POLIO GLOBAL ERADICATION INITIATIVE

Financial Resource Requirements 2012–2013

World Health Organization

PARTNERS IN THE GLOBAL POLIO ERADICATION INITIATIVE

unicef

Photo front cover: WHO/Fred Caillet - Children in a polio-free India. On 12 January 2012, India passed the one year mark without polio for the first time in history. If all pending laboratory investigations return negative in the coming weeks, India will officially be deemed to have stopped indigenous wild poliovirus. The numbers of polio-endemic countries would be reduced to three: Pakistan, Afghanistan and Nigeria.

Photo back cover: Global Art Initiative – In Dallas, USA, children painted donated crutches to distribute to polio patients throughout the developing world as part of the Global Art Initiative's (GAIN's) Global Crutch Project, which director Dr Fred Sorrells calls "a beautiful sight – colourful works of art providing mobility for daily life, created in love by American children". For information, go to www.globalartinitiative.org

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ACRONYMS AND ABBREVIATIONS

AusAID	Australian Government Overseas Aid Program
AFP	Acute flaccid paralysis
BMGF	Bill & Melinda Gates Foundation
bOPV	Bivalent oral polio vaccine
CDC	US Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
DFID	UK Department for International Development
FRR	Financial Resource Requirements
GPEI	Global Polio Eradication Initiative
JICA	Japan International Cooperation Agency
mOPV	Monovalent oral polio vaccine
NIDs	National Immunization Days
OPV	Oral polio vaccine
PSC	Programme support costs
SIAs	Supplementary Immunization Activities
SNIDs	Sub-national Immunization Days
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
WHO	World Health Organization
WPV	Wild poliovirus

1 | EXECUTIVE SUMMARY

The Financial Resource Requirements series (FRR) details the funding – required and currently available – to finance activities identified by the Global Polio Eradication Initiative (GPEI) for the 2012–2013. The FRR is updated regularly. Programmatic and financial scenarios for the Polio Endgame (i.e. for 2014–2018) will be presented in an upcoming edition of the FRR.

In October 2011 the Independent Monitoring Board (IMB) of the GPEI assessed that polio eradication by the end-2012 goal was not on track, and that substantial and immediate changes were essential in management, accountability, performance and programme monitoring, and organizational culture if polio were to be eradicated. The Strategic Advisory Group of Experts (SAGE) in November concurred.

The feasibility of success is demonstrated by the absence of wild polio cases in India since 13 January 2011. However, rising cases of polio in Nigeria, Pakistan and Afghanistan in the second year of the *GPEI Strategic Plan 2010–2012* pose an irrefutable risk to polio eradication. Failure to stop polio in any of these countries puts the world at risk of a resurgence of polio, leading to over 200,000 children paralyzed annually within a decade, and would represent a failure for global health.

Recognizing the fragility of progress, and the importance of finishing eradication, the Executive Board of the World Health Organization (WHO) at its January meeting (16–23 January 2012) declared polio eradication a *"programmatic emergency for public health"*.

The declaration of polio as a *"programmatic emergency for public health"* will be underpinned by a new interagency *Polio Emergency Action Plan 2012–2013* (to be endorsed by the World Health Assembly in May). The Emergency Plan will place emphasis on the aggressive application of lessons learned in India to the remaining polio affected areas within an emergency context.

The *Polio Emergency Action Plan 2012–2013* will have three major strategic thrusts:

- Enhanced accountability for and improved management of core eradication strategies
- Concentration and intensification of approaches in persistent transmission areas
- Faster and more systematic introduction of innovations

The *new Plan's* geographic focus will also be threefold: Nigeria/Chad epidemiologic block; Pakistan/Afghanistan epidemiologic block; and outbreak & recently-infected countries (including Angola, DR Congo).

The financial requirements outlined in this document reflect the strategic and geographic priorities of the framework as well as the continued implementation of key activities of the *Strategic Plan*. The financial requirements will be updated in the next FRR publication to incorporate the full scope of the *Emergency Plan*. As the new *Emergency Action Plan* is finalized, the Initiative will work under an emergency operating framework.

The 2012–2013 budget estimate for core costs, planned supplementary immunization activities and emergency response is US$ 2.23 billion, against which there is a funding gap of US$ 1.09 billion (US$ 405 million for 2012) [Table 1]. The Initiative is tracking US$ 258 million in firm prospects, which if fully operationalized would reduce the overall funding gap to US$ 832 million.

This budget estimate represents an increase of US$ 379 million compared to earlier estimates and is driven primarily by a US$ 306 million increase for supplemental immunization activities (SIAs) in 2013 in the endemic countries, re-established transmission countries and across west, central and the Horn of Africa, including a significant scaling up of social mobilization activities. New contributions since October 2011 of US$ 111 million, including from Angola, Australia, Bill & Melinda Gates Foundation, Canada, India and UNICEF Regular Resources, help to offset this increase.

Table 1 | Summary of external resource requirements by major category of activity, 2012–2013
(all figures in US$ millions)

CORE COSTS	2012	2013	2012–2013
Emergency Response (OPV)	$22.00	$20.00	$42.00
Emergency Response (Operations)	$40.00	$25.00	$65.00
Emergency Response (Soc Mob)	$12.00	$6.00	$18.00
Surveillance and Running Costs (Incl. Security)	$62.42	$64.36	$126.78
Laboratory	$11.03	$11.23	$22.26
Technical Assistance (WHO)	$148.07	$136.57	$284.64
Technical Assistance (UNICEF)	$38.68	$37.31	$76.00
Certification and Containment	$5.00	$5.00	$10.00
Product Development for OPV Cessation	$10.00	$10.00	$20.00
Post-eradication OPV Stockpile	$12.30	$0.00	$12.30

SUPPLEMENTARY IMMUNIZATION ACTIVITIES	2012	2013	2012–2013
Oral Polio Vaccine	$313.85	$285.63	$599.49
NIDs/SNIDs Operations (WHO-Bilateral)	$344.76	$248.39	$593.15
NIDs/SNIDs Operations (UNICEF)	$31.49	$28.15	$59.64
Social Mobilization for SIAs	$96.92	$93.68	$190.60
Subtotal	$1,148.53	$971.32	$2,119.85
Programme Support Costs (estimated)	$59.76	$52.49	$112.25
GRAND TOTAL	$1,208.29	$1,023.81	$2,232.10
Contributions	$803.00	$340.00	$1,143.00
Funding Gap	$405.29	$683.81	$1,089.10
Funding Gap (rounded)	$405.00	$685.00	$1,090.00

On 31 October 2011 at the Commonwealth Heads of Government meeting in Perth, the leaders of Australia, the United Kingdom, Canada, Nigeria and Pakistan joined Mr Bill Gates in pledging over $100 million in new funds to help deliver a polio-free world. In announcing the Australian$ 50 million commitment to the GPEI, Prime Minister Julia Gillard said: "We are within grasp of declaring the end of polio worldwide. We need to keep this action going. We know it will yield real results. At the end of the day, it's a simple action of two drops of vaccine. We can do that in our world and end polio forever."

On 17 January 2012, Rotary International announced that Rotary clubs worldwide succeeded in meeting the Bill & Melinda Gates Foundation's US$ 200 million match in funding for polio eradication. While the fundraising milestone was reached six months early, Rotary International will continue its fundraising efforts. To date, Rotarians worldwide have contributed more than US$ 1 billion towards the eradication of polio. In recognition of Rotary's great work, the Bill & Melinda Gates Foundation announced it will be committing an additional US$ 50 million to extend this partnership.

At the end of January, Bill Gates, Co-chair of the Bill & Melinda Gates Foundation, published his fourth annual letter, outlining his views on progress being made to help support global development work. In his letter, Mr Gates reiterates that the Foundation's top priority remains helping to end polio, and focuses on the importance of improving polio vaccination campaigns in key areas.

Key to overcoming challenges in securing the required resources will not only be epidemiological progress, but also full exploitation of the new *Global Partners' Group*, which is being constituted to foster greater engagement in polio eradication across the donor, polio-affected country and partnership landscape.

Figure 1 | Annual expenditure 1988-2011, contributions and funding gap 2012-2013
(all figures in US$ millions)

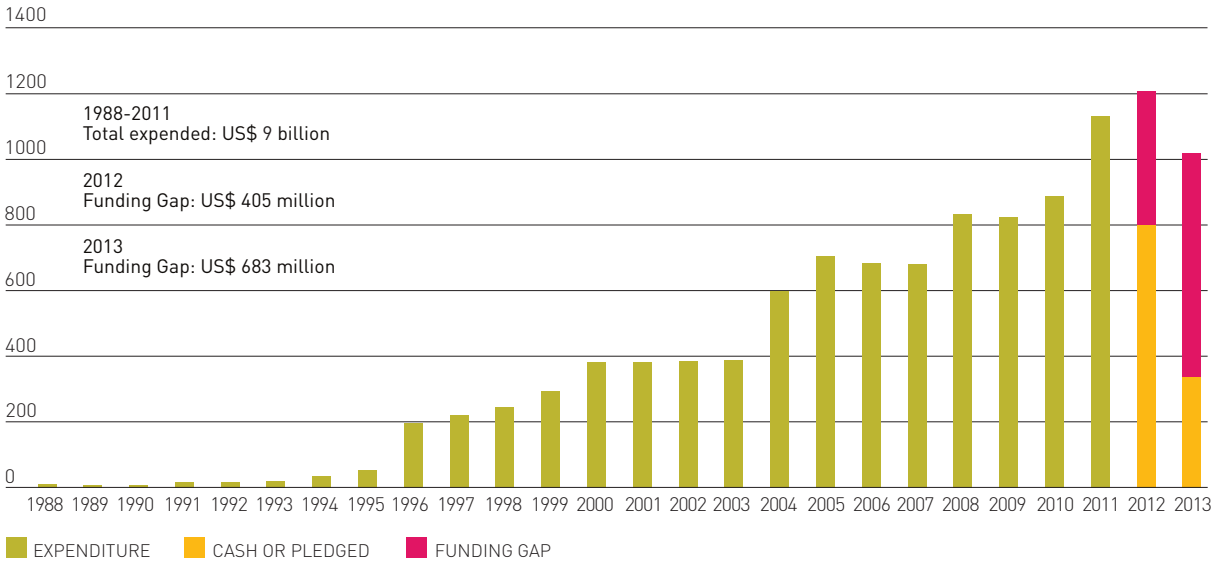
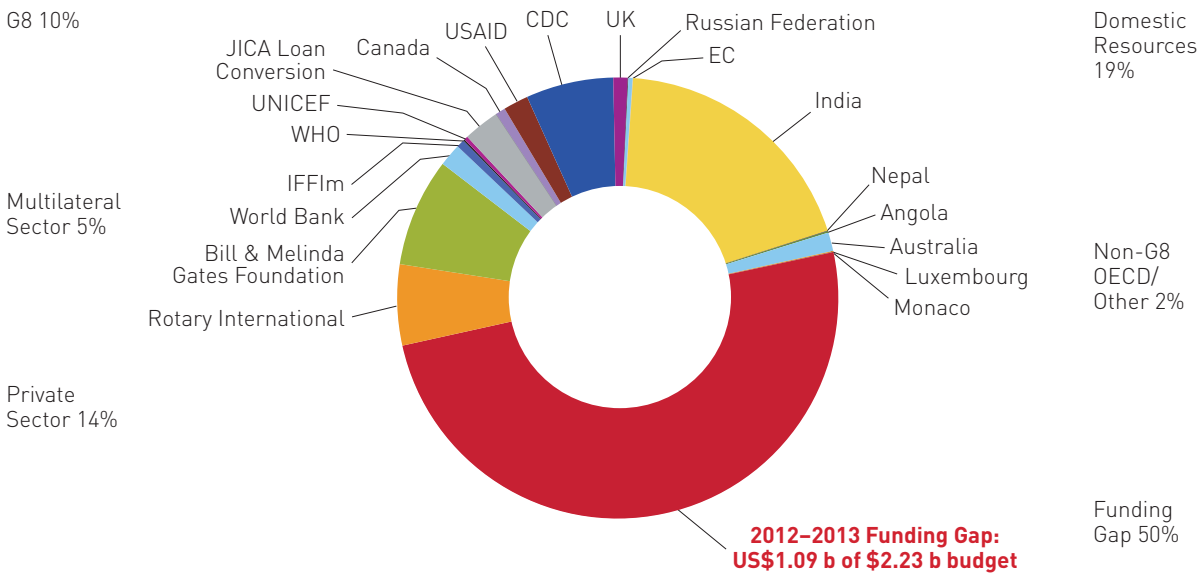


Figure 2 | Financing 2012-2013, US$1.14 billion contributions



2 | FINANCIAL RESOURCE REQUIREMENTS 2012–2013

This Financial Resource Requirements (FRR) outlines the budget to implement the core strategies to stop polio and to institutionalize innovations to improve the quality of intensified SIAs, increase technical assistance to countries with re-established polio transmission, enhance surveillance, systematize the synergies between immunization systems and polio eradication and expand pre-planned vaccination campaigns across the "WPV importation belt" of sub-Saharan Africa. Filling sub-national surveillance gaps, revitalizing surveillance in polio-free Regions, implementing new global surveillance strategies and intensifying social mobilization work are also costed in the 2012–2013 budget.

