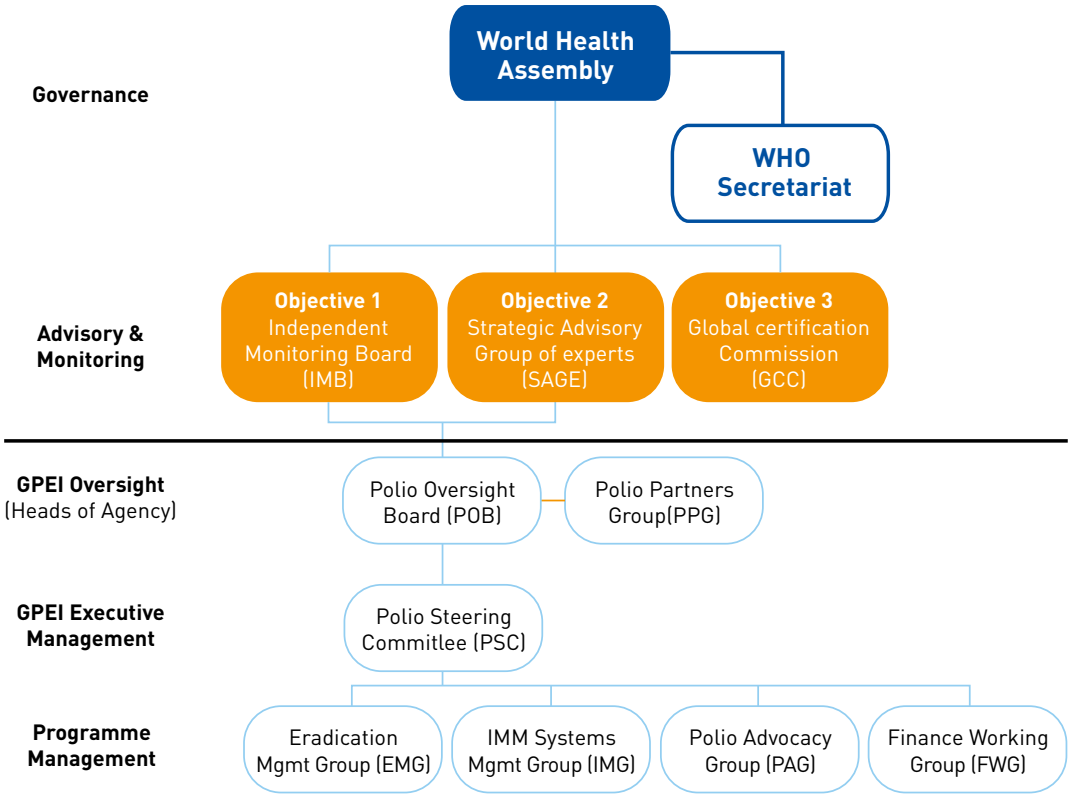
The POB's directives are implemented by the PSC through the various programme management bodies. The POB meets quarterly. The POB's deliberations are also informed by the Global Polio Partners Group (PPG).

The **Global Polio Partners Group (PPG)** serves as the stakeholder voice for the GPEI in the development and implementation of eradication strategic plans and fosters greater engagement among polio-affected countries, donors and other partners to ensure GPEI has the necessary political commitment and financial resources to reach the goal of polio eradication. The PPG meetings are held at the Ambassadorial/senior-officials level and results are reported to the POB.

The **Polio Advocacy Group (PAG)** has responsibility for developing and implementing a cross-agency resource mobilization strategy to ensure that the required financing is available to fully implement the Plan. The PAG will be responsible for securing new commitments and operationalizing commitments.

The **Polio Finance Working Group (FWG)** is responsible for closely tracking and managing the short and long-term financing needs, developing consistent and accurate financial information for strategic decision-making and establishing processes to support predictability of financing. The Group is also responsible for developing and reviewing the FRRs.

Figure 3 | Governance structure for the implementation of the Plan



Monitoring and Evaluation

The GPEI has developed a high-level Monitoring Framework to assess progress against the objectives laid out in the Plan. Detailed work plans are under development for each of the objectives, to be supplemented by more detailed monitoring and evaluation plans. National plans will be referred to for details of national responsibilities, targets and progress indicators. The GPEI will provide detailed reporting on progress against key indicators to its oversight and governance bodies at agreed intervals to inform their work.

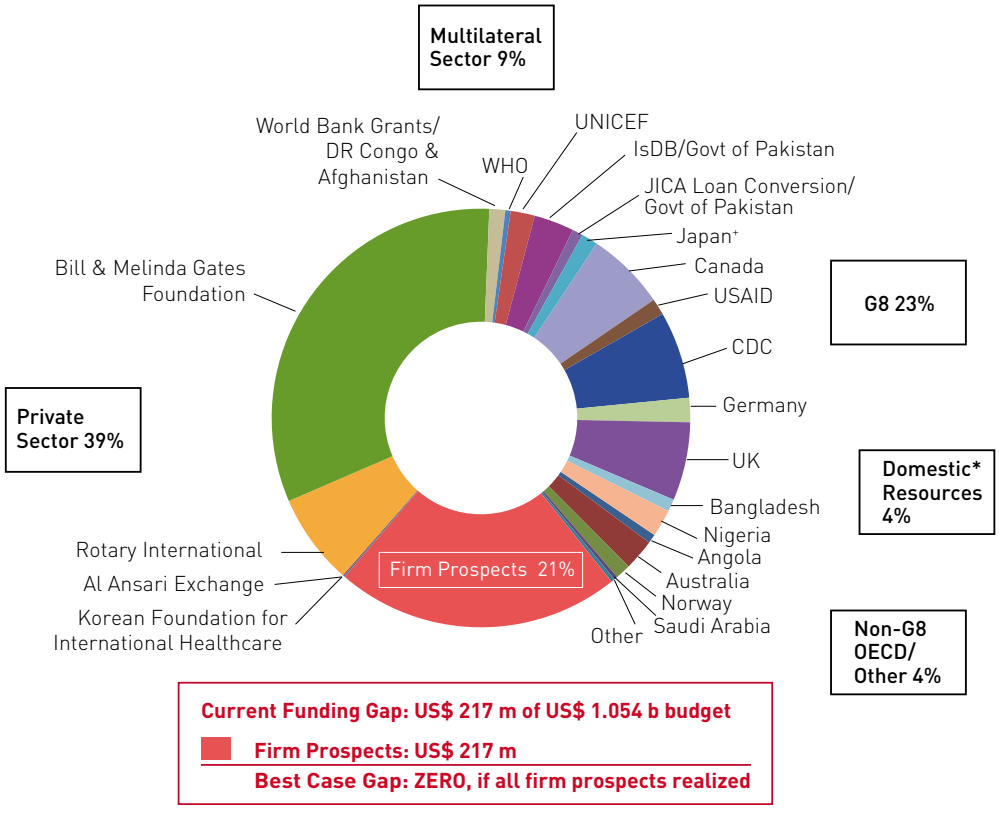
The GPEI has a strict set of internationally accepted process and outcome indicators for monitoring the performance and quality of country-level polio eradication activities.

These include indicators for the performance of supplementary immunization activities (SIAs), surveillance for acute flaccid paralysis (AFP) and the coordination of quality-assurance for the Global Polio Laboratory Network (GPLN). New and more rigorous monitoring tools have since 2012 enabled a clearer epidemiological picture and allow for a more targeted response, including the expanded use of Lot Quality Assurance Sampling (LQAS) and real-time and concurrent monitoring of immunization activities, and expanded use of environmental surveillance to supplement the AFP surveillance network.

3 | MOBILIZING THE FUNDING: CURRENT STATUS

As of 1 June, the gap for 2013 is US$ 217 million, against which firm prospects total over US$ 217 million. If these pledges are fully realized before the end of October, then the funding requirements for 2013 will be fulfilled, provided adequate amounts of unspecified funding are secured. **Figure 4** provides a summary of the 2013 budget, funding gap, firm prospects and contributions to date.