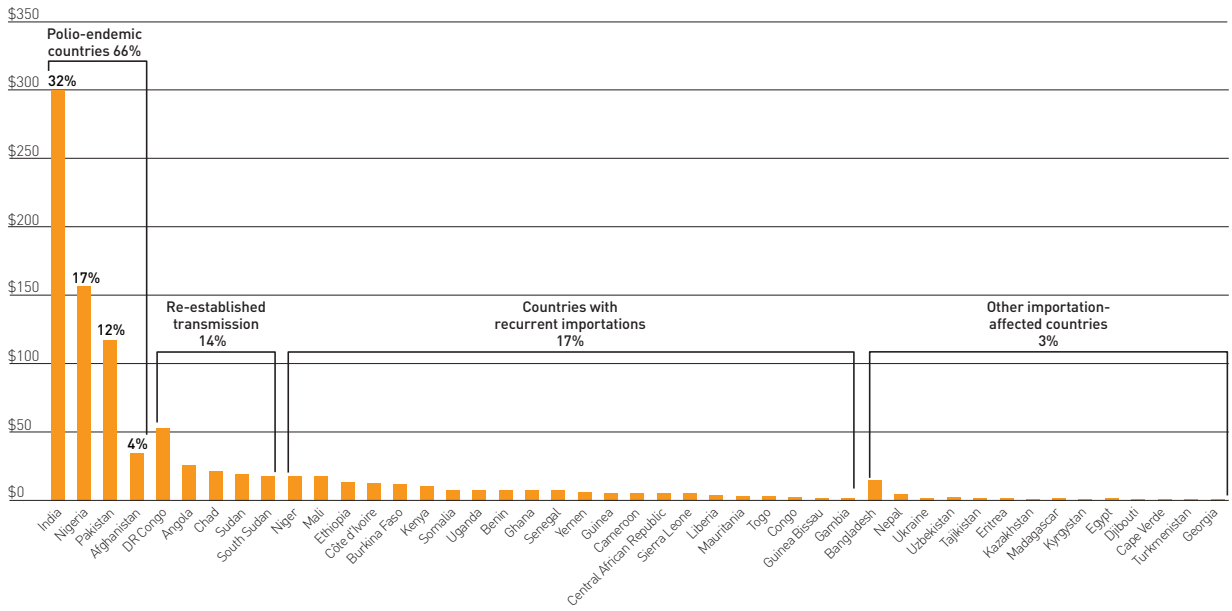
As the new *Emergency Action Plan 2012–2013* is finalized, the Initiative is working under an emergency operating framework. The financial requirements outlined in this document reflect the strategic and geographic priorities of the framework as well as the continued implementation of key activities of the *Strategic Plan*. The financial requirements will be updated in the next FRR publication to incorporate the full scope of the *Emergency Plan*.

The FRR is updated regularly based on evolving epidemiology; this is the first issue of the year[1]. Financial requirements detailed here represent country requirements and are inclusive of agency (i.e. WHO and UNICEF) overhead costs.

Endemic countries account for 66% of the country budgets; countries with re-established transmission for 14%; and, other importation-affected countries for 20%.

Just as high-cost control of polio transmission is not sustainable, low-cost control is not effective, since depending on routine immunization alone would lead to 200,000–250,000 cases per year. Neither scenario is optimal when eradication is feasible[2]. Previous cost-effectiveness studies[3] have demonstrated that US$ 10 billion would be needed over a 20-year period to simply maintain polio cases at current levels, in contrast to the US$ 2.23 billion presented here. Financial modelling in 2010[4] estimated the financial benefits of polio eradication at US$ 40–50 billion. Most of those savings (85%) are expected in low-income countries.

Figure 3 | Comparison of budgets of countries conducting SIAs in 2012 (as a % of country-level costs)



1 While the FRR provides overall budget estimates, detailed budgets are available upon request.
2 Barrett S, Economics of eradication vs control of infectious diseases, *Bulletin of the WHO*, Volume 82, Number 9, September 2004, 639-718. http://www.who.int/bulletin/volumes/82/9/en/index.html
3 Thompson KM, Tebbens RJ. Eradication versus control for poliomyelitis: an economic analysis. *Lancet*. 2007; 369(9570): 1363-71.
4 Tebbens RD, et al. The Economic analysis of the global polio eradication initiative. Vaccine 2010, doi:10.1016/j.vaccine.2010.10.25.

3 | ROLES AND RESPONSIBILITIES OF SPEARHEADING PARTNERS

The spearheading partners of the GPEI are the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF. Rotary International is the leading private-sector donor to polio eradication, advocates with governments and communities and provides field-level support in SIA implementation and social mobilization. CDC deploys a wide range of public health assistance in the form of staff and consultants, provides specialized laboratory and diagnostic expertise and contributes funding.

UNICEF is the lead partner in support of communications and social mobilization, and in the procurement and distribution of oral polio vaccine for supplementary immunization activities. UNICEF also works with partners to strengthen routine immunization, including support to cold chain and vaccine distribution mechanisms at national and sub-national levels.

WHO is responsible for the systematic collection, collation and dissemination of standardized information on strategy implementation and impact, particularly in the areas of surveillance and supplementary immunization activities.

WHO also leads operational and basic research, provides technical and operational support to ministries of health, and coordinates training and deployment of human resources for supplementary technical assistance. WHO also serves as secretariat to the certification process and facilitates implementation and monitoring of biocontainment activities.

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.

4 | DEFINITION OF THE GPEI ACTIVITIES AND BUDGET ESTIMATES

A robust system of estimating costs drives the development of the global budget estimates from the micro-level up. A schedule for SIAs is drawn up based on the guidance of national Technical Advisory Groups (TAGs), Ministries of Health and the country offices of WHO and UNICEF. In 2011, for example, more than 2.35 billion doses of OPV were administered to more than 430 million children during 300 polio vaccination campaigns in 54 countries[5].

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 for SIAs at the local level and take into consideration local costs for all elements of an activity – trainings, community meetings, posters, announcements, vaccinator payments, vehicles, fuel, supplies, etc.

4.1. COST DRIVERS OF THE GPEI BUDGET

The key cost drivers of the GPEI budget are OPV and SIA operations, followed by technical assistance, social mobilization and surveillance[6] (See Table 1).

4.1.1. Oral polio vaccine

UNICEF is the agency that procures vaccine for the GPEI, and works to ensure OPV supply security (with

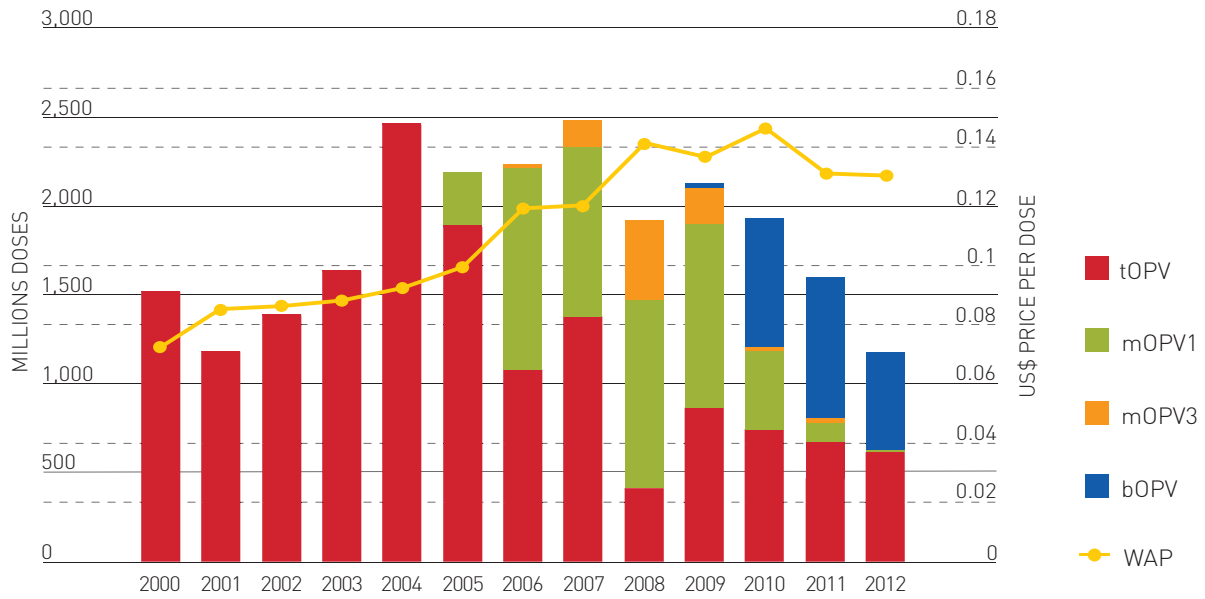
5 In 2011, OPV was given during 144 National Immunization Days, 129 Sub-national Immunization Days, 10 mop-up campaigns and 17 Child Health Days. Children may have received more than one dose of OPV.
6 For 2012-2013, for example, OPV accounts for 27% of the budget, operations for 33%, technical assistance for 16%, social mobilization for 9% and surveillance for 6%, with the remainder being dedicated to emergency response laboratories, research activities, etc.

multiple suppliers), at a price that is both affordable to governments and donors and reasonably covers the minimum needs of manufacturers. In 2011, more than 1.6 billion doses of OPV were required for activities in areas with active poliovirus transmission.

Since 2005 the supply landscape has become more complex with the introduction of two types of monovalent OPV (types 1 and 3) and, in 2010, bivalent OPV. This has contributed to a rise in the weighted average price of OPV from US$ 0.08 per dose to approximately US$ 0.14 per dose since 2000. The flexibility of manufacturers, to adjust production based on the OPV formulation required, comes at a cost. Currency fluctuations, the demand for high titres and the finite lifespan of OPV – for which demand will drop after the eradication of polio – also contribute to this price increase.

Despite these factors, the weighted average price of each OPV dose in 2011 (US$ 0.128) and 2012 (US$ 0.127) show decreases since 2010.

Figure 4 | OPV supply and weighted average price, 2000–2012



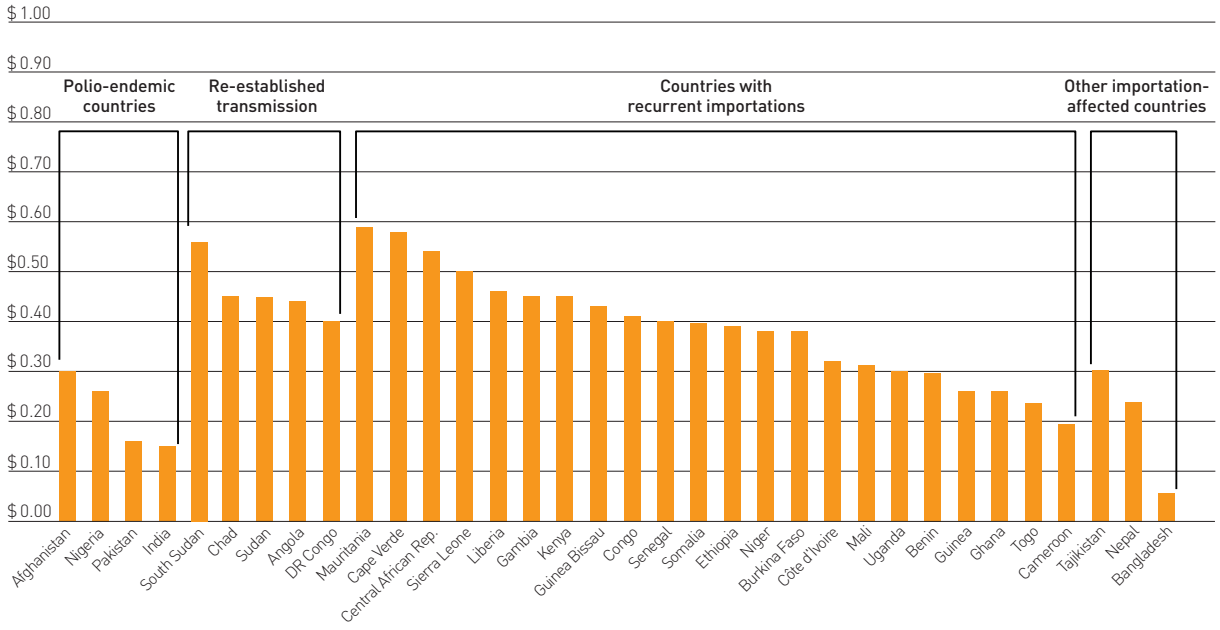
4.1.2. Operations costs

SIAs are vast operations to deliver vaccine to every household: micro-plans have to be drawn up or updated for every dwelling in the area to be covered, whether a single district or an entire country. Vaccine has to be delivered to distribution centres throughout the target area. Vaccinators have to be trained to vaccinate children and mark fingers and houses, to document their work, to report their activities, to communicate with families appropriately, and so on. Vaccinators have to visit every household; supervisors and monitors have to scour every street for unvaccinated children.

Major factors affecting operations costs are the relative strength of the local infrastructure – whether it be roads, telecommunications or any of a host of facilities – and the local health system, the local economy, availability of semi-skilled workers, security conditions and population density. In 2011, 1.44 million paid vaccinators worked in SIAs; vaccinator per diems – to cover basic needs such as food and transport – constitute a large portion of operations costs[7].

7 Based on local rates for semi-skilled labour and government remuneration for similar tasks.

Figure 5 | Operations costs per child for SIAs, 2012 (all figures in US$, excluding PSC)

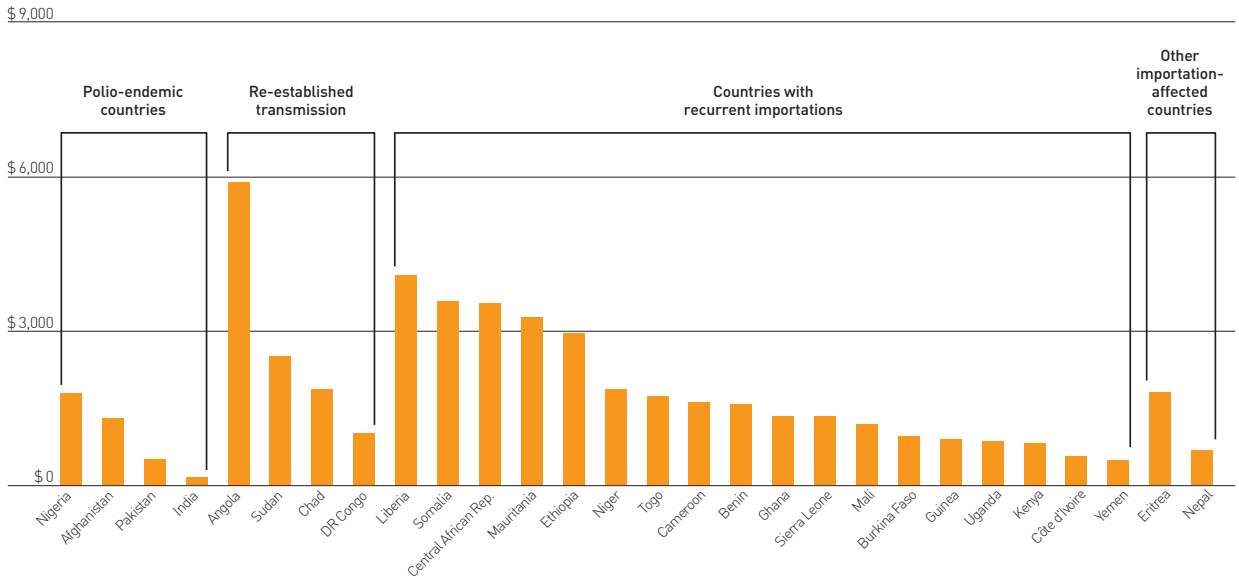


4.1.3. Surveillance

Surveillance budgets cover the detection and reporting of acute flaccid paralysis (AFP) cases, through both an extensive informant network of people who first report cases of AFP and active searches in health facilities for such cases. Subsequent case investigation is followed by collection of two stool samples, transportation to the appropriate laboratory, testing and genetic sequencing, the range of activities related to the management of the information and data generated. The Global Polio Laboratory Network comprises 146 facilities, which in 2011 tested over 206,000 stool samples (from nearly 96,000 cases of AFP and other sources).

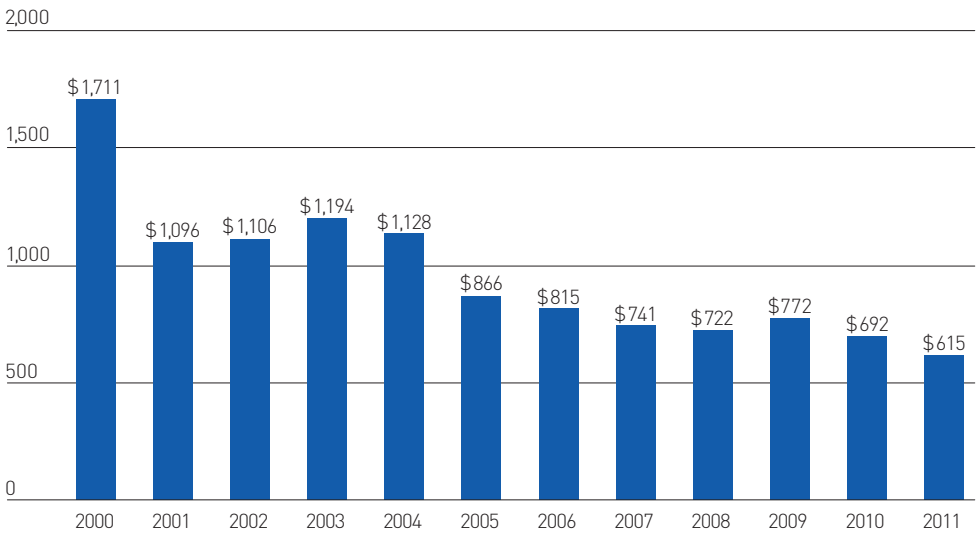
Some of the other activities included under surveillance budget lines are the training of personnel to carry out each of the steps outlined above, as well as regular reviews of the surveillance systems and the purchase and maintenance of equipment, from photocopiers to vehicles. In locations where there are security risks for polio staff, items such as armoured vehicles and appropriate communication equipment may be included in the surveillance budgets. The average cost per AFP case reported dropped from a high of more than US$ 1,500 in the year 2000, when there was heavy investment in establishing the infrastructure for AFP surveillance to approximately US$ 581 in 2010. The range among countries in cost per AFP case investigated is based on factors similar to those which affect differences in SIA costs.

Figure 6 | Surveillance cost per AFP case analysis, 2011 (all figures in US$)*



*Figures represent 80% of 2011 data.

Figure 7 | Average cost per AFP case reported (AFR, EMR, SEAR) (all figures in US$)*



*Adjusted for inflation (2011 US$).

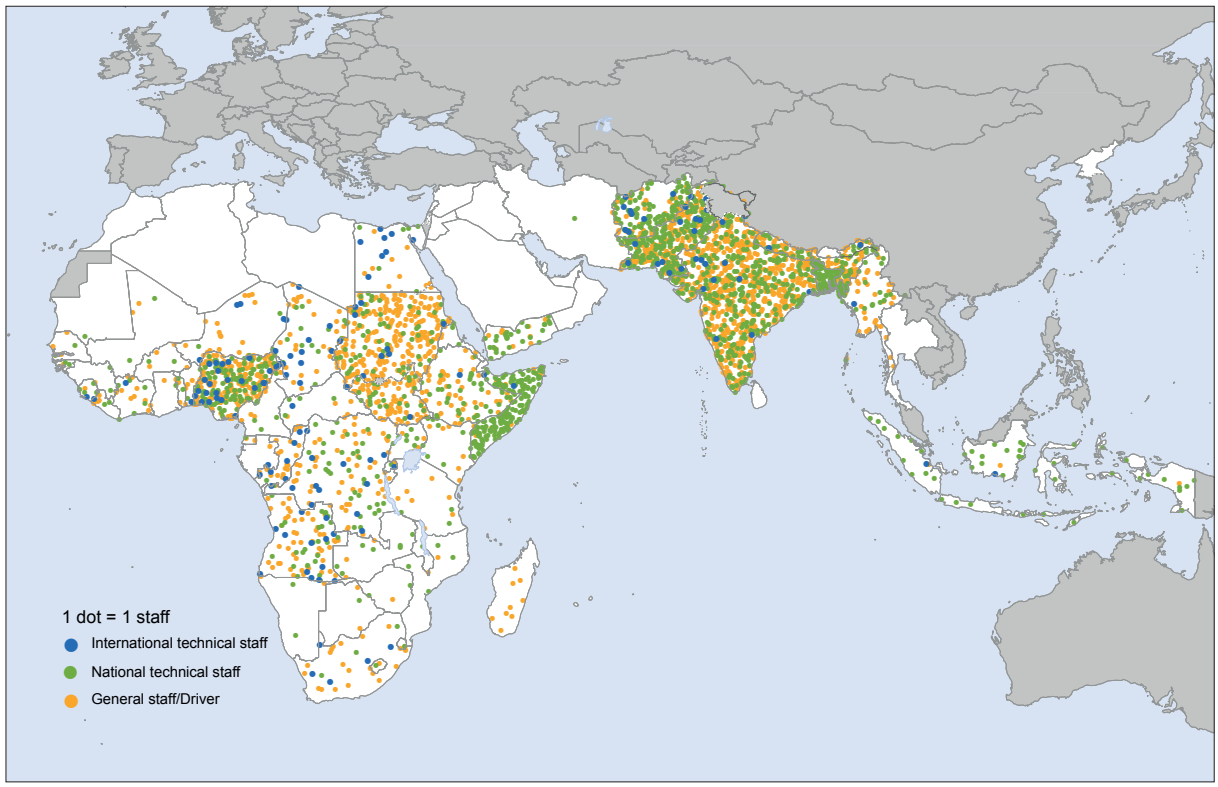
4.1.4. Technical Assistance

GPEI-funded technical assistance (staff and consultants) is deployed to fill capacity gaps when relevant skills are not available within a national health system, to build capacity and to facilitate international information exchange (Figure 8). The priorities for technical assistance are therefore driven by the relative strength of health systems in polio-affected countries as well as how critical the country is to global polio eradication. Matched against the number of children under the age of five years (i.e. the "target population").

In the 2012 budget, technical assistance is heavily weighted towards the polio-endemic countries, with the next concentration of funds in countries with re-established transmission and recurrent importations areas, followed by polio-free regions, Regional Offices and Headquarters (Tables 2a + 2b).

This assistance provides the human resources necessary for immunization campaign planning, including communication and social mobilization strategy development and implementation, micro-planning, logistics, forecasting and supply management. Funding ensures resources are in place for overall communication capacity development, management skills in strategic planning, finance, human resources and social mobilization in a programme that manages some 20 million workers and volunteers, and communication efforts that help reach over 400 million children each year multiple times with OPV. Finally, technical assistance maintains the surveillance network, which provides reporting on AFP incidence from every district in the world on a weekly basis.

Figure 8 | Geographic distribution of WHO technical assistance for polio eradication



Data in WHO/HQ as of October 2011.
Note: Dots are randomly placed within country. The boundaries and names shown and the designations used on the map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Table 2a | WHO Technical Assistance Financial Requirements by category of polio-infected country, 2012 (all figures in US$ millions)

CATEGORY	Total Cost	% of Total Cost
Endemic	$58.55	42.86%
Re-Established Transmission	$20.92	15.31%
Recurrent Importations	$10.20	7.46%
Others (in endemic regions)	$3.98	2.92%
Polio-Free / Regional Offices – Surge Capacity	$29.93	21.91%
HQ	$13.03	9.54%
GRAND TOTAL	$136.60	100.00%

Table 2b | UNICEF Technical Assistance Financial Requirements by category of polio-infected country, 2012 (all figures in US$ millions)

CATEGORY	Total Cost	% of Total Cost
Endemic	$16.17	41.80%
Re-Established Transmission	$8.50	21.98%
Recurrent Importations	$3.46	8.95%
Others (in endemic regions)	$0.02	0.05%
HQ	$10.53	27.22%
GRAND TOTAL	$38.68	100.00%

Technical assistance on this scale is unique in public health and essential to finishing polio eradication. Polio eradication staff now constitute the single largest resource of technical assistance for immunization in low-income countries. For example, in 2011, polio-funded staff are 93% of immunization staff and 35% of all staff in the WHO African Region. In each component of a strong immunization system – logistics, service delivery, monitoring and supervision, surveillance and community participation – polio eradication staff have a wealth of experience.

4.1.5. Social Mobilization and Communication

Social mobilization and communication efforts are essential to ensuring high levels of community demand for oral polio vaccine. During the past twelve months, there has been massive investment in building and strengthening social mobilization networks across priority countries, and these networks will become the flagship of communication investments in the coming year.

The GPEI now has social mobilization networks in place in most of the priority countries to help engage communities in polio eradication efforts, and to stimulate and sustain high levels of immunization demand. However, to achieve the goal of eradication, we need to gain a better understanding of why some children are not being vaccinated. Reasons for missed children go beyond lack of awareness of campaigns, to children who are missed due to sickness or because they are sleeping; parents who are dissatisfied with vaccination teams or have concerns about OPV safety; or those who simply wish the vaccinators to return at another time or reach them at another location or those that are just not reached at all by vaccination teams.

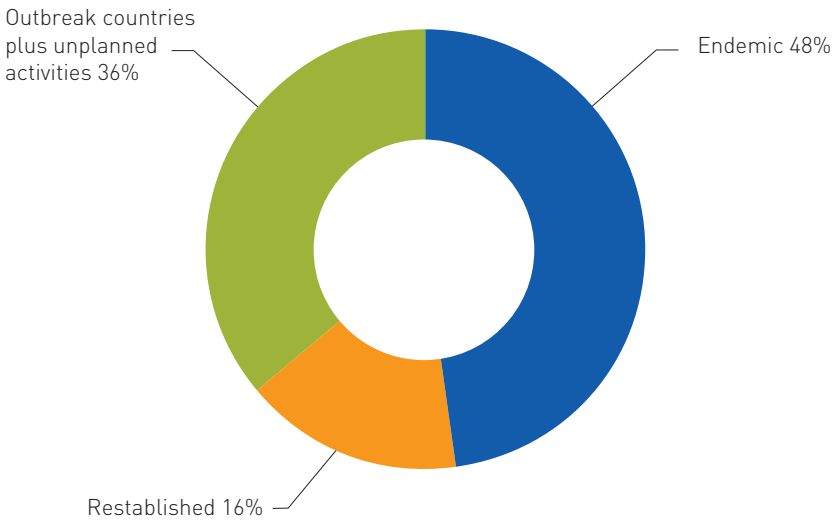
Reaching missed children and their families involves building trust by working closely with networks of traditional, political and religious leaders and other local influencers. In high-risk areas, dedicated social mobilizers work to increase local ownership of the programme, moving away from 'top-down' approaches, in favour of building a movement of grassroots community demand for oral polio vaccine and other basic health services.