Figure 4 | Financing the 2013 budget of US$ 1.054 billion: US$ 837 million in contributions with a gap of US$ 217 million

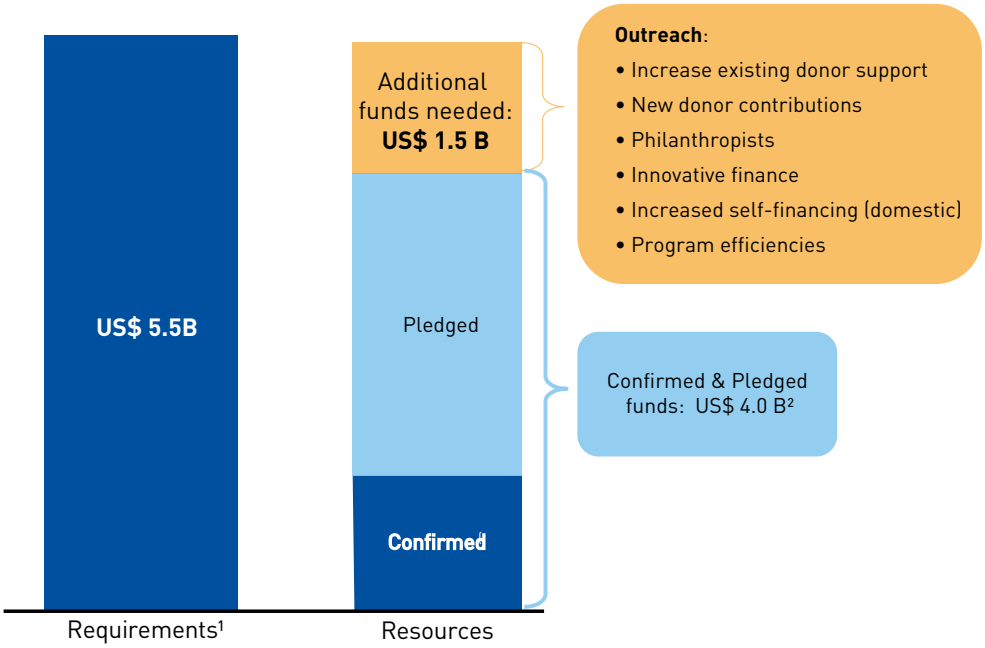


'Other' includes: the Governments of Brunei Darussalam, Finland, Luxembourg, Monaco and Nepal, plus the GOOGLE Foundation/Matching Grant.
* Domestic contributions by the Government of India of approximately US$ 207 million for 2013 are not included in this budget.
+ Includes funds from the Counter Value Fund/Govt of Pakistan.

On 25 April 2013, the new Plan was shared at the Global Vaccine Summit in Abu Dhabi. Global leaders, donor nations and polio-affected countries signalled their confidence in the plan by pledging over US$ 4 billion towards the plan's projected US$ 5.5 billion cost over six years. The top priorities for the Initiative will be to work with partners to convert the pledges into signed agreements and cash disbursements and to secure the remaining US$ 1.5 billion in additional resources **(Figure 5)**. Future FRR publications will continue to provide a regular update on the status of the funds pledged at the Summit **(Table 3)**, i.e. what has been operationalized through signed contribution agreements and/or cash payments, as well as new commitments towards the Plan.

Germany's State Secretary for Economic Cooperation and Development Hans-Jürgen Beerfeltz; Begum Shahnaz Wazir Ali, Coordinator Social Sector/Focal Person on Polio Eradication, President's Secretariat, Pakistan; Deepak Kapur, National PolioPlus Chair India, Rotary International; José Manuel Barroso, President, the European Commission; Nigeria's Minister of State for Health, Dr Muhammed Pate; Bill Gates, co-Chair and trustee, Bill & Melinda Gates Foundation; UAE's Minister of International Cooperation, Sheikha Lubna bint Khalid Al Qasimi; UK's Minister of State for International Development, Alan Duncan; Dr Ahmad Mohamed Ali Al-Madani, President, Islamic Development Bank Group; Afghanistan's Minister of Health, Dr Suraya Dalil; Dr Hamid Jafari, Director, Polio Operations and Research, World Health Organization; Mishal Husain, News Presenter & Journalist; and Canada's International Cooperation Minister, Julian Fantino
Photo credit: ©Bill & Melinda Gates Foundation/Jiro Ose

Figure 5 | Meeting the Plan's funding requirements



[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 Vaccine Summit, Abu Dhabi, 25 April 2013.

Table 3 | Breakdown of Commitments/Pledges around the Vaccine Summit
(all figures in US$ millions)

	Contributions by end Feb 2013[1]	Pledged as of April 2013[2]	Total Resources[3]
Al Ansari Exchange	1.00		1.00
Albert L. Ueltschi Foundation		10.00	10.00
Alwaleed Bin Talal Foundation-Global		30.00	30.00
Angola		7.30	7.30
Australia	34.55		34.55
Bangladesh Pooled Funding	10.00		10.00
Bill & Melinda Gates Foundation	62.88	1 737.12	1 800.00
Bloomberg Philanthropies		100.00	100.00
Brunei Darussalam	0.05		0.05
Canada	24.53	219.00	243.53
Carlos Slim Foundation		100.00	100.00
Crown Prince of Abu Dhabi		120.00	120.00
Dalio Foundation		50.00	50.00
European Commission		6.50	6.50
Finland		0.53	0.53
GAVI/IFFIm	24.00		24.00
Germany		151.70[4]	151.70
Ireland		6.50	6.50
Isle of Man		0.138	0.138
Islamic Development Bank/Govt of Pakistan		227.00	227.00
Japan		9.70	9.70
Korea Foundation for Int'l Healthcare		1.00	1.00
Liechtenstein		0.02	0.02
Luxembourg	0.70		0.70
Monaco	0.22	0.13	0.35
Nepal	0.90		0.90
Nigeria		40.00	40.00
Norway	12.45	240.00[5]	252.45
Rotary International	76.81		76.81
Saudi Arabia		15.00	15.00
The Foundation for a Greater Opportunity established by Carl C. Icahn		20.00	20.00
The Tahir Foundation		25.00	25.00
UNICEF		64.50	64.50
United Kingdom		457.00[6]	457.00
UN Foundation		0.75	0.75
United States	50.60	40.00	90.60
World Bank Investment Partnership		60.00	60.00
World Health Organization		4.27	4.27
Total	298.69	3 743.16	4 041.85

[1] Source: Contributions and Pledges to the GPEI, 1985-2014
[2] Firm pledges being tracked by the GPEI
[3] Conversion rates for pledges as of 24 April2013
[4] €11.5 million of this total was committed in 2012 towards GPEI total funding.
[5] Norway will increase its contribution in 2014 to $40 million with the intention of maintaining this level for the following five years.
[6] The UK has committed to channel up to £300m for polio eradication over 6 years (2013-18), some of which may be delivered bilaterally to support polio eradication directly in polio endemic countries.

Since the 1988 WHA resolution to eradicate polio, 77 public and private sector donors have contributed over US$ 10 billion to the GPEI. The Initiative 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. At the Global Vaccine Summit, the greatest source of increased pledged support for the new Plan was from private philanthropists and foundations **(Table 4)**. Rotary International and the Bill & Melinda Gates Foundation (BMGF) remain the top private sector contributors to the Initiative as well as leading partners.

Table 4 | Profile of Pledges at the End of the Vaccine Summit (in US$ millions)

Donor type	Pledged by end April 2013	Pledge as % of Total
G8/EC	959	24%
Other OECD	269	7%
Emerging Markets/Non-OECD	135	3%
Philanthopy/Private Sector	2 213	55%
Multilateral *	380	9%
Domestic Resources *	58	1%
Total	4 041	100%

* The Government of Pakistan is contributing through Islamic Development Bank Loans.

4 | POLIO-ENDEMIC COUNTRIES: DETAILED FUNDING REQUIREMENTS

At the start of 2013, three countries remain endemic for wild polio viruses– Nigeria, Pakistan and Afghanistan. In all three endemic countries, the polio programmes are operating under national emergency action plans, overseen in each instance by the respective of head state and supported by an all-of-government approach to overcoming long-standing operational challenges.

By the end of 2012, the impact of the emergency plans in all three countries was being seen, both in terms of reduced virus circulation and in terms of more children being reached with polio vaccine – particularly in historical reservoir areas. And while new risks emerged, in the form of major security incidences in some parts of Pakistan and Nigeria, the world has perhaps its best ever opportunity to rapidly complete the job in these remaining three countries.