The intensification of efforts to engage key community members requires increased financial resources. Pakistan's plans for scale-up of the newly established Communication Network (COMNet) in the highest risk areas, has required a revised financial budget (US$ 22.6 million) which constitutes a large proportion of the overall social mobilization requirements in this FRR publication. This level of community engagement significantly increases the cost per child reached in the high-risk areas, but is vital to ensure high campaign coverage and polio eradication as evidenced by the key role of Social Mobilization Network (SMNet) in India's recent progress. The SMNet in India has been the driving force of community support for OPV demand; within communities, social mobilizers motivate teachers, religious leaders and local influencers to support polio eradication. India has now reached a historic milestone of no reported cases for twelve months, since 13 January 2011.

In the 2012–2013 budget, 48% is allocated for the endemic and 16% for re-established countries. This includes the costs of intensified social mobilization in targeting chronically missed children in the high-risk areas of Pakistan and Nigeria, where new networks of local-level mobilizers, 2,000 and 2,400+ in each country respectively, will be in the field in 2012. The budget also includes the costs of maintaining the more than 9,000 community mobilizers that make up India's SMNet. The budget also includes increased contingency funding to respond to the persistent transmission in West Africa and the Horn of Africa. Overall, the requirements for 2012 social mobilization activities have increased since the last FRR publication (October 2011), from US$ 73.1 million to US$ 108.9 million, due to ongoing scale-up in priority countries such as Pakistan, Nigeria, Chad, Angola and the DR Congo.

As the GPEI goes into emergency mode, continued funding for social mobilization and communication is critical to enhance the existing capacities of endemic and re-established countries that have scaled-up activities in the last twelve months; and to maintain efforts in those countries that have persistent transmission such as Niger, Côte d'Ivoire, Mali, Cameroon, and the Central African Republic.

Figure 9 | 2012–2013 Social Mobilization Requirements, US$ 207.8 million



5 | POLIO RESEARCH

The role of research continues to expand with emphasis on the acceleration of both eradication activities and preparations for post-certification.

The research agenda to accelerate eradication helps identify ways to reach more children and to enhance both humoral and mucosal immunity in targeted populations. Scientific and operational research are guided by the Polio Research Committee, composed of experts in epidemiology, public health communications, virology and immunology. Throughout 2012, innovative new approaches evaluated in 2011, will be scaled up, such as the use of Geographic Information Systems (GIS) to improve microplan development and implementation, and use of mobile phone technology to facilitate real-time data collection and analysis. Lot Quality Assurance Sampling (LQAS), to more accurately verify quality of supplementary immunization activities, will be increasingly used in key endemic and outbreak settings. The Short Interval Additional Dose (SIAD) strategy, an approach used by the programme to more rapidly build population immunity through the successive administration of two doses of vaccine within a 1–2 week period, will be fully evaluated in a trial in Pakistan.

Research continues to play a critical part in evaluating implementation of eradication activities, and further sensitizing tactical approaches. Research is further evaluating the programmatic benefits of bivalent OPV in improving population immunity, assess programme performance, better tracking the evolving epidemiology of virus transmission, assessing and improving the quality of SIAs and related monitoring efforts, and evaluating new tools and strategies to predict and stop outbreaks and limit new international spread of virus.

For post-certification, research is assessing post-eradication risks and facilitating the development of new products and approaches to mitigate those risks (i.e. affordable inactivated poliovirus vaccine – IPV – options, antivirals, new diagnostics).

To develop affordable IPV options, a number of strategies are being pursued, including a schedule reduction (the administration of fewer doses in a routine schedule); a reduction of the antigen dose (i.e., fractional-dose inactivated poliovirus vaccine); the use of adjuvants, resulting in a decreased need for antigen; optimization of production processes (i.e., increasing cell densities, creating new cell lines, or using alternative inactivation agents); and the development of an IPV produced from Sabin strains or further attenuated strains that would be appropriate for production in developing countries.

The goal of these strategies is to achieve a "break-even" IPV price of approximately US$ 0.50 per dose against OPV so that any country can adopt IPV in their routine immunization schedule after eradication.

Social data is an area where more innovation is needed, and UNICEF is working closely with partners to look at alternative methods and means – including the use of new technologies – for collecting, analysing and harnessing this vital information more quickly.

A number of countries, including DR Congo and Angola, have undertaken qualitative social research in the past quarter to gain a deeper understanding of why children are missed. The study in DR Congo is still being finalized, but is already revealing critical insights into local cultural beliefs around immunization. These findings will be used to fashion localized communication strategies, as well as – we hope – contribute to more effective operational approaches. In both DR Congo and Angola, the research points to low risk perception of polio, as well as concerns about OPV safety and delivery mechanisms. A similar investigation is planned in Nigeria in the coming months.

The on-going lack of systematic and reliable data on missed children – to reveal who, and why they go unvaccinated - continues to hamper communication and operational planning on the ground. Revising monitoring systems and forms will help bring greater intelligence and focus to programme strategies. This is an urgent priority in all countries, and until it is remedied, programmes are not reaching their potential, and children continue to be missed.

6 | REVIEW OF THE GPEI BUDGETS AND ALLOCATION OF FUNDS

The GPEI budget development is paired with a regular, interactive process of reviewing and reprioritizing activities in light of evolving epidemiology and available resources.

The GPEI reviews the epidemiology of poliovirus globally and the SIA priorities on an ongoing basis, guided by the advice of national and regional Technical Advisory Groups as well as the Strategic Advisory Group of Experts on Immunization (SAGE). The Independent Monitoring Board (IMB), started in December 2010 to evaluate – on a quarterly basis – the progress towards each of the major milestones of the *GPEI Strategic Plan 2010–2012*, determines the impact of any 'mid-course corrections' that are deemed necessary, and advise on additional measures appropriate.

An in-depth weekly epidemiological review is complemented by weekly and bi-weekly teleconference check-ins between WHO and UNICEF headquarters and regional offices which provide opportunities to adjust allocations. The FRR is therefore updated regularly to adapt to the changing epidemiology and priorities.

After a budget review process at the regional office and headquarters levels, funds for country SIAs are released from WHO and UNICEF headquarters to regions and then countries. For staff and surveillance, funds are disbursed on a quarterly or semi-annual basis, depending on the GPEI cash flow. For most countries, funds for OPV are released by UNICEF six to eight weeks before SIAs.

7 | DONORS

Since the 1988 World Health Assembly (WHA) resolution to eradicate polio, funding commitments have totalled US$ 9 billion. In addition to contributions by national governments to their own polio eradication efforts, 52 public and private donors have each given more than US$ 1 million, with 21 of these having given US$ 25 million or more.

Donors to the GPEI include a wide range of donor governments, private foundations (e.g. Rotary International, BMGF, United Nations Foundation), multilateral organizations, development banks, NGOs and corporate partners. Several of these partners have contributed in excess of US$ 250 million to the global eradication effort, including the United States of America, Rotary International, BMGF, India, the United Kingdom, the World Bank, Japan, Germany, and Canada.

International contributions to national polio eradication efforts have been complemented by domestic resources. As of 1 February 2012, domestic funding pledged towards the 2012–2013 budget continues to surpass G8 contributions. India, who has largely self-financed for the past several years, provided US$ 416 million in 2010–2011 and is projected to contribute US$ 240 million for 2012 and US$ 174 million for 2013. Nigeria, Pakistan and Angola have also provided substantial domestic resources towards eradicating polio. Other contributions from polio-affected countries – including both financial and non-monetary expenditures, and in-kind contributions such as the time spent by volunteers, health workers and others in the planning and implementation of SIAs – are estimated to have a dollar value approximately equal to that of international financial contributions.[8]

Table 3 | Donor profiles for 1985–2014 (contributions in US$ millions)

Contribution	Public Sector Partners	Development Banks	Private Sector Partners
>1,000	United States of America		Bill & Melinda Gates Foundation, Rotary International
500–1,000	United Kingdom	World Bank	
250–499	Canada, Germany, Japan		
100–249	European Commission, GAVI/IFFIm, Netherlands, UNICEF, WHO		
50–99	Australia, Norway		
25–49	Denmark, France, Italy, Russian Federation, Sweden		United Nations Foundation
5–24	Ireland, Luxembourg, Saudi Arabia, Spain		American Red Cross, Crown Prince of Abu Dhabi, IFPMA, Sanofi Pasteur, UNICEF National Committees, Oil for Food Program
1–4	Austria, Belgium, Finland, Kuwait, Malaysia, Monaco, New Zealand, Portugal, Switzerland, United Arab Emirates	African Development Bank, Inter-American Development Bank	Advantage Trust (HK), Central Emergency Response Fund (CERF), De Beers, Google Foundation, International Federation of Red Cross and Red Crescent Societies, OPEC, Pew Charitable Trust, Wyeth, Shinnyo-en

8 Aylward R, et al, Politics and practicalities of polio eradication, *Global Public Goods for Health. Health Economic and Public Health Perspectives*, editors Smith R, Beaglehole R, Woodward D, Drager N. Oxford University Press, 2003.

Annex A | Supplementary immunization activities, 2012–2013 (all activities are expressed in percentages)

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 | New activities proposed since January | **Categorization includes cVDPVs**

	2012											
Region/Country	J	F	M	A	M	J	J	A	S	O	N	D
Endemic countries												
Afghanistan	40		100	100		30 | 10		100	100	30 | 10	30 | 10	
Pakistan	100		60	100		60	100		30	100		30 | 20
Nigeria		100	100	60	60	30 | 30	60			30	30	
India	100	100	50	50					50	50		
Countries with re-established transmission												
DR Congo	80 | CHD 18	6	CHD 28 | 2	50	100	100	50	30	30			
Chad	CHD 100	100	100	100	50				50	100	100	
Angola		100	100		CHD 100	100		30	30			
Sudan		100	100	50						50 | 50	50 | 50	
South Sudan		100	100							50 | 50	50 | 50	
Countries with recurrent importations												
West Africa												
Niger		61	100	100	50				100	100	50	
Côte d'Ivoire			100	100					100	100		
Guinea			100	100		CHD 75			100	100		
Mali			100	100					100	100		
Liberia			100	100					100	100		
Burkina Faso			100	100					100	100		
Sierra Leone			100	100	CHD 100				100	100		
Ghana			100	100					100			
Mauritania			100	100					100	100		
Senegal			100	100					100	100		
Benin			100	100					100	100		
Gambia			100	100					100			
Guinea Bissau			100	100			CHD 92		100			
Togo			100	100					100			
Cape Verde			100	100					100			
Horn of Africa												
Kenya			35 | 65	35 | 65			CHD 35					
Yemen	**100**		**100**	**100**								
Somalia		**CHD 100**	**100**	**100**					**100**	**100**		
Uganda			35 | 65	CHD 100	35 | 65							
Ethiopia			50	50								
Djibouti			100	100								
Eritrea			100	100 | CHD 49								
Central Africa												
Central African Republic		100	100 | 100						100	100		
Congo				100	100							
Gabon*				100	100							
Cameroon		50	50	CHD 100					50	50		
Burundi							CHD 89					
Rwanda	11									CHD 100		
Zimbabwe						CHD 100						
Other importation-affected countries												
Southeast Asia												
Nepal		CHD 25		100		CHD 75				CHD 75		
Myanmar			CHD 100									
Bangladesh	100	100										
Europe												
Tajikistan				50 | 50	50 | 50							
Uzbekistan				50 | 50	50 | 50							
Georgia*				50	50							
Ukraine				100	100							
Kyrgyzstan				50 | 50	50 | 50							
Kazakhstan				100	100							
Turkmenistan				100	100							

*Self-financing and included in the FRR costing.

Data as of 16 January 2012.

Annex A (continued)

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	New activities proposed since January	**Categorization includes cVDPVs**

	2013											
Region/Country	J	F	M	A	M	J	J	A	S	O	N	D
Endemic countries												
Afghanistan		100	100	30	30			100	100	30	30	
Pakistan		100	100	30	30			100	100	30	30	
Nigeria		100	100	60	60					60	60	
India	100	100								10 40	10 40	
Countries with re-established transmission												
DR Congo				50	100	100	50					
Chad		100	100							100	100	
Angola				50	100	100	50					
Sudan		100	100							50	50	
South Sudan		100	100							100	100	
Countries with recurrent importations												
West Africa												
Niger		100	100							100	100	
Côte d'Ivoire		100	100							100		
Guinea		100	100							100		
Mali		100	100							100		
Liberia		100	100							100		
Burkina Faso		100	100							100		
Sierra Leone		100	100							100		
Ghana		100	100									
Mauritania		100	100									
Senegal		100	100							100		
Benin		100	100							100	100	
Gambia		100	100									
Guinea Bissau		100	100									
Togo		100	100									
Cape Verde		100	100									
Horn of Africa												
Kenya		35	35									
Yemen		**100**	**100**									
Somalia		**100**	**100**						**100**			
Uganda		35	35									
Ethiopia		50 50	50 50									
Djibouti		100	100									
Eritrea		100	100									
Central Africa												
Central African Republic		100	100						100			
Congo		100	100									
Cameroon		50	50									
Other importation-affected countries												
Southeast Asia												
Nepal			100	100								
Bangladesh		100	100									
Europe												
Tajikistan				50	50							
Uzbekistan				50	50							
Georgia*				50	50							
Kyrgyzstan				50	50							

*Self-financing and included in the FRR costing.