The estimated total cost for the three endemics is approximately US$ 2.25 billion, representing 41% of the US$ 5.5 billion budget **(Figure 6)**. **Figure 7** and the following three tables provide a breakdown of costs associated with SIAs, surveillance and technical assistance in the remaining endemic countries for 2013-2015.

Figure 6 | Comparison of the Plan's costs - endemic countries vs. all other costs, 2013-2018

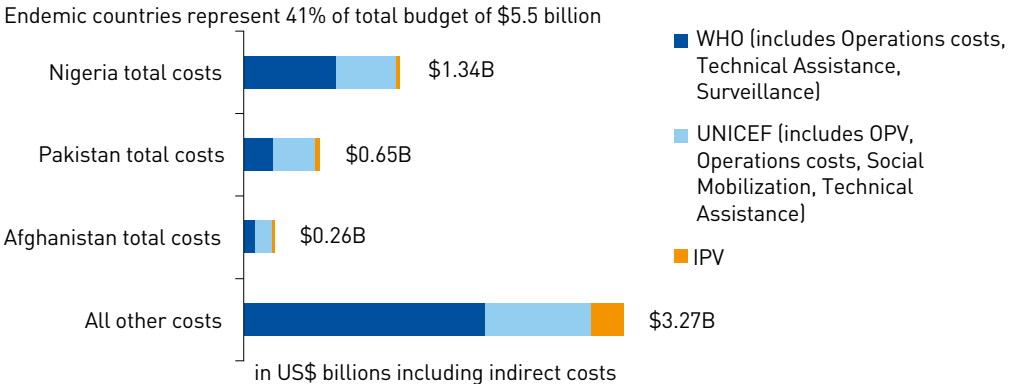
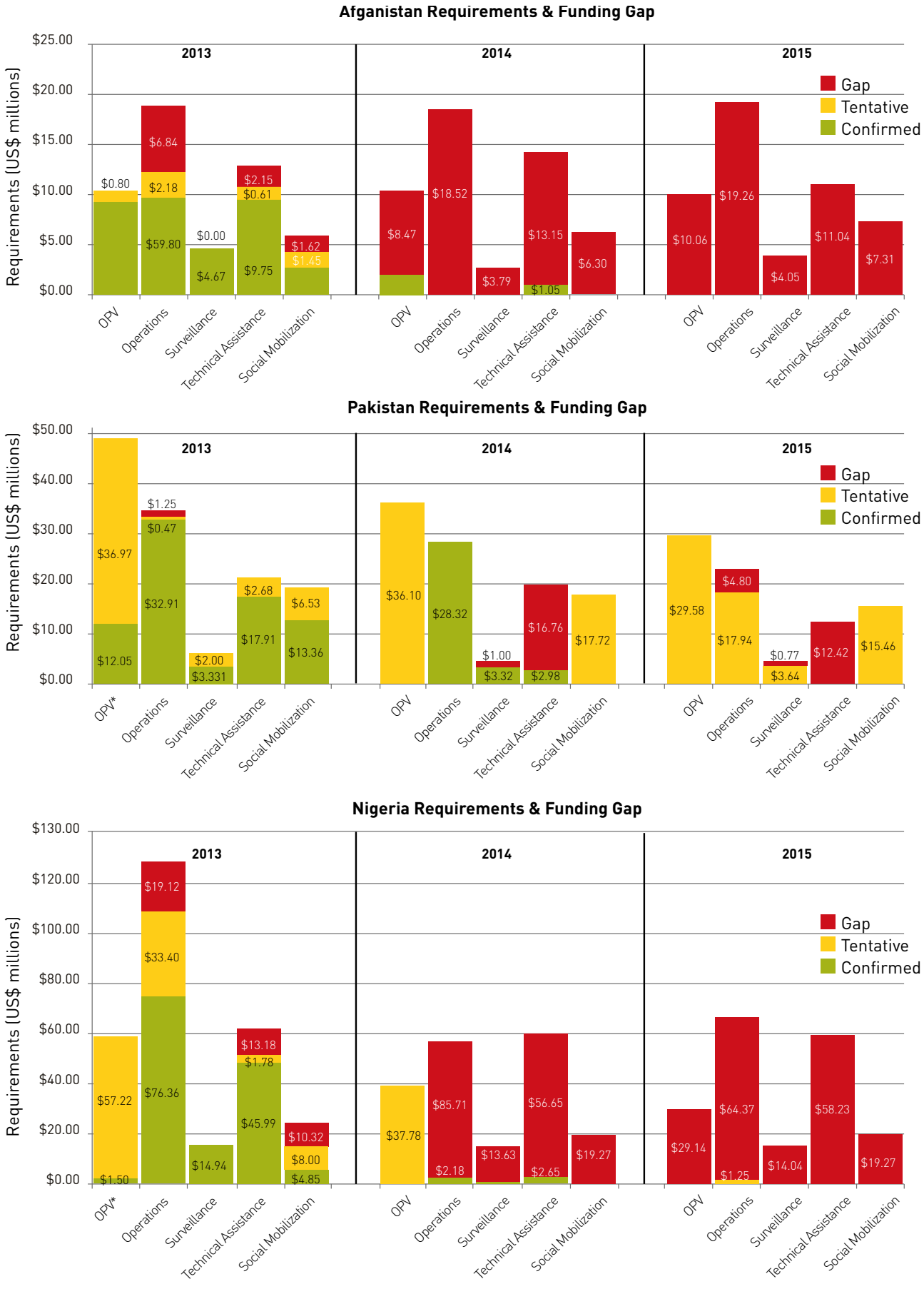


Figure 7 | Requirements and funding gap for endemic countries



* Temporary funding source being used pending finalization of World Bank funding.

Endemic country requirement and gap details, 2013-2015

AFGHANISTAN

(all figures in US$ millions, excluding indirect costs)

	2013	2014	2015	2013-2015
National Immunization Days (NIDs)	4	4	2	10
Sub-national Immunization Days (SNIDs)	5	4	4	13
Case response (mop-ups)	2	2	2	6
Short Interval Additional Dose (SIADS)	6	4	2	12
Cross border and transit	Year -round	Year -round	Year -round	Year-round
ORAL POLIO VACCINE				
Requirements	**$10.37**	**$10.22**	**$10.06**	**$30.65**
Confirmed funding				
Al-Ansari Exchange	$0.10	$0.00	$0.00	**$0.10**
CIDA	$0.20	$0.00	$0.00	**$0.20**
Japan	$0.02	$0.00	$0.00	**$0.02**
World Bank (grant)	$9.25	$1.75	$0.00	**$11.00**
Total	**$9.57**	**$1.75**	**$0.00**	**$11.32**
Tentative funding*				
Japan	$0.80	$0.00	$0.00	**$0.80**
Total	**$0.80**	**$0.00**	**$0.00**	**$0.80**
Funding Gap (exclusive of tentative funding)	**$0.80**	**$8.47**	**$10.06**	**$19.33**
Funding Gap (inclusive of tentative funding)	**$0.00**	**$8.47**	**$10.06**	**$18.53**
OPERATIONAL COSTS				
Requirements	**$18.82**	**$18.52**	**$19.26**	**$56.60**
Operational Costs (WHO)	$4.22	$4.35	$4.52	**$13.09**
Operational Costs (UNICEF)	$14.60	$14.17	$14.74	**$43.51**
Confirmed funding				
Al-Ansari (UNICEF)	$0.90	$0.00	$0.00	**$0.90**
CIDA (UNICEF)	$4.23	$0.00	$0.00	**$4.23**
Japan (UNICEF)	$1.38	$0.00	$0.00	**$1.38**
Rotary International (UNICEF)	$1.17	$0.00	$0.00	**$1.17**
CIDA (WHO)	$1.66	$0.00	$0.00	**$1.66**
Rotary International (WHO)	$0.46	$0.00	$0.00	**$0.46**
Total	**$9.80**	**$0.00**	**$0.00**	**$9.80**
Tentative funding*				
Rotary International (UNICEF)	$2.00	$0.00	$0.00	**$2.00**
Saudi Arabia (WHO)	$0.18	$0.00	$0.00	**$0.18**
Total	**$2.18**	**$0.00**	**$0.00**	**$2.18**
Funding Gap (exclusive of tentative funding)	**$9.02**	**$18.52**	**$19.26**	**$46.80**
WHO	$2.10	$4.35	$4.52	$10.97
UNICEF	$6.92	$14.17	$14.74	$35.83
Funding Gap (inclusive of tentative funding)	**$6.84**	**$18.52**	**$19.26**	**$44.62**
WHO	$1.92	$4.35	$4.52	$10.79
UNICEF	$4.92	$14.17	$14.74	$33.83
WHO SURVEILLANCE				
Requirements	**$4.67**	**$3.79**	**$4.05**	**$12.51**
Confirmed funding				
CIDA	$2.89	$0.00	$0.00	**$2.89**
DFID	$0.78	$0.00	$0.00	**$0.78**
CIDA	$1.00	$0.00	$0.00	**$1.00**
Total	**$4.67**	**$0.00**	**$0.00**	**$4.67**
Funding Gap (exclusive of tentative funding)	**$0.00**	**$3.79**	**$4.05**	**$7.84**
Funding Gap (inclusive of tentative funding)	**$0.00**	**$3.79**	**$4.05**	**$7.84**
TECHNICAL ASSISTANCE				
Requirements	**$12.51**	**$14.20**	**$11.04**	**$37.75**
Technical assistance (WHO)	$4.51	$4.96	$5.46	**$14.93**
Technical assistance (UNICEF)	$4.57	$5.07	$5.58	**$15.22**
Surge Capacity/Permanent Polio Teams (PPTs) (WHO)	$3.43	$4.17	$0.00	**$7.60**
Confirmed funding				
CIDA (WHO)	$2.46	$0.00	$0.00	**$2.46**
CDC (WHO)	$1.09	$0.00	$0.00	**$1.09**
Finland	$0.50	$0.00	$0.00	**$0.50**
BMGF - Surge Capacity (WHO)	$3.43	$0.00	$0.00	**$3.43**
BMGF (UNICEF)	$1.00	$1.05	$0.00	**$2.05**
CIDA (UNICEF)	$0.90	$0.00	$0.00	**$0.90**
Japan (UNICEF)	$0.37	$0.00	$0.00	**$0.37**
Total	**$9.75**	**$1.05**	**$0.00**	**$10.80**
Tentative funding				
Rotary International (UNICEF)	$0.31	$0.00	$0.00	**$0.31**
CIDA (UNICEF)	$0.30	$0.00	$0.00	**$0.30**
Total	**$0.61**	**$0.00**	**$0.00**	**$0.61**
Funding Gap (exclusive of tentative funding)	**$2.76**	**$13.15**	**$11.04**	**$26.95**
WHO	$0.46	$9.13	$5.46	$15.05
UNICEF	$2.30	$4.02	$5.58	$11.90
Funding Gap (inclusive of tentative funding)	**$2.15**	**$13.15**	**$11.04**	**$26.35**
WHO	$0.46	$9.13	$5.46	$15.05
UNICEF	$1.69	$4.02	$5.58	$11.29
UNICEF SOCIAL MOBILIZATION / SURGE CAPACITY				
Requirements	**$5.70**	**$6.30**	**$7.31**	**$19.31**
Confirmed funding				
US Fund for UNICEF	$0.30	$0.00	$0.00	**$0.30**
BMGF	$2.33	$0.00	$0.00	$2.33
Total	**$2.63**	**$0.00**	**$0.00**	**$2.63**
Tentative funding				
Japan	$0.50	$0.00	$0.00	**$0.50**
Rotary International (UNICEF)	$0.95	$0.00	$0.00	$0.95
Total	**$1.45**	**$0.00**	**$0.00**	**$1.45**
Funding Gap (exclusive of tentative funding)	**$3.07**	**$6.30**	**$7.31**	**$16.68**
Funding Gap (inclusive of tentative funding)	**$1.62**	**$6.30**	**$7.31**	**$15.23**
SUMMARY				
Total requirements	**$52.07**	**$53.03**	**$51.72**	**$156.82**
WHO	$16.83	$17.27	$14.03	$48.13
UNICEF	$35.24	$35.76	$37.69	$108.69
Funding Gap (exclusive of tentative funding)	**$15.65**	**$50.23**	**$51.72**	**$117.60**
WHO	$2.56	$17.27	$14.03	$33.86
UNICEF	$13.09	$32.96	$37.69	$83.74
Funding Gap (inclusive of tentative funding)	**$10.61**	**$50.23**	**$51.72**	**$112.56**
WHO	$2.38	$17.27	$14.03	$33.68
UNICEF	$8.23	$32.96	$37.69	$78.88

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

PAKISTAN

(all figures in US$ millions, excluding indirect costs)

	2013	2014	2015	2013-2015
National Immunization Days (NIDs)	3	4	2	9
Sub-national Immunization Days (SNIDs)	6	4	4	14
Short Interval Additional Dose (SIADS)	6	0	0	6
Case response (mop-ups)	5	2	2	9
ORAL POLIO VACCINE				
Requirements	**$49.02**	**$36.10**	**$29.58**	**$114.70**
Confirmed funding*				
CDC	$1.60	$0.00	$0.00	**$1.60**
Japan	$1.86	$0.00	$0.00	**$1.86**
JICA Loan Conversion/Government of Pakistan	$8.59	$0.00	$0.00	**$8.59**
Total	**$12.05**	**$0.00**	**$0.00**	$12.05
Tentative funding **				
World Bank Buy-down *	$24.00	$0.00	$0.00	**$24.00**
Islamic Development Bank/Government of Pakistan[1]	$12.97	$36.10	$29.58	**$78.65**
Total	**$36.97**	**$36.10**	**$29.58**	$102.65
Funding Gap (exclusive of tentative funding)	**$36.97**	**$36.10**	**$29.58**	**$102.65**
Funding Gap (inclusive of tentative funding)	**$0.00**	**$0.00**	**$0.00**	**$0.00**
OPERATIONAL COSTS				
Requirements	**$34.63**	**$28.32**	**$22.74**	**$85.69**
Operational costs (WHO)	$33.38	$28.32	$22.74	**$84.44**
Operational costs (UNICEF)	$1.25	$0.00	$0.00	**$1.25**
Confirmed funding				
BMGF(WHO)	$11.65	$0.00	$0.00	**$11.65**
JICA Loan Conversion/Government of Pakistan (WHO)	$0.23	$0.00	$0.00	**$0.23**
Japan/Government of Pakistan (Counter Value Fund) (WHO)	$2.91	$0.00	$0.00	**$2.91**
Islamic Development Bank/Government of Pakistan (WHO)	$18.12	$28.32	$17.94	**$64.38**
Total	**$32.91**	**$28.32**	**$17.94**	$79.17
Tentative funding				
Saudi Arabia(WHO)	$0.47	$0.00	$0.00	**$0.47**
Total	**$0.47**	**$0.00**	**$0.00**	$0.47
Funding Gap (exclusive of tentative funding)	**$1.72**	**$0.00**	**$4.80**	**$6.52**
WHO	$0.47	$0.00	$4.80	$5.27
UNICEF	$1.25	$0.00	$0.00	$1.25
Funding Gap (inclusive of tentative funding)	**$1.25**	**$0.00**	**$4.80**	**$6.05**
WHO	$0.00	$0.00	$4.80	$4.80
UNICEF	$1.25	$0.00	$0.00	$1.25
SURVEILLANCE (INCLUDES SECURITY)				
Requirements	**$5.33**	**$4.32**	**$4.41**	**$14.06**
Confirmed funding				
DFID	$0.73	$0.00	$0.00	**$0.73**
Japan/Pakistan (Counter Value Fund) (WHO)	$0.80	$0.00	$0.00	**$0.80**
Islamic Development Bank/Government of Pakistan	$1.80	$3.32	$3.64	**$8.76**
Total	**$3.33**	**$3.32**	**$3.64**	$10.29
Funding Gap (exclusive of tentative funding)	**$2.00**	**$1.00**	**$0.77**	**$3.77**
Funding Gap (inclusive of tentative funding)	**$2.00**	**$1.00**	**$0.77**	**$3.77**
TECHNICAL ASSISTANCE				
Requirements	**$20.59**	**$19.74**	**$12.42**	**$52.75**
Technical assistance (WHO)	$7.32	$7.32	$7.85	**$22.49**
Surge Capacity (WHO)	$7.85	$7.85	$0.00	**$15.70**
Technical assistance (UNICEF)	$5.42	$4.57	$4.57	**$14.56**
Confirmed funding				
Rotary International (WHO)	$2.78	$0.00	$0.00	**$2.78**
USAID (WHO)	$1.86	$0.00	$0.00	**$1.86**
BMGF - Surge Capacity (WHO)	$7.85	$0.00	$0.00	**$7.85**
AusAID (UNICEF)	$0.30	$0.00	$0.00	**$0.30**
BMGF (UNICEF)	$2.85	$2.98	$0.00	**$5.83**
CDC (UNICEF)	$0.59	$0.00	$0.00	**$0.59**
Rotary International (UNICEF)	$0.75	$0.00	$0.00	**$0.75**
USAID (UNICEF)	$0.93	$0.00	$0.00	**$0.93**
Total	**$17.91**	**$2.98**	**$0.00**	$20.89
Tentative funding				
DFID	$2.68	$0.00	$0.00	**$2.68**
Total	**$2.68**	**$0.00**	**$0.00**	$2.68
Funding Gap (exclusive of tentative funding)	**$2.68**	**$16.76**	**$12.42**	**$31.86**
WHO	$2.68	$15.17	$7.85	$25.70
UNICEF	$0.00	$1.59	$4.57	$6.16
Funding Gap (inclusive of tentative funding)	**$0.00**	**$16.76**	**$12.42**	**$29.18**
WHO	$0.00	$15.17	$7.85	$23.02
UNICEF	$0.00	$1.59	$4.57	$6.16
UNICEF SOCIAL MOBILIZATION				
Requirements	**$19.89**	**$17.72**	**$15.46**	**$53.07**
Confirmed funding				
BMGF	$1.72	$0.00	$0.00	**$1.72**
UNICEF Canada (National Committee)	$0.08	$0.00	$0.00	**$0.08**
Japan	$0.56	$0.00	$0.00	**$0.56**
Rotary International	$4.92	$0.00	$0.00	**$4.92**
USAID	$6.08	$0.00	$0.00	**$6.08**
Total	**$13.36**	**$0.00**	**$0.00**	$13.36
Tentative funding				
Islamic Development Bank/Government of Pakistan	$6.53	$17.72	$15.46	**$39.71**
Total	**$6.53**	**$17.72**	**$15.46**	$39.71
Funding Gap (exclusive of tentative funding)	**$6.53**	**$17.72**	**$15.46**	**$39.71**
Funding Gap (inclusive of tentative funding)	**$0.00**	**$0.00**	**$0.00**	**$0.00**
SUMMARY				
Total requirements	**$129.46**	**$106.20**	**$84.61**	**$320.27**
Funding Gap (exclusive of tentative funding)	**$49.90**	**$71.58**	**$63.03**	**$184.51**
WHO	$5.15	$16.17	$13.42	$34.74
UNICEF	$44.75	$55.41	$49.61	$149.77
Funding Gap (inclusive of tentative funding)	**$3.25**	**$17.76**	**$17.99**	**$39.00**
WHO	$2.00	$16.17	$13.42	$31.59
UNICEF	$1.25	$1.59	$4.57	$7.41