Data as of 16 January 2012.

Annex B | Details of external funding requirements in polio-endemic and highest-risk countries, 2012–2013, excluding programme support costs (all figures in US$ millions)

	2012					
Country	AFP Surveillance	Social Moblization	Technical Assistance	OPV	Op Costs	Total Costs 2012
Endemic countries						
Afghanistan	$2.34	$2.84	$6.96	$8.70	$13.96	$34.79
India	$8.22	$19.32	$21.22	$127.13	$123.86	$299.75
Pakistan	$2.78	$22.61	$13.11	$52.83	$25.78	$117.11
Nigeria	$12.50	$4.21	$33.47	$42.90	$65.09	$158.16
Countries with re-established transmission						
Chad	$0.88	$5.07	$5.62	$2.76	$7.23	$21.55
Angola	$1.85	$3.22	$7.46	$3.57	$9.25	$25.35
DR Congo	$2.19	$7.39	$10.49	$10.28	$22.13	$52.48
Sudan	$0.52	$1.26	$1.14	$5.38	$11.29	$19.59
South Sudan	$1.24	$1.71	$4.70	$2.29	$7.19	$17.12
Countries with recurrent importations						
West Africa						
Niger	$0.57	$1.34	$1.69	$4.34	$9.61	$17.54
Côte d'Ivoire	$0.28	$0.99	$1.47	$4.76	$5.83	$13.33
Mali	$0.25	$1.25	$0.19	$5.58	$10.09	$17.36
Guinea	$0.18	$0.21	$0.33	$1.99	$3.10	$5.81
Burkina Faso	$0.26	$0.84	$0.35	$3.28	$7.27	$12.01
Liberia	$0.22	$0.29	$0.54	$0.63	$1.68	$3.35
Sierra Leone	$0.22	$0.85	$0.47	$0.89	$2.65	$5.07
Ghana	$0.35	$1.06	$0.18	$2.64	$4.00	$8.22
Mauritania	$0.18	$0.73	$0.16	$0.49	$1.51	$3.06
Senegal	$0.31	$0.94	$0.17	$1.76	$4.11	$7.29
Benin	$0.18	$0.85	$0.62	$2.19	$3.70	$7.53
Gambia	$0.05	$0.16	$0.07	$0.14	$0.36	$0.78
Guinea Bissau	$0.06	$0.35	$0.15	$0.19	$0.48	$1.23
Togo	$0.13	$0.14	$0.19	$0.89	$1.26	$2.61
Cape Verde	$0.04	$0.03	$0.01	$0.04	$0.12	$0.24
Horn of Africa						
Kenya	$0.43	$0.92	$1.08	$2.53	$5.72	$10.69
Ethiopia	$2.98	$0.76	$1.89	$2.46	$5.45	$13.54
Uganda	$0.39	$0.11	$0.58	$2.43	$4.17	$7.68
Somalia	$0.62	$0.50	$2.18	$1.49	$2.98	$7.76
Djibouti	$0.05	-	$0.00	$0.05	$0.30	$0.40
Eritrea	$0.13	$0.06	$0.18	$0.34	$0.27	$0.98
Yemen	$0.19	-	$0.27	$1.87	$3.78	$6.11
Central Africa						
Congo	$0.13	$0.48	$0.72	$0.30	$0.71	$2.33
Cameroon	$0.39	$1.16	$0.64	$1.70	$1.88	$5.77
Central African Republic	$0.46	$1.18	$0.80	$0.68	$2.17	$5.29
Madagascar	$0.39	-	$0.08	$0.10	$0.11	$0.67
Other importation-affected countries						
Southeast Asia						
Nepal	$0.37	$0.20	$0.84	$1.72	$1.04	$4.17
Bangladesh	$1.03	$0.90	$1.31	$9.28	$2.60	$15.11
Europe						
Tajikistan	$0.12	$0.10	-	$0.39	$0.37	$0.98
Uzbekistan	$0.04	$0.20	-	$0.88	$0.89	$2.01
Georgia*	$0.04	-	-	$0.04	$0.08	$0.15
Ukraine	$0.04	-	-	$0.77	$1.35	$2.16
Kazakhstan	$0.01	$0.05	-	$0.67	$0.00	$0.73
Turkmenistan	$0.04	-	-	$0.20	$0.00	$0.24
Kyrgystan	$0.01	-	-	$0.29	$0.21	$0.51

*Self-financing

Annex B (continued)

Country	2013 AFP Surveillance	Social Moblization	Technical Assistance	OPV	Op Costs	Total Costs 2013
Endemic countries						
Afghanistan	$2.41	$3.12	$6.31	$8.77	$13.41	$34.02
India	$8.47	$19.90	$21.79	$118.50	$65.96	$234.61
Pakistan	$2.92	$23.34	$12.32	$48.91	$20.05	$107.55
Nigeria	$12.88	$4.63	$34.19	$41.19	$60.11	$152.99
Countries with re-established transmission						
Chad	$0.90	$5.57	$4.67	$1.99	$4.97	$18.10
Angola	$1.91	$2.58	$7.67	$3.22	$7.68	$23.06
DR Congo	$2.25	$4.42	$10.57	$9.42	$18.89	$45.55
Sudan	$0.53	$0.83	$1.59	$3.88	$7.75	$14.58
South Sudan	$1.27	$1.88	$5.24	$2.48	$7.40	$18.28
Countries with recurrent importations						
West Africa						
Niger	$0.59	$1.47	$1.65	$3.29	$6.94	$13.94
Côte d'Ivoire	$0.29	$0.81	$1.51	$3.86	$4.50	$10.98
Mali	$0.25	$0.98	$0.16	$3.62	$6.23	$11.25
Guinea	$0.18	$0.21	$0.33	$1.66	$2.40	$4.78
Burkina Faso	$0.27	$0.71	$0.37	$2.66	$5.62	$9.62
Liberia	$0.23	$0.24	$0.55	$0.51	$1.30	$2.82
Sierra Leone	$0.23	$0.93	$0.48	$0.72	$2.05	$4.41
Ghana	$0.36	$0.78	$0.18	$1.90	$2.75	$5.96
Mauritania	$0.18	$0.81	$0.12	$0.30	$0.78	$2.18
Senegal	$0.32	$0.98	$0.17	$1.43	$1.06	$3.95
Benin	$0.18	$0.93	$0.63	$2.37	$3.81	$7.93
Gambia	$0.05	$0.12	$0.06	$0.10	$0.25	$0.58
Guinea Bissau	$0.06	$0.30	$0.15	$0.14	$0.33	$0.98
Togo	$0.14	$0.14	$0.19	$0.65	$0.86	$1.98
Cape Verde	$0.05	$0.03	$0.01	$0.03	$0.08	$0.19
Horn of Africa						
Kenya	$0.44	$0.92	$0.87	$0.96	$2.06	$5.26
Ethiopia	$3.07	$1.23	$1.76	$5.32	$11.23	$22.60
Uganda	$0.40	$0.11	$0.59	$0.90	$1.50	$3.51
Somalia	$0.64	$0.50	$2.20	$1.07	$2.30	$6.71
Djibouti	$0.05	-	$0.01	$0.05	$0.31	$0.42
Eritrea	$0.14	$0.06	$0.18	$0.22	$0.28	$0.88
Yemen	$0.20	-	$0.27	$1.87	$3.90	$6.23
Central Africa						
Congo	$0.14	$0.44	$0.74	$0.33	$0.73	$2.37
Cameroon	$0.41	$0.78	$0.66	$0.92	$0.97	$3.73
Central African Republic	$0.47	$1.12	$0.62	$0.44	$1.34	$4.00
Madagascar	$0.40	-	$0.08	-	-	$0.48
Other importation-affected countries						
Southeast Asia						
Nepal	$0.38	$0.22	$0.86	$1.86	$2.48	$5.80
Bangladesh	$1.06	$0.90	$1.35	$9.18	$2.65	$15.14
Europe						
Tajikistan	$0.13	-	-	$0.22	$0.38	$0.73
Uzbekistan	$0.04	$0.20	-	$0.53	$0.92	$1.68
Georgia*	$0.04	-	-	$0.04	$0.08	$0.16
Ukraine	$0.04	-	-	-	-	$0.04
Kazakhstan	$0.01	-	-	-	-	$0.01
Turkmenistan	$0.04	-	-	-	-	$0.04
Kyrgystan	$0.01	-	-	$0.12	$0.21	$0.35

*Self-financing

Annex B (continued)

2012–2013						
Country	Total AFP Surveillance	Total Social Moblization	Total Tech. Assistance	Total OPV	Total Op Costs	Total Costs 2012–2013
Endemic countries						
Afghanistan	$4.75	$5.96	$13.27	$17.46	$27.37	$68.81
India	$16.68	$39.22	$43.01	$245.63	$189.82	$534.36
Pakistan	$5.70	$45.95	$25.43	$101.74	$45.83	$224.65
Nigeria	$25.38	$8.83	$67.66	$84.09	$125.20	$311.15
Countries with re-established transmission						
Chad	$1.78	$10.64	$10.28	$4.75	$12.20	$39.65
Angola	$3.76	$5.80	$15.13	$6.79	$16.93	$48.41
DR Congo	$4.44	$11.81	$21.06	$19.70	$41.03	$98.03
Sudan	$1.05	$2.08	$2.74	$9.26	$19.04	$34.17
South Sudan	$2.51	$3.58	$9.94	$4.78	$14.59	$35.40
Countries with recurrent importations						
West Africa						
Niger	$1.16	$2.81	$3.33	$7.63	$16.55	$31.48
Côte d'Ivoire	$0.57	$1.80	$2.98	$8.63	$10.33	$24.30
Mali	$0.50	$2.23	$0.35	$9.21	$16.32	$28.60
Guinea	$0.36	$0.42	$0.65	$3.65	$5.50	$10.58
Burkina Faso	$0.53	$1.55	$0.72	$5.95	$12.89	$21.63
Liberia	$0.44	$0.52	$1.09	$1.14	$2.99	$6.18
Sierra Leone	$0.44	$1.78	$0.95	$1.61	$4.69	$9.48
Ghana	$0.71	$1.83	$0.36	$4.54	$6.74	$14.19
Mauritania	$0.36	$1.54	$0.28	$0.79	$2.28	$5.24
Senegal	$0.62	$1.92	$0.34	$3.19	$5.17	$11.25
Benin	$0.36	$1.78	$1.25	$4.56	$7.51	$15.46
Gambia	$0.11	$0.28	$0.13	$0.24	$0.61	$1.36
Guinea Bissau	$0.12	$0.65	$0.30	$0.33	$0.81	$2.21
Togo	$0.27	$0.28	$0.38	$1.54	$2.12	$4.59
Cape Verde	$0.09	$0.06	$0.01	$0.07	$0.21	$0.43
Horn of Africa						
Kenya	$0.87	$1.84	$1.95	$3.49	$7.79	$15.94
Ethiopia	$6.04	$1.99	$3.65	$7.78	$16.68	$36.14
Uganda	$0.78	$0.22	$1.17	$3.33	$5.68	$11.18
Somalia	$1.25	$1.00	$4.39	$2.55	$5.28	$14.48
Djibouti	$0.10	-	$0.01	$0.10	$0.61	$0.82
Eritrea	$0.27	$0.12	$0.36	$0.57	$0.54	$1.85
Yemen	$0.39	$0.00	$0.54	$3.73	$7.68	$12.34
Central Africa						
Congo	$0.27	$0.91	$1.46	$0.63	$1.43	$4.70
Cameroon	$0.80	$1.94	$1.30	$2.62	$2.85	$9.51
Central African Republic	$0.92	$2.30	$1.42	$1.12	$3.52	$9.29
Madagascar	$0.79	-	$0.16	$0.10	$0.11	$1.16
Other importation-affected countries						
Southeast Asia						
Nepal	$0.75	$0.43	$1.70	$3.58	$3.51	$9.97
Bangladesh	$2.09	$1.80	$2.66	$18.46	$5.25	$30.25
Europe						
Tajikistan	$0.25	$0.10	-	$0.61	$0.76	$1.71
Uzbekistan	$0.07	$0.40	-	$1.40	$1.82	$3.69
Georgia*	$0.07	$0.00	-	$0.09	$0.15	$0.31
Ukraine	$0.07	-	-	$0.77	$1.35	$2.19
Kazakhstan	$0.02	$0.05	-	$0.67	$0.00	$0.74
Turkmenistan	$0.07	$0.00	-	$0.20	$0.00	$0.27
Kyrgystan	$0.02	-	$0.00	$0.41	$0.42	$0.85

*Self-financing

Annex C | Surveillance and laboratory costs by country and region 2012–2013, excluding programme support costs (all figures in US$ millions)