* Temporary funding source is being provided pending availability of World Bank funding.
** Tentative funding is indicative and subect to change pending final negotiations and formal agreements.

Notes:
[1] Tentative allocation pending final signature. Allocations will be made on an annual basis, not necessarily against a calendar year.

NIGERIA

(all figures in US$ millions, excluding indirect costs)

		2013	2014	2015	2013-2015
National Immunization Days (NIDs)		2	2	2	6
Sub-national Immunization Days (SNIDs)		7	4	2	13
Case response (mop-ups)[1]		0.3	0.3	0.3	0.9
ORAL POLIO VACCINE					
Requirements		**$58.72**	**$38.37**	**$29.14**	**$126.23**
Confirmed funding*					
UNICEF Regular Resources		$1.50	$0.00	$0.00	**$1.50**
	Total	**$1.50**	**$0.00**	**$0.00**	**$1.50**
Tentative funding**					
World Bank Buy-down		$57.22	$37.78	$0.00	**$95.00**
	Total	**$57.22**	**$37.78**	**$0.00**	**$95.00**
Funding Gap (exclusive of tentative funding)		**$57.22**	**$38.37**	**$29.14**	**$124.73**
Funding Gap (inclusive of tentative funding)		**$0.00**	**$0.59**	**$29.14**	**$29.73**
OPERATIONAL COSTS					
Requirements		**$128.88**	**$87.89**	**$65.62**	**$282.39**
Operational costs (WHO)[2]		$102.86	$70.96	$53.17	**$226.99**
Operational costs (UNICEF)		$26.02	$16.93	$12.45	**$55.40**
Confirmed funding					
CIDA (WHO)		$9.70	$2.18	$1.25	**$13.13**
BMGF (WHO)		$19.40	$0.00	$0.00	**$19.40**
KfW-Germany (WHO)		$14.23	$0.00	$0.00	**$14.23**
Federal Government of Nigeria (WHO)		$18.38	$0.00	$0.00	**$18.38**
USAID (WHO)		$0.16	$0.00	$0.00	**$0.16**
AusAid (UNICEF)		$2.65	$0.00	$0.00	**$2.65**
Rotary International (UNICEF)		$2.66	$0.00	$0.00	**$2.66**
KfW-Germany (UNICEF)		$3.04	$0.00	$0.00	**$3.04**
UNICEF Regular Resources		$1.72	$0.00	$0.00	**$1.72**
Federal Government of Nigeria (UNICEF)		$4.42	$0.00	$0.00	**$4.42**
	Total	**$76.36**	**$2.18**	**$1.25**	**$79.79**
Tentative funding					
Rotary International (UNICEF)		$3.74	$0.00	$0.00	**$3.74**
KfW-Germany (WHO)		$29.66	$0.00	$0.00	**$29.66**
	Total	**$33.40**	**$0.00**	**$0.00**	**$33.40**
Funding Gap (exclusive of tentative funding)		**$52.52**	**$85.71**	**$64.37**	**$202.60**
WHO		$40.99	$68.78	$51.92	$161.69
UNICEF		$11.53	$16.93	$12.45	$40.91
Funding Gap (inclusive of tentative funding)		**$19.12**	**$85.71**	**$64.37**	**$169.20**
WHO		$11.33	$68.78	$51.92	$132.03
UNICEF		$7.79	$16.93	$12.45	$37.17
WHO SURVEILLANCE					
Requirements		**$14.94**	**$14.29**	**$14.72**	**$43.95**
Confirmed funding					
BMGF		$7.98	$0.00	$0.00	**$7.98**
DFID		$3.54	$0.00	$0.00	**$3.54**
CIDA		$2.48	$0.66	$0.68	**$3.82**
Korea Foundation for International Healthcare (KOFIH)		$0.94	$0.00	$0.00	**$0.94**
	Total	**$14.94**	**$0.66**	**$0.68**	**$16.28**
Tentative funding					
		$0.00	$0.00	$0.00	**$0.00**
	Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Funding Gap (exclusive of tentative funding)		**$0.00**	**$13.63**	**$14.04**	**$27.67**
Funding Gap (inclusive of tentative funding)		**$0.00**	**$13.63**	**$14.04**	**$27.67**
TECHNICAL ASSISTANCE					
Requirements		**$60.95**	**$59.30**	**$58.77**	**$179.02**
Technical Assistance (WHO)		$31.08	$29.25	$28.57	**$88.90**
Surge capacity (WHO)		$20.42	$20.42	$20.42	**$61.26**
Technical assistance (UNICEF)		$9.45	$9.63	$9.78	**$28.86**
Confirmed funding					
BMGF (WHO)		$0.14	$0.00	$0.00	**$0.14**
BMGF - Surge Capacity (WHO)		$10.20	$0.00	$0.00	**$10.20**
CDC(WHO)		$0.88	$0.00	$0.00	**$0.88**
CIDA (WHO)		$12.07	$0.00	$0.00	**$12.07**
DFID (WHO)		$7.76	$0.00	$0.00	**$7.76**
Norway (WHO)		$0.97	$0.00	$0.00	**$0.97**
Rotary International (WHO)		$5.01	$0.00	$0.00	**$5.01**
WHO Core Contributions		$4.27	$0.00	$0.00	**$4.27**
BMGF (UNICEF)		$2.04	$2.12	$0.00	**$4.16**
CDC (UNICEF)		$0.46	$0.00	$0.00	**$0.46**
Japan Committee for UNICEF		$1.25	$0.00	$0.00	**$1.25**
Rotary International (UNICEF)		$0.43	$0.00	$0.00	**$0.43**
UNICEF Regular Resources		$0.51	$0.53	$0.54	**$1.58**
	Total	**$45.99**	**$2.65**	**$0.54**	**$49.18**
Tentative funding					
KfW-Germany (UNICEF)		$1.78	$0.00	$0.00	**$1.78**
	Total	**$1.78**	**$0.00**	**$0.00**	**$1.78**
Funding Gap (exclusive of tentative funding)		**$14.96**	**$56.65**	**$58.23**	**$129.84**
WHO		$10.20	$49.67	$48.99	$113.13
UNICEF		$4.76	$6.98	$9.24	$20.98
Funding Gap (inclusive of tentative funding)		**$13.18**	**$56.65**	**$58.23**	**$128.06**
WHO		$10.20	$49.67	$48.99	$108.86
UNICEF		$2.98	$6.98	$9.24	$19.20
UNICEF SOCIAL MOBILIZATION					
Requirements		**$23.17**	**$19.27**	**$19.27**	**$61.71**
Confirmed funding					
KfW-Germany		$1.42	$0.00	$0.00	**$1.42**
BMGF		$1.22	$0.00	$0.00	**$1.22**
Japan Committee for UNICEF		$1.01	$0.00	$0.00	**$1.01**
Rotary International		$1.08	$0.00	$0.00	**$1.08**
UNICEF Regular Resources		$0.12	$0.00	$0.00	**$0.12**
	Total	**$4.85**	**$0.00**	**$0.00**	**$4.85**
Tentative funding					
KfW-Germany (UNICEF)		$8.00	$0.00	$0.00	**$8.00**
	Total	**$8.00**	**$0.00**	**$0.00**	**$8.00**
Funding Gap (exclusive of tentative funding)		**$18.32**	**$19.27**	**$19.27**	**$56.86**
Funding Gap (inclusive of tentative funding)		**$10.32**	**$19.27**	**$19.27**	**$48.86**
SUMMARY					
Total requirements		**$286.66**	**$219.12**	**$187.52**	**$693.30**
WHO		$169.30	$134.92	$116.88	$421.10
UNICEF		$117.36	$84.20	$70.64	$272.20
Funding Gap (exclusive of tentative funding)		**$143.02**	**$213.63**	**$185.05**	**$541.70**
WHO		$51.19	$132.08	$114.95	$298.22
UNICEF		$91.83	$81.55	$70.10	$243.48
Funding Gap (inclusive of tentative funding)		**$42.62**	**$175.85**	**$185.05**	**$403.52**
WHO		$21.53	$132.08	$114.95	$268.56
UNICEF		$21.09	$43.77	$70.10	$134.96