WHO African Region	2012
Algeria	$0.03
Angola	$1.85
Benin	$0.18
Botswana	$0.09
Burkina Faso	$0.26
Burundi	$0.09
Cameroon	$0.39
Cape Verde	$0.04
Central African Republic	$0.46
Chad	$0.88
Comoros	$0.04
Congo	$0.13
Côte d'Ivoire	$0.28
DR Congo	$2.19
Equatorial Guinea	$0.04
Eritrea	$0.13
Ethiopia	$2.98
Gabon	$0.09
Gambia	$0.05
Ghana	$0.35
Guinea	$0.18
Guinea-Bissau	$0.06
Kenya	$0.43
Lesotho	$0.04
Liberia	$0.22
Madagascar	$0.39
Malawi	$0.18
Mali	$0.25
Mauritania	$0.18
Mauritius	$0.02
Mozambique	$0.26
Namibia	$0.13
Niger	$0.57
Nigeria	$12.50
Rwanda	$0.11
Sao Tome and Principe	$0.01
Senegal	$0.31
Seychelles	$0.01
Sierra Leone	$0.22
South Africa	$0.26
Swaziland	$0.07
Togo	$0.13
Uganda	$0.39
United Republic of Tanzania	$0.39
Zambia	$0.35
Zimbabwe	$0.24
Regional surveillance and laboratory	$5.29
Subtotal	$33.73

WHO Region of the Americas	2012
Regional surveillance and laboratory	$0.60

WHO Eastern Mediterranean Region	2012
Afghanistan	$2.34
Djibouti	$0.05
Egypt	$0.37
Iraq	$0.06
Pakistan	$2.78
Somalia	$0.62
Sudan	$0.52
South Sudan	$1.24
Yemen	$0.19
Regional surveillance and laboratory	$1.15
Subtotal	$9.31

WHO European Region	2012
Armenia	$0.01
Azerbaijan	$0.03
Bosnia	$0.08
Georgia	$0.04
Kazakhstan	$0.01
Kyrgyzstan	$0.01
Moldova	$0.01
Tajikistan	$0.12
Turkey	$0.01
Turkmenistan	$0.04
Ukraine	$0.04
Uzbekistan	$0.04
Regional surveillance and laboratory	$1.48
Subtotal	$1.89

WHO South-East Asia Region	2012
Bangladesh	$1.03
India	$8.22
Indonesia	$0.76
Myanmar	$0.40
Nepal	$0.37
Regional surveillance and laboratory	$5.01
Subtotal	$15.79

WHO Western Pacific Region	2012
Regional surveillance and laboratory	$0.82

WHO	2012
WHO/HQ	$11.31

Global	2012
Total	$73.45

Annex C (continued)

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	$12.88
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 surveillance and laboratory	$5.45
Subtotal	$34.74

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

WHO Eastern Mediterranean Region	2013
Afghanistan	$2.41
Djibouti	$0.05
Egypt	$0.38
Iraq	$0.06
Pakistan	$2.92
Somalia	$0.64
Sudan	$0.53
South Sudan	$1.27
Yemen	$0.20
Regional surveillance and laboratory	$1.18
Subtotal	$9.65

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 South-East Asia Region	2013
Bangladesh	$1.06
India	$8.47
Indonesia	$0.79
Myanmar	$0.42
Nepal	$0.38
Regional surveillance and laboratory	$5.16
Subtotal	$16.27

WHO Western Pacific Region	2013
Regional surveillance and laboratory	$0.84

WHO	2013
WHO/HQ	$11.65

Global	2013
Total	$75.58

Annex D | Technical assistance, country-level details 2012–2013, excluding programme support costs

(all figures in US$ millions)

WHO African Region	2012
Angola	$6.92
Benin	$0.43
Botswana	$0.15
Burkina Faso	$0.24
Burundi	$0.04
Cameroon	$0.56
Central African Republic	$0.60
Chad	$2.91
Congo	$0.51
Côte d'Ivoire	$1.22
DR Congo	$6.51
Equatorial Guinea	$0.13
Eritrea	$0.18
Ethiopia	$1.54
Gabon	$0.28
Gambia	$0.06
Ghana	$0.11
Guinea	$0.08
Guinea-Bissau	$0.14
Kenya	$0.85
Lesotho	$0.09
Liberia	$0.48
Madagascar	$0.08
Malawi	$0.10
Mali	$0.15
Mauritania	$0.06
Mozambique	$0.41
Namibia	$0.24
Niger	$1.36
Nigeria	$24.24
Rwanda	$0.36
Senegal	$0.14
Sierra Leone	$0.43
South Africa	$0.59
Swaziland	$0.15
Togo	$0.19
Uganda	$0.41
United Republic of Tanzania	$0.39
Zambia	$0.65
Zimbabwe	$0.18
IST (Central block)	$1.13
IST (South/East block)	$1.60
IST (West block)	$1.46
Regional Office	$1.09
Subtotal	$59.41

WHO Eastern Mediterranean Region	2012
Afghanistan	$4.66
Djibouti	$0.00
Egypt	$0.07
Iran	$0.01
Iraq	$0.00
Pakistan	$10.66
Somalia	$1.46
Sudan	$1.05
South Sudan	$3.53
Yemen	$0.27
Regional Office	$1.54
Subtotal	$23.24

WHO European Region	2012
Regional Office/Countries	$1.60
Subtotal	$1.60

WHO South-East Asia Region	2012
Bangladesh	$1.31
India	$19.00
Indonesia	$0.79
Myanmar	$0.36
Nepal	$0.82
Regional Office	$1.38
Subtotal	$23.67

WHO Western Pacific Region	2012
Regional Office	$0.66
Subtotal	$0.66

WHO	2012
WHO/HQ	$13.03
Short Term Tech Assistance	$11.46
Surge Capacity	$15.00
Subtotal	$39.49

UNICEF	2012
UNICEF HQ/RO	$10.53
Afghanistan	$2.30
Angola	$0.54
Benin	$0.19
Burkina Faso	$0.12
Cameroon	$0.08
Cape Verde	$0.01
Central African Republic	$0.20
Chad	$2.71
Congo	$0.21
Côte d'Ivoire	$0.25
DR Congo	$3.98
Ethiopia	$0.35
Gambia	$0.01
Ghana	$0.07
Guinea	$0.25
Guinea Bissau	$0.00
India	$2.22
Kenya	$0.23
Liberia	$0.06
Mali	$0.04
Mauritania	$0.10
Nepal	$0.02
Niger	$0.33
Nigeria	$9.23
Pakistan	$2.45
Senegal	$0.03
Sierra Leone	$0.04
Somalia	$0.73
South Sudan	$1.17
Sudan	$0.09
Togo	$0.00
Uganda	$0.17
Subtotal	$38.68

Global WHO-UNICEF	2012
Total	$186.74

Annex D (continued)

WHO African Region	2013
Angola	$7.13
Benin	$0.44
Botswana	$0.16
Burkina Faso	$0.25
Burundi	$0.05
Cameroon	$0.58
Central African Republic	$0.62
Chad	$3.00
Congo	$0.52
Côte d'Ivoire	$1.26
DR Congo	$6.71
Equatorial Guinea	$0.13
Eritrea	$0.18
Ethiopia	$1.59
Gabon	$0.29
Gambia	$0.06
Ghana	$0.11
Guinea	$0.08
Guinea-Bissau	$0.14
Kenya	$0.87
Lesotho	$0.09
Liberia	$0.50
Madagascar	$0.08
Malawi	$0.11
Mali	$0.16
Mauritania	$0.06
Mozambique	$0.42
Namibia	$0.25
Niger	$1.40
Nigeria	$24.96
Rwanda	$0.37
Senegal	$0.15
Sierra Leone	$0.44
South Africa	$0.61
Swaziland	$0.15
Togo	$0.19
Uganda	$0.42
United Republic of Tanzania	$0.40
Zambia	$0.67
Zimbabwe	$0.18
IST (Central block)	$1.17
IST (South/East block)	$1.64
IST (West block)	$1.50
Regional Office	$1.12
Subtotal	$61.19

WHO Eastern Mediterranean Region	2013
Afghanistan	$4.51
Djibouti	$0.01
Egypt	$0.07
Iran	$0.01
Iraq	$0.00
Pakistan	$9.87
Somalia	$1.48
Sudan	$1.50
South Sudan	$4.08
Yemen	$0.27
Regional Office	$1.65
Subtotal	$23.45

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

WHO South-East Asia Region	2013
Bangladesh	$1.35
India	$19.57
Indonesia	$0.82
Myanmar	$0.37
Nepal	$0.85
Regional Office	$1.43
Subtotal	$24.38

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

WHO	2013
WHO/HQ	$13.42
Short Term Tech Assistance	$11.81
Surge Capacity	$0.00
Subtotal	$25.23

UNICEF	2013
UNICEF HQ/RO	$11.58
Afghanistan	$1.80
Angola	$0.54
Benin	$0.19
Burkina Faso	$0.12
Cameroon	$0.08
Cape Verde	$0.01
Chad	$1.67
Congo	$0.22
Côte d'Ivoire	$0.25
DR Congo	$3.86
Ethiopia	$0.17
Ghana	$0.07
Guinea	$0.25
Guinea Bissau	$0.01
India	$2.22
Liberia	$0.06
Mauritania	$0.06
Nepal	$0.02
Niger	$0.25
Nigeria	$9.23
Pakistan	$2.45
Senegal	$0.03
Sierra Leone	$0.04
Somalia	$0.73
South Sudan	$1.17
Sudan	$0.09
Togo	$0.00
Uganda	$0.17
Subtotal	$37.31

Global WHO-UNICEF	2013
Total	$173.88

Annex E | Confirmed/Tentative funding and funding gaps for polio-endemic and re-established transmission countries (all amounts in US$ millions, excluding indirect (overhead) costs)

AFGHANISTAN

		2012	2013	2012–2013
National Immunization Days (NIDs)		4	4	8
Sub-national Immunization Days (SNIDs)		4	4	8
ORAL POLIO VACCINE				
Requirements		**$8.70**	**$8.77**	**$17.46**
Confirmed funding				
AusAID		$0.62	$0.00	$0.62
Japan		$3.08	$2.87	$5.95
National Committee for UNICEF (Saudi Arabia)		$0.46	$0.00	$0.46
	Total	**$4.16**	**$2.87**	**$7.03**
Tentative funding				
CIDA		$0.00	$1.00	$1.00
World Bank		$4.54	$4.90	$9.44
	Total	**$4.54**	**$5.90**	**$10.44**
Funding Gap (exclusive of tentative funding)		**$4.54**	**$5.90**	**$10.44**
Funding Gap (inclusive of tentative funding)		**$0.00**	**$0.00**	**$0.00**
OPERATIONAL COSTS				
Requirements		**$13.96**	**$13.41**	**$27.37**
Operational Costs (WHO)		$3.14	$3.01	$6.15
Operational Costs (UNICEF)		$10.82	$10.40	$21.22
Confirmed funding				
BMGF (WHO)		$0.36	$0.00	$0.36
CIDA (WHO)		$2.52	$1.45	$3.97
France (WHO)		$0.00	$0.00	$0.00
Rotary International (WHO)		$0.26	$0.00	$0.26
	Total	**$3.14**	**$1.45**	**$4.59**
Tentative funding				
CIDA (UNICEF)		$4.50	$4.22	$8.72
	Total	**$4.50**	**$4.22**	**$8.72**
Funding Gap (exclusive of tentative funding)		**$10.82**	**$11.96**	**$22.78**
WHO		$0.00	$1.56	$1.56
UNICEF		$10.82	$10.40	$21.22
Funding Gap (inclusive of tentative funding)		**$6.32**	**$7.74**	**$14.06**
WHO		$0.00	$1.56	$1.56
UNICEF		$6.32	$6.18	$12.50
WHO SURVEILLANCE				
Requirements		**$2.34**	**$2.41**	**$4.75**
Confirmed funding				
CIDA		$0.30	$1.25	$1.55
USAID		$1.48	$0.00	$1.48
AusAID		$0.18	$0.00	$0.18
	Total	**$1.96**	**$1.25**	**$3.20**
Funding Gap		**$0.39**	**$1.16**	**$1.55**
TECHNICAL ASSISTANCE				
Requirements		**$6.96**	**$6.31**	**$13.27**
Technical assistance (WHO)		$4.66	$4.51	$9.17
Technical assistance (UNICEF)		$2.30	$1.80	$4.10
Confirmed funding				
CIDA (WHO)		$4.28	$3.18	$7.46
CDC (WHO)		$0.38	$0.00	$0.38
BMGF (UNICEF)		$0.70	$0.00	$0.70
	Total	**$5.36**	**$3.18**	**$8.54**
Tentative funding				
BMGF (UNICEF)		$0.19	$0.00	$0.19
CIDA (UNICEF)		$1.41	$0.96	$2.37
	Total	**$1.60**	**$0.96**	**$2.56**
Funding Gap (exclusive of tentative funding)		**$1.60**	**$3.13**	**$4.73**
WHO		$0.00	$1.33	$1.33
UNICEF		$1.60	$1.80	$3.40
Funding Gap (inclusive of tentative funding)		**$0.00**	**$2.17**	**$2.17**
WHO		$0.00	$1.33	$1.33
UNICEF		$0.00	$0.84	$0.84
UNICEF SOCIAL MOBILIZATION				
Requirements		**$2.84**	**$3.12**	**$5.96**
Confirmed funding				
BMGF		$1.05	$0.00	$1.05
Rotary International		$0.75	$0.00	$0.75
	Total	**$1.80**	**$0.00**	**$1.80**
Tentative funding				
BMGF		$0.98	$0.00	$0.98
	Total	**$0.98**	**$0.00**	**$0.98**
Funding Gap (exclusive of tentative funding)		**$1.04**	**$3.12**	**$4.17**
Funding Gap (inclusive of tentative funding)		**$0.06**	**$3.12**	**$3.19**
SUMMARY				
Total requirements		**$34.79**	**$34.02**	**$68.81**
Funding Gap (exclusive of tentative funding)		**$18.38**	**$25.28**	**$43.66**
WHO		$0.39	$4.05	$4.44
UNICEF		$18.00	$21.23	$39.22
Funding Gap (inclusive of tentative funding)		**$6.77**	**$14.20**	**$20.96**
WHO		$0.39	$4.05	$4.44
UNICEF		$6.38	$10.15	$16.53