* Temporary funding source is being provided pending availability of World Bank funding.
** Tentative funding is indicative and subect to change pending final negotiations and formal agreements.

Notes:
[1] Mop up (revaccination) is budgeted as 30% of the operational cost for one national round.
[2] Operational costs under WHO include traditional leaders engagement.

8 | ANNEXES

Annex A | Details of external funding requirements in polio-endemic and highest-risk countries, 2013, excluding indirect costs (all figures in US$ millions)

	2013					
Country	AFP Surveillance	Social Moblization	Technical Assistance	OPV	Operations Costs	Total Costs 2013
Endemic Countries						
Afghanistan	$4.67	$5.70	$12.51	$10.37	$18.82	$52.07
Pakistan	$5.33	$19.89	$20.59	$49.02	$34.63	$129.46
Nigeria	$14.94	$23.17	$60.95	$58.72	$128.88	$286.66
Countries with re-established transmission						
Chad	$0.90	$5.88	$5.97	$3.79	$6.52	$23.06
Countries with recurrent importations						
West Africa						
High risk of importation						
Niger	$0.59	$1.32	$1.16	$4.69	$7.19	$14.95
Guinea	$0.18	$0.21	$0.08	$1.59	$2.30	$4.36
Côte d'Ivoire	$0.29	$0.63	$1.06	$3.09	$4.46	$9.53
Mali	$0.25	$0.75	$0.15	$4.72	$6.60	$12.47
Burkina Faso	$0.27	$0.78	$0.23	$4.45	$6.41	$12.14
Liberia	$0.23	$0.20	$0.48	$0.41	$1.33	$2.65
Sierra Leone	$0.23	$0.45	$0.43	$0.86	$1.98	$3.95
Benin	$0.18	$0.36	$0.25	$2.90	$3.35	$7.04
Mauritania	$0.18	$0.20	$0.06	$0.24	$0.76	$1.44
Moderate Risk of importation						
Ghana	$0.36	$0.27	$0.12	$1.91	$2.69	$5.35
Senegal	$0.32	$0.31	$0.14	$1.04	$0.93	$2.74
Gambia	$0.05	$0.11	$0.06	$0.11	$0.21	$0.54
Guinea Bissau	$0.06	$0.07	$0.13	$0.10	$0.29	$0.65
Togo	$0.14	$0.23	$0.19	$0.59	$0.88	$2.03
Cape Verde	$0.05	$0.01	$0.00	$0.04	$0.05	$0.15
Horn of Africa*						
High risk of importation						
Kenya	$0.44	$0.64	$1.14	$0.75	$1.54	$4.51
Somalia	$0.64	$0.50	$0.89	$1.72	$2.30	$6.05
Sudan	$0.53	$0.57	$1.24	$3.81	$7.25	$13.40
South Sudan	$1.27	$2.40	$5.15	$2.48	$8.40	$19.70
Moderate Risk of importation						
Uganda	$0.40	$0.08	$0.69	$0.78	$1.17	$3.12
Ethiopia	$3.07	$0.57	$1.76	$5.32	$11.01	$21.73
Djibouti	$0.01	-	$0.01	$0.00	$0.32	$0.34
Eritrea	$0.14	$0.06	$0.18	$0.00	$0.28	$0.66
Central Africa						
High risk of importation						
DR Congo	$2.25	$6.52	$12.60	$8.96	$22.52	$52.85
Central African Republic	$0.47	$0.60	$0.60	$0.44	$1.09	$3.20
Cameroon	$0.41	$0.95	$0.55	$1.92	$1.72	$5.55
Angola	$1.91	$2.49	$9.45	$3.29	$8.06	$25.20
Moderate Risk of importation						
Congo	$0.14	$0.28	$0.33	$0.33	$0.73	$1.81
Eastern Mediterranean						
Moderate Risk of importation						
Yemen	$0.19	-	$0.26	$2.55	$4.32	$7.32
Egypt	$0.38	-	$0.07	$1.10	$0.38	$1.93
Other Importation-Affected Countries						
South-East Asia						
High risk of importation						
India[1]	$6.80	$15.72	$18.25	$0.00	$8.15	$48.92
Moderate Risk of importation						
Nepal	$0.49	$0.22	$1.63	$1.86	$2.48	$6.68
Bangladesh	$1.06	$0.90	$1.21	$6.69	$2.65	$12.51
Europe						
Moderate Risk of importation						
Tajikistan	$0.13	-	$0.00	$0.22	$0.38	$0.73
Georgia	$0.04	-	$0.00	$0.04	$0.08	$0.16
Ukraine	$0.04	$0.20	$0.00	$0.53	$0.92	$1.69
Kyrgyzstan	$0.01	-	-	$0.12	$0.21	$0.34

[1] As part of its increasing ownership of the polio eradication programme, the Government of India (GoI) is currently funding costs for the procurement and distribution of polio vaccines and covering a range of operational costs. WHO and the GPEI partnership continue to supplement the programme with surveillance operations including laboratory procurement, technical assistance and partial operations costs. GoI has committed to increase its share of costs by funding laboratory procurement from 2013-2014 onwards.

*Horn of Africa outbreak reponse plans are under development and will be reflected in the next FRR update.

Annex B | Supplemental immunization activity schedule, 2013,
(all activities are expressed in percentages and categorization includes cVDPVs)

Countries with poliovirus within the last 6 months	Countries with poliovirus between 6 and 12 months
Countries with no poliovirus for more than 12 months	Not conducted (Jan-June)/ At-risk (July-December)

New activities proposed since February 2013

	2013											
Region/Country	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**
Endemic countries												
Afghanistan	25	38	100 12	98	29	39		100	30	100	30	30
Pakistan	62	46	81	100	23	49	49	100	100	10	20	59
Nigeria	11	100	93	50	47	53	53		53	53	53	10
Countries with re-established transmission												
Chad		100	100	11	26	100			60	100	100	
Countries at risk of importations												
West Africa												
High risk of importation												
Niger	38	100	100			72			100	100	60	
Guinea				100	100				100			
Cote d'Ivoire				100	100				100			
Mali				100	90				100	100		
Burkina Faso				100	100				100	100		
Liberia				100	100				100			
Sierra Leone				100	100				100			
Benin				100	100				100	100		
Mauritania					100				100			
Moderate Risk of importation												
Ghana					100				100			
Senegal					100				100			
Gambia					100				100			
Guinea Bissau					100				100			
Togo					100				100			
Cape Verde					100				100			
Horn of Africa*												
High risk of importation												
Somalia	2	58	100 7	100 7	86			65	65			
Kenya								35	35			
South Sudan			100	100						100	100	
Sudan					100	39				100	50	
Moderate Risk of importation												
Uganda								35	35			
Ethiopia								100	100			
Djibouti						100				100		
Eritrea									100	100		
Central Africa												
High risk of importation												
DR Congo							100	100	50	50		
Central African Republic						100	100		100			
Cameroon				46	46				100			
Angola				100	100				50	50		
Moderate Risk of importation												
Congo						100	100					
Eastern Mediterranean												
Moderate Risk of importation												
Egypt[1]		1	18	18								
Yemen[1]	88				37	37	100	100				
Other Importation-Affected Countries												
South-East Asia												
High risk of importation												
India	100	100	42			50			50		50	
Moderate Risk of importation												
Nepal										100	100	
Bangladesh										100	100	
Europe												
Moderate Risk of importation												
Russian Federation[1]						10	10					
Tajikistan[2]						50	50					
Georgia[2]									50	50		
Ukraine						100	100					
Uzbekistan[2]						50	50					
Kyrgyzstan[2]						50	50					

[1]self-financing
[2]receiving bilateral support from the Russian Federation

*Horn of Africa outbreak reponse plans are under development and will be reflected in the next FRR update.

Annex C | Social mobilization costs, 2013

Social mobilization and communication efforts are essential to ensuring high levels of community demand for oral polio vaccine. The activities can be broadly separated into two categories - on-going and campaign-related (see Section 1.1).

On-going activities

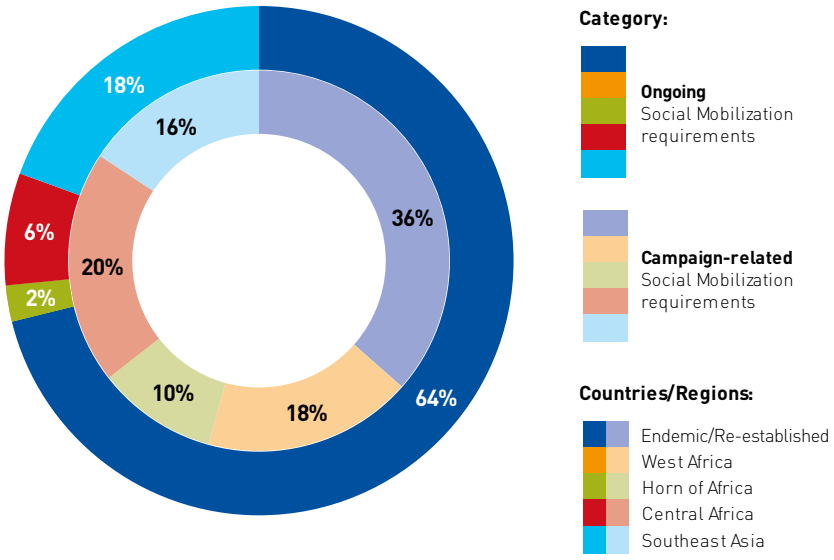
On-going activities are those conducted continuously throughout the year in support of the polio eradication programme, in order to lay the foundation for campaign work.

Campaign-related activities

Campaign-related activities are required to support the immediate implementation of an SNID/NID/SIAD/mop-up. This may include printing of materials to announce campaign dates, airing of campaign-specific radio or TV spots, operations and logistical costs.

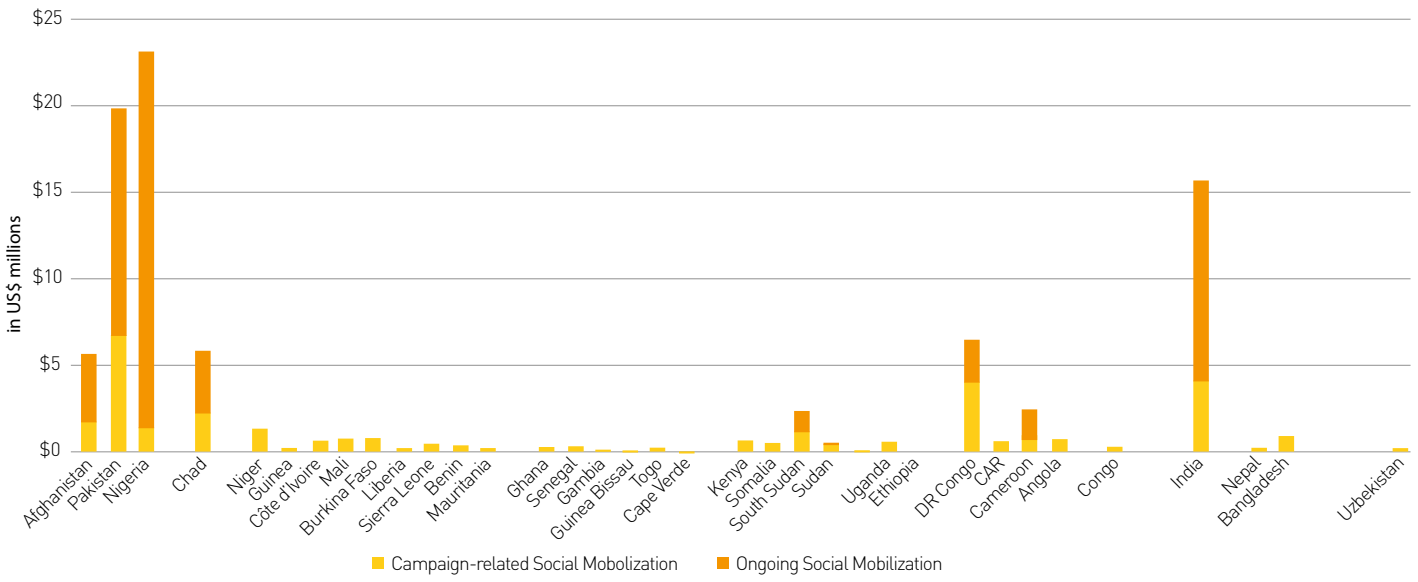
In the majority of countries, the campaign-related budget is larger than the on-going activity budget. Exceptions are found in India, Pakistan, Chad, Angola and Nigeria where the concentration is more on the on-going activities (see figures below).

2013 Social Mobilization requirements, by category (Ongoing & Campaign-related*)



* Ongoing social mobilization requirements do not reflect HQ or Regional Office requirements and campaign-related requirements do not include Europe.