ANGOLA

		2012	2013	2012–2013
National Immunization Days (NIDs)		3	2	5
Sub-national Immunization Days (SNIDs)		2	2	4
ORAL POLIO VACCINE				
Requirements		**$3.57**	**$3.22**	**$6.79**
Confirmed funding				
Japan		$0.48	$0.00	$0.48
	Total	**$0.48**	**$0.00**	**$0.48**
Funding Gap		**$3.09**	**$3.22**	**$6.31**
OPERATIONAL COSTS				
Requirements		**$9.25**	**$7.68**	**$16.93**
Operational Costs (WHO)		$6.34	$7.68	$14.03
Operational Costs (UNICEF)		$0.30	$0.00	$0.30
Operational Costs (Govt of Angola)		$2.61	$0.00	$2.61
Confirmed funding				
BMGF		$3.94	$0.00	$3.94
Govt of Angola		$2.61	$0.00	$2.61
	Total	**$6.55**	**$0.00**	**$6.55**
Tentative funding				
UNICEF - Angola (Chevron)		$0.30	$0.00	$0.30
	Total	**$0.30**	**$0.00**	**$0.30**
Funding Gap (exclusive of tentative funding)		**$2.70**	**$7.68**	**$10.38**
WHO		$2.40	$7.68	$10.08
UNICEF		$0.30	$0.00	$0.30
Funding Gap (inclusive of tentative funding)		**$2.40**	**$7.68**	**$10.08**
WHO		$2.40	$7.68	$10.08
UNICEF		$0.00	$0.00	$0.00
WHO SURVEILLANCE				
Requirements		**$1.85**	**$1.91**	**$3.76**
Confirmed funding				
BMGF		$0.98	$0.00	$0.98
USAID		$0.87	$0.00	$0.87
	Total	**$1.85**	**$0.00**	**$1.85**
Funding Gap		**$0.00**	**$1.91**	**$1.91**
TECHNICAL ASSISTANCE				
Requirements		**$7.46**	**$7.67**	**$15.13**
Technical assistance (WHO)		$6.92	$7.13	$14.06
Technical assistance (UNICEF)		$0.54	$0.54	$1.07
Confirmed funding				
CDC (WHO)		$0.09	$0.00	$0.09
Rotary International (WHO)		$1.49	$0.00	$1.49
BMGF (UNICEF)		$0.54	$0.00	$0.54
	Total	**$2.12**	**$0.00**	**$2.12**
Funding Gap (exclusive of tentative funding)		**$5.34**	**$7.67**	**$13.01**
WHO		$5.34	$7.13	$12.47
UNICEF		$0.00	$0.54	$0.54
Funding Gap (inclusive of tentative funding)		**$5.34**	**$7.67**	**$13.01**
WHO		$5.34	$7.13	$12.47
UNICEF		$0.00	$0.54	$0.54
UNICEF SOCIAL MOBILIZATION				
Requirements		**$3.22**	**$2.58**	**$5.80**
Confirmed funding				
BMGF		$0.64	$0.00	$0.64
	Total	**$0.64**	**$0.00**	**$0.64**
Tentative funding				
BMGF		$0.46	$0.00	$0.46
	Total	**$0.46**	**$0.00**	**$0.46**
Funding Gap (exclusive of tentative funding)		**$2.58**	**$2.58**	**$5.16**
Funding Gap (inclusive of tentative funding)		**$2.12**	**$2.58**	**$4.70**
SUMMARY				
Total requirements		**$25.35**	**$23.06**	**$48.41**
Funding Gap (exclusive of tentative funding)		**$13.71**	**$23.06**	**$36.77**
WHO		$7.74	$16.73	$24.47
UNICEF		$5.97	$6.33	$12.30
Funding Gap (inclusive of tentative funding)		**$12.95**	**$23.06**	**$36.01**
WHO		$7.74	$16.73	$24.47
UNICEF		$5.21	$6.33	$11.54

CHAD

	2012	2013	2012–2013
National Immunization Days (NIDs)	5	4	9
Sub-national Immunization Days (SNIDs)	2	0	2
ORAL POLIO VACCINE			
Requirements	**$2.76**	**$1.99**	**$4.75**
Confirmed funding			
CDC	$0.64	$0.00	$0.64
BMGF	$1.00	$0.00	$1.00
Total	**$1.64**	**$0.00**	**$1.64**
Funding Gap	**$1.12**	**$1.99**	**$3.11**
WHO OPERATIONAL COSTS			
Requirements	**$7.24**	**$4.97**	**$12.20**
Confirmed funding			
BMGF	$2.34	$0.00	$2.34
Rotary International	$0.89	$0.00	$0.89
Total	**$3.23**	**$0.00**	**$3.23**
Funding Gap	**$4.01**	**$4.97**	**$8.97**
WHO SURVEILLANCE			
Requirements	**$0.88**	**$0.90**	**$1.78**
Confirmed funding			
BMGF	$0.66	$0.00	$0.66
CIDA	$0.22	$0.00	$0.22
Total	**$0.88**	**$0.00**	**$0.88**
Funding Gap	**$0.00**	**$0.90**	**$0.90**
TECHNICAL ASSISTANCE			
Requirements	**$5.62**	**$4.67**	**$10.28**
Technical assistance (WHO)	$2.91	$3.00	$5.90
Technical assistance (UNICEF)	$2.71	$1.67	$4.38
Confirmed funding			
Rotary International (WHO)	$1.45	$0.00	$1.45
BMGF (UNICEF)	$0.63	$0.00	$0.63
Rotary International (UNICEF)	$1.73	$0.00	$1.73
CDC (UNICEF)	$0.28	$0.00	$0.28
Total	**$4.10**	**$0.00**	**$4.10**
Funding Gap	**$1.52**	**$4.67**	**$6.18**
WHO	$1.45	$3.00	$4.45
UNICEF	$0.07	$1.67	$1.74
UNICEF SOCIAL MOBILIZATION			
Requirements	**$5.07**	**$5.57**	**$10.64**
Confirmed funding			
BMGF	$1.75	$0.00	$1.75
UNICEF Regular Resources	$0.16	$0.00	$0.16
Rotary International	$1.53	$0.00	$1.53
Total	**$3.45**	**$0.00**	**$3.45**
Funding Gap	**$1.62**	**$5.57**	**$7.19**
SUMMARY			
Total requirements	**$21.56**	**$18.09**	**$39.65**
Funding Gap	**$8.26**	**$18.09**	**$26.36**
WHO	$5.46	$8.86	$14.33
UNICEF	$2.80	$9.23	$12.03

DR CONGO

		2012	2013	2012–2013
National Immunization Days (NIDs)		2	2	4
Sub-national Immunization Days (SNIDs)		4	2	6
ORAL POLIO VACCINE				
Requirements		**$10.28**	**$9.42**	**$19.70**
Confirmed funding				
CDC		$0.23	$0.00	$0.23
BMGF		$1.83	$0.00	$1.83
	Total	**$2.06**	**$0.00**	**$2.06**
Tentative Funding				
ECHO		$2.14	$0.00	$2.14
Japan		$1.00	$0.00	$1.00
	Total	**$3.14**	**$0.00**	**$3.14**
Funding Gap (exclusive of tentative funding)		**$8.23**	**$9.42**	**$17.64**
Funding Gap (inclusive of tentative funding)		**$5.09**	**$9.42**	**$14.50**
OPERATIONAL COSTS				
Requirements		**$22.14**	**$18.89**	**$41.03**
Operational costs (UNICEF)		$3.93	$2.05	$5.98
Operational costs (WHO)		$18.20	$16.84	$35.05
Confirmed funding				
Rotary international (UNICEF)		$0.64	$0.00	$0.64
BMGF (WHO)		$2.88	$0.00	$2.88
Rotary International (WHO)		$3.85	$0.00	$3.85
	Total	**$7.37**	**$0.00**	**$7.37**
Tentative Funding				
World Bank (WHO)		$5.00	$0.00	$5.00
ECHO (UNICEF)		$0.40	$0.00	$0.40
	Total	**$5.40**	**$0.00**	**$5.40**
Funding Gap (exclusive of tentative funding)		**$14.76**	**$18.89**	**$33.66**
WHO		$11.47	$16.84	$28.32
UNICEF		$3.29	$2.05	$5.34
Funding Gap (inclusive of tentative funding)		**$9.36**	**$18.89**	**$28.26**
WHO		$6.47	$16.84	$23.32
UNICEF		$2.89	$2.05	$4.94
WHO SURVEILLANCE				
Requirements		**$2.19**	**$2.25**	**$4.44**
Confirmed funding				
BMGF		$1.64	$0.00	$1.64
CIDA		$0.30	$0.00	$0.30
USAID		$0.25	$0.00	$0.25
	Total	**$2.19**	**$0.00**	**$2.19**
Funding Gap (exclusive of tentative funding)		**$0.00**	**$2.25**	**$2.25**
Funding Gap (inclusive of tentative funding)		**$0.00**	**$2.25**	**$2.25**
TECHNICAL ASSISTANCE				
Requirements		**$10.49**	**$10.57**	**$21.06**
Technical assistance (WHO)		$6.51	$6.71	$13.22
Technical assistance (UNICEF)		$3.98	$3.86	$7.84
Confirmed funding				
Rotary International (WHO)		$3.23	$0.00	$3.23
Rotary International (UNICEF)		$1.15	$0.00	$1.15
BMGF (UNICEF)		$1.51	$0.00	$1.51
	Total	**$5.89**	**$0.00**	**$5.89**
Funding Gap		**$4.61**	**$10.57**	**$15.17**
WHO		$3.29	$6.71	$9.99
UNICEF		$1.32	$3.86	$5.18
UNICEF SOCIAL MOBILIZATION				
Requirements		**$7.39**	**$4.42**	**$11.81**
Confirmed funding				
BMGF		$2.02	$0.00	$2.02
Rotary International		$1.03	$0.00	$1.03
	Total	**$3.05**	**$0.00**	**$3.05**
Tentative funding				
ECHO		$0.15	$0.00	$0.15
	Total	**$0.15**	**$0.00**	**$0.15**
Funding Gap (exclusive of tentative funding)		**$4.34**	**$4.42**	**$8.76**
Funding Gap (inclusive of tentative funding)		**$4.19**	**$4.42**	**$8.61**
SUMMARY				
Total requirements		**$52.49**	**$45.55**	**$98.03**
Funding Gap (exclusive of tentative funding)		**$31.94**	**$45.55**	**$77.48**
WHO		$14.76	$25.80	$40.56
UNICEF		$17.18	$19.75	$36.93
Funding Gap (inclusive of tentative funding)		**$23.25**	**$45.55**	**$68.79**
WHO		$9.76	$25.80	$35.56
UNICEF		$13.49	$19.75	$33.24