2013 Social Mobilization requirements, by country and by category (Ongoing and Campaign-related)



Annex D | Laboratory, Surveillance (including security) and running costs by country and region, 2013

excluding indirect costs (all figures in US$ millions)

WHO African Region	2013
Algeria	$0.03
Angola	$1.91
Benin	$0.18
Botswana	$0.09
Burkina Faso	$0.27
Burundi	$0.09
Cameroon	$0.41
Cape Verde	$0.05
Central African Republic	$0.47
Chad	$0.90
Comoros	$0.05
Congo	$0.14
Côte d'Ivoire	$0.29
DR Congo	$2.25
Equatorial Guinea	$0.05
Eritrea	$0.14
Ethiopia	$3.07
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	$14.94
Rwanda	$0.11
Sao Tome and Principe	$0.01
Senegal	$0.32
Seychelles	$0.01
Sierra Leone	$0.23
South Africa	$0.27
Swaziland	$0.07
Togo	$0.14
Uganda	$0.40
United Republic of Tanzania	$0.41
Zambia	$0.36
Zimbabwe	$0.25
Regional Office	$5.45
Subtotal	$36.80

WHO Region of the Americas	2013
Regional surveillance and laboratory	$0.62

WHO Eastern Mediterranean Region	2013
Afghanistan	$4.67
Djibouti	$0.05
Egypt	$0.38
Iraq	$0.06
Pakistan	$5.33
Somalia	$0.64
Sudan	$0.53
South Sudan	$1.27
Yemen	$0.19
Regional surveillance and laboratory	$1.55
Subtotal	$14.67

WHO South-East Asia Region	2013
Bangladesh	$1.06
India	$6.80
Indonesia	$0.79
Myanmar	$0.42
Nepal	$0.49
Regional surveillance and laboratory	$5.16
Subtotal	$14.72

WHO European Region	2013
Armenia	$0.01
Azerbaijan	$0.03
Bosnia	$0.08
Georgia	$0.04
Kazakhstan	$0.01
Kyrgyzstan	$0.01
Moldova	$0.01
Tajikistan	$0.13
Turkey	$0.01
Turkmenistan	$0.04
Ukraine	$0.04
Uzbekistan	$0.04
Regional surveillance and laboratory	$1.39
Subtotal	$1.82

WHO Western Pacific Region	2013
Regional surveillance and laboratory	$0.84

WHO/HQ	2013
WHO/HQ	$6.34

Global	2013
Total	$75.80

Annex E | Technical assistance, including surge capacity by country and region, 2013

excluding indirect costs (all figures in US$ millions)

WHO African Region	2013
Angola	$7.22
Benin	$0.25
Botswana	$0.15
Burkina Faso	$0.23
Burundi	$0.04
Cameroon	$0.55
Central African Republic	$0.60
Chad	$2.84
Congo	$0.33
Côte d'Ivoire	$1.06
DR Congo	$6.29
Equatorial Guinea	$0.13
Eritrea	$0.18
Ethiopia	$1.51
Gabon	$0.27
Gambia	$0.06
Ghana	$0.12
Guinea	$0.08
Guinea-Bissau	$0.13
Kenya	$0.85
Lesotho	$0.09
Liberia	$0.48
Madagascar	$0.07
Malawi	$0.10
Mali	$0.15
Mauritania	$0.06
Mozambique	$0.41
Namibia	$0.24
Niger	$1.16
Nigeria	$31.08
Rwanda	$0.19
Senegal	$0.14
Sierra Leone	$0.43
South Africa	$0.69
Swaziland	$0.15
Togo	$0.19
Uganda	$0.41
United Republic of Tanzania	$0.40
Zambia	$0.65
Zimbabwe	$0.18
IST (Central block)	$1.12
IST (South/East block)	$1.60
IST (West block)	$1.21
Regional Office	$1.29
Subtotal	$65.36

* IST= Inter-country Support Team

WHO Western Pacific Region	2013
Regional Office	$0.68
Subtotal	$0.68

WHO Eastern Mediterranean Region	2013
Afghanistan	$4.51
Djibouti	$0.01
Egypt	$0.07
Iraq	$0.01
Pakistan	$7.32
Somalia	$1.51
Sudan	$1.15
South Sudan	$3.84
Yemen	$0.26
Regional Office	$1.87
Subtotal	$20.56

WHO South-East Asia Region	2013
Bangladesh	$1.21
India	$16.35
Indonesia	$0.52
Myanmar	$0.39
Nepal	$1.63
Regional Office	$1.56
Subtotal	$21.66

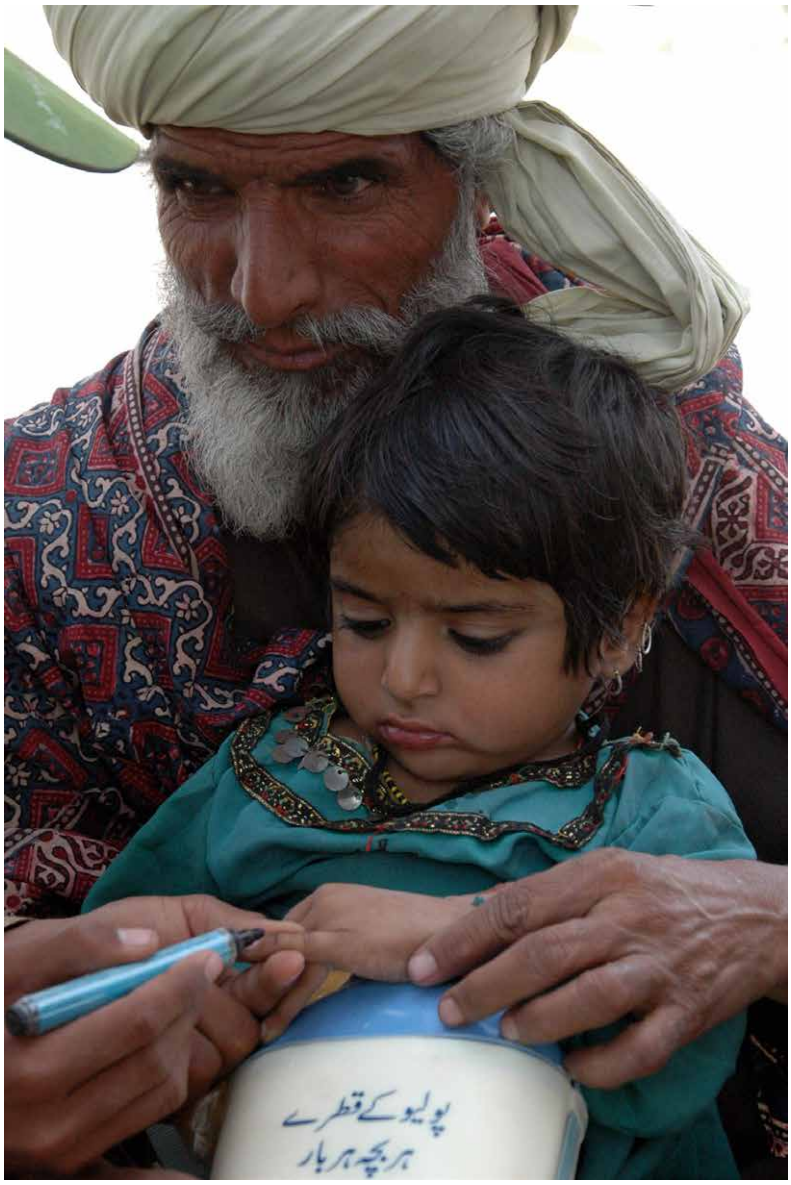
WHO European Region	2013
Regional Office/Countries	$1.65
Subtotal	$1.65

WHO	2013
WHO/HQ	$13.42
Short Term Tech Assistance	$11.81
Subtotal	$25.23

UNICEF	2013
Afghanistan	$4.57
Angola	$0.54
Cameroon	$0.00
DR Congo	$3.79
Ethiopia	$0.25
India	$1.90
Kenya	$0.25
Nigeria	$9.45
Pakistan	$5.42
Sudan	$0.09
South Sudan	$1.31
Somalia	$0.25
Uganda	$0.25
UNICEF HQ/RO	$6.23
Subtotal	$34.31

Surge Capacity	2013
Afghanistan	$3.43
Angola	$1.69
Chad	$3.13
DR Congo	$2.52
Kenya	$0.04
Nigeria	$20.42
Pakistan	$7.85
United Republic of Tanzania	$0.03
Uganda	$0.03
Regional Office	$0.31
Subtotal	$39.45

Global WHO-UNICEF	2013
Total	$208.89



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