INDIA

		2012	2013	2012–2013
National Immunization Days (NIDs)		2	2	4
Sub-national Immunization Days (SNIDs)		4	2	6
ORAL POLIO VACCINE				
Requirements		**$127.13**	**$118.50**	**$245.63**
Projected and Confirmed Funding				
Government of India (GoI)		$127.13	$118.50	$245.63
	Total	**$127.13**	**$118.50**	**$245.63**
OPERATIONAL COSTS				
Requirements		**$113.36**	**$55.14**	**$168.50**
Government of India (GoI)		$113.36	$55.14	$168.50
	Total	**$113.36**	**$55.14**	**$168.50**
WHO OPERATIONAL COSTS (non-GoI budget)				
Requirements		**$10.51**	**$10.82**	**$21.33**
Confirmed Funding				
BMGF		$9.68	$0.00	$9.68
	Total	**$9.68**	**$0.00**	**$9.68**
Funding Gap		**$0.83**	**$10.82**	**$11.65**
UNICEF SOCIAL MOBILIZATION COSTS (non-GoI budget)				
Requirements		**$19.32**	**$19.90**	**$39.22**
Confirmed funding				
BMGF		$10.29	$0.00	$10.29
Rotary International		$5.27	$0.00	$5.27
UNICEF Regular Resources		$0.00	$0.50	$0.50
Japan		$0.10	$0.00	$0.10
USAID		$1.40	$0.00	$1.40
	Total	**$17.06**	**$0.50**	**$17.06**
Tentative funding				
BMGF		$0.73	$0.00	$0.73
	Total	**$0.73**	**$0.00**	**$0.73**
Funding Gap (exclusive of tentative funding)		**$2.26**	**$19.40**	**$22.16**
Funding Gap (inclusive of tentative funding)		**$1.53**	**$19.40**	**$21.43**
SURVEILLANCE & TECHNICAL ASSISTANCE				
Requirements		**$29.44**	**$30.26**	**$59.69**
Surveillance Costs (WHO)		$8.22	$8.47	$16.68
Technical Assistance Costs (WHO)		$19.00	$19.57	$38.57
Technical Assistance Costs (UNICEF)		$2.22	$2.22	$4.44
Confirmed funding				
BMGF (UNICEF)		$1.90	$0.00	$1.90
CDC (UNICEF)		$0.32	$0.00	$0.32
Rotary International (UNICEF)		$0.00	$0.00	$0.00
BMGF (WHO)		$1.30	$0.00	$1.30
DFID(WHO)		$1.32	$0.00	$1.32
Rotary International (WHO)		$2.10	$0.00	$2.10
CDC (WHO)		$1.05	$0.00	$1.05
USAID (WHO)		$2.26	$0.00	$2.26
	Total	**$10.25**	**$0.00**	**$10.25**
Tentative funding				
CDC (UNICEF)		$0.00	$0.32	$0.32
	Total	**$0.00**	**$0.32**	**$0.32**
Funding Gap (exclusive of tentative funding)		**$19.19**	**$30.26**	**$49.45**
WHO		$19.19	$28.04	$47.23
UNICEF		$0.00	$2.22	$2.22
Funding Gap (inclusive of tentative funding)		**$19.19**	**$29.94**	**$49.13**
WHO		$19.19	$28.04	$47.23
UNICEF		$0.00	$1.90	$1.90
SUMMARY				
Total requirements		**$299.76**	**$234.61**	**$534.37**
Funding Gap (exclusive of tentative funding)		**$22.28**	**$60.48**	**$83.26**
WHO		$20.02	$38.86	$58.87
UNICEF		$2.26	$21.62	$23.88
Funding Gap (inclusive of tentative funding)		**$21.55**	**$60.16**	**$82.21**
WHO		$20.02	$38.86	$58.87
UNICEF		$1.53	$21.30	$22.83

NIGERIA

	2012	2013	2012–2013
National Immunization Days (NIDs)	2	2	4
Sub-national Immunization Days (SNIDs)	6	4	10
ORAL POLIO VACCINE			
Requirements	**$42.90**	**$41.19**	**$84.09**
Confirmed funding			
World Bank Buy-down	$11.88	$0.00	$11.88
UNICEF Regular Resources	$6.22	$0.00	$6.22
BMGF	$9.10	$0.00	$9.10
Total	**$27.19**	**$0.00**	**$27.19**
Tentative funding			
Japan	$6.50	$0.00	$6.50
Total	**$6.50**	**$0.00**	**$6.50**
Funding Gap (exclusive of tentative funding)	**$15.71**	**$41.19**	**$56.89**
Funding Gap (inclusive of tentative funding)	**$9.21**	**$41.19**	**$50.39**
OPERATIONAL COSTS			
Requirements	**$65.09**	**$60.11**	**$125.20**
Operational Costs (WHO)	$52.89	$48.79	$101.68
Operational Costs (UNICEF)	$12.20	$11.33	$23.52
Confirmed funding			
BMGF (WHO)	$4.07	$0.00	$4.07
Rotary International (WHO)	$7.26	$0.00	$7.26
European Commission (WHO)	$6.83	$0.00	$6.83
USAID (WHO)	$0.05	$1.53	$1.58
Govt of Nigeria, 2011 (WHO)	$4.68	$0.00	$4.68
Rotary International (UNICEF)	$1.53	$0.00	$1.53
Total	**$24.42**	**$1.53**	**$25.95**
Tentative funding			
Govt of Nigeria, 2012 (WHO)	$30.00	$30.00	$60.00
Rotary International (UNICEF)	$0.91	$0.00	$0.91
Total	**$30.91**	**$30.00**	**$60.91**
Funding Gap (exclusive of tentative funding)	**$40.67**	**$58.58**	**$99.25**
WHO	$30.00	$47.26	$77.25
UNICEF	$10.67	$11.33	$22.00
Funding Gap (inclusive of tentative funding)	**$9.76**	**$28.58**	**$38.34**
WHO	$0.00	$17.26	$17.25
UNICEF	$9.76	$11.33	$21.09
WHO SURVEILLANCE			
Requirements	**$12.50**	**$12.88**	**$25.38**
Confirmed funding			
CIDA	$3.75	$0.00	$3.75
BMGF	$1.94	$0.00	$1.94
Total	**$5.69**	**$0.00**	**$5.69**
Funding Gap (exclusive of tentative funding)	**$6.81**	**$12.88**	**$19.69**
Funding Gap (inclusive of tentative funding)	**$6.81**	**$12.88**	**$19.69**
TECHNICAL ASSISTANCE			
Requirements	**$33.47**	**$34.19**	**$67.66**
Technical assistance (WHO)	$24.24	$24.96	$49.20
Technical assistance (UNICEF)	$9.23	$9.23	$18.46
Confirmed funding			
DFID (WHO)	$10.83	$0.00	$10.83
CDC (WHO)	$0.87	$0.00	$0.87
Rotary International (WHO)	$0.42	$0.00	$0.42
BMGF (UNICEF)	$2.74	$1.80	$4.54
Rotary International (UNICEF)	$0.70	$0.00	$0.70
UNICEF Regular Resources (UNICEF)	$0.55	$0.00	$0.55
Total	**$16.11**	**$1.80**	**$17.92**
Tentative funding			
BMGF (UNICEF)	$0.16	$1.51	$1.67
CDC (UNICEF)	$0.14	$0.00	$0.14
Rotary Internationa (UNICEF)	$0.99	$0.00	$0.99
Total	**$1.29**	**$1.51**	**$2.80**
Funding Gap (exclusive of tentative funding)	**$17.35**	**$32.39**	**$49.74**
WHO	$12.12	$24.96	$37.08
UNICEF	$5.24	$7.43	$12.67
Funding Gap (inclusive of tentative funding)	**$16.06**	**$30.88**	**$46.94**
WHO	$12.12	$24.96	$37.08
UNICEF	$3.95	$5.92	$9.86
UNICEF SOCIAL MOBILIZATION			
Requirements	**$4.21**	**$4.63**	**$8.83**
Confirmed funding			
BMGF (WHO)	$0.92	$0.00	$0.92
Rotary International (UNICEF)	$0.27	$0.00	$0.27
Total	**$1.19**	**$0.00**	**$1.19**
Tentative funding			
BMGF	$0.58	$0.00	$0.58
Total	**$0.58**	**$0.00**	**$0.58**
Funding Gap (exclusive of tentative funding)	**$3.01**	**$4.63**	**$7.64**
Funding Gap (inclusive of tentative funding)	**$2.44**	**$4.63**	**$7.06**
SUMMARY			
Total requirements	**$158.16**	**$152.99**	**$311.15**
Funding Gap (exclusive of tentative funding)	**$83.56**	**$149.66**	**$233.21**
WHO	$48.93	$85.09	$134.02
UNICEF	$34.63	$64.57	$99.20
Funding Gap (inclusive of tentative funding)	**$44.28**	**$118.15**	**$162.42**
WHO	$18.93	$55.09	$74.02
UNICEF	$25.35	$63.06	$88.41

PAKISTAN

		2012	2013	2012–2013
National Immunization Days (NIDs)		4	4	8
Sub-national Immunization Days (SNIDs)		4	4	8
ORAL POLIO VACCINE				
Requirements		**$52.83**	**$48.91**	**$101.74**
Confirmed funding				
World Bank Buy-down (Supplement)		$25.60	$0.00	$25.60
Japan		$1.84	$0.00	$1.84
JICA Loan Conversion		$25.39	$2.42	$27.81
	Total	**$52.83**	**$2.42**	**$55.25**
Funding Gap		**$0.00**	**$46.49**	**$46.49**
WHO OPERATIONAL COSTS				
Requirements		**$25.78**	**$20.05**	**$45.83**
Confirmed funding				
BMGF		$0.93	$0.00	$0.93
JICA Loan Conversion		$20.34	$6.89	$27.23
	Total	**$21.27**	**$6.89**	**$28.16**
Funding Gap		**$4.51**	**$13.16**	**$17.67**
WHO SURVEILLANCE				
Requirements		**$2.78**	**$2.92**	**$5.70**
Confirmed funding				
DFID		$0.24	$0.00	$0.24
CDC		$0.11	$0.00	$0.11
	Total	**$0.34**	**$0.00**	**$0.34**
Tentative funding				
BMGF		$2.00	$0.00	$2.00
	Total	**$2.00**	**$0.00**	**$2.00**
Funding Gap (exclusive of tentative funding)		**$2.44**	**$2.92**	**$5.36**
Funding Gap (inclusive of tentative funding)		**$0.44**	**$2.92**	**$3.36**
TECHNICAL ASSISTANCE				
Requirements		**$13.11**	**$12.32**	**$25.43**
Technical assistance (WHO)		$10.66	$9.87	$20.52
Technical assistance (UNICEF)		$2.45	$2.45	$4.90
Confirmed funding				
DFID (WHO)		$5.50	$0.00	$5.50
Rotary International (WHO)		$0.47	$0.00	$0.47
CDC (WHO)		$1.07	$0.00	$1.07
USAID (WHO)		$1.87	$0.00	$1.87
BMGF (UNICEF)		$0.33	$0.00	$0.33
Rotary International (UNICEF)		$0.19	$0.00	$0.19
CDC (UNICEF)		$0.25	$0.25	$0.50
	Total	**$9.68**	**$0.25**	**$9.92**
Tentative funding				
USAID (UNICEF)		$0.15	$0.00	$0.15
BMGF (UNICEF)		$0.07	$0.00	$0.07
	Total	**$0.22**	**$0.00**	**$0.22**
Funding Gap (exclusive of tentative funding)		**$3.43**	**$12.07**	**$15.50**
WHO		$1.75	$9.87	$11.62
UNICEF		$1.68	$2.20	$3.88
Funding Gap (inclusive of tentative funding)		**$3.21**	**$12.07**	**$15.28**
WHO		$1.75	$9.87	$11.62
UNICEF		$1.46	$2.20	$3.66
UNICEF SOCIAL MOBILIZATION				
Requirements		**$22.61**	**$23.34**	**$45.95**
Confirmed funding				
BMGF		$3.61	$0.00	$3.61
USAID		$1.13	$0.00	$1.13
Japan		$0.79	$0.00	$0.79
Rotary International		$0.57	$0.00	$0.57
	Total	**$6.10**	**$0.00**	**$6.10**
Tentative funding				
BMGF		$2.98	$0.00	$2.98
USAID		$2.92	$0.00	$2.92
	Total	**$5.90**	**$0.00**	**$5.90**
Funding Gap (exclusive of tentative funding)		**$16.51**	**$23.34**	**$39.85**
Funding Gap (inclusive of tentative funding)		**$10.61**	**$23.34**	**$33.95**
SUMMARY				
Total requirements		**$117.11**	**$107.54**	**$224.65**
Funding Gap (exclusive of tentative funding)		**$26.88**	**$97.99**	**$124.87**
WHO		$8.70	$25.95	$34.65
UNICEF		$18.18	$72.04	$90.22
Funding Gap (inclusive of tentative funding)		**$18.77**	**$97.99**	**$116.76**
WHO		$6.70	$25.95	$32.65
UNICEF		$12.07	$72.04	$84.11

SOUTH SUDAN

		2012	2013	2012–2013
National Immunization Days (NIDs)		4	4	8
ORAL POLIO VACCINE				
Requirements		**$2.29**	**$2.48**	**$4.78**
Confirmed Funding				
Japan		$0.47	$0.00	$0.47
Common Humanitarian Fund		$0.52	$0.00	$0.52
	Total	**$0.99**	**$0.00**	**$0.99**
Funding Gap		**$1.30**	**$2.48**	**$3.79**
OPERATIONAL COSTS				
Requirements		**$7.19**	**$7.40**	**$14.59**
Operational costs (WHO)		$2.95	$3.04	$5.98
Operational costs (UNICEF)		$4.24	$4.37	$8.61
Confirmed Funding				
Rotary International (UNICEF)		$1.47	$0.00	$1.47
BMGF (WHO)		$1.54	$0.00	$1.54
USAID (WHO)		$0.65	$0.00	$0.65
	Total	**$3.67**	**$0.00**	**$3.67**
Funding Gap		**$3.52**	**$7.40**	**$10.93**
WHO		$0.75	$3.04	$3.79
UNICEF		$2.77	$4.37	$7.14
WHO SURVEILLANCE				
Requirements		**$1.24**	**$1.27**	**$2.51**
Confirmed funding				
BMGF		$0.30	$0.00	$0.30
USAID		$0.93	$0.00	$0.93
	Total	**$1.24**	**$0.00**	**$1.24**
Funding Gap		**$0.00**	**$1.27**	**$1.28**
TECHNICAL ASSISTANCE				
Requirements		**$4.69**	**$5.24**	**$9.94**
Technical Assistance Costs (WHO)		$3.53	$4.08	$7.61
Technical Assistance Costs (UNICEF)		$1.17	$1.17	$2.33
Confirmed funding				
DFID (WHO)		$2.22	$0.00	$2.22
Rotary International (WHO)		$0.45	$0.00	$0.45
CDC (WHO)		$0.12	$0.00	$0.12
BMGF (UNICEF)		$0.52	$0.00	$0.52
Rotary International (UNICEF)		$0.21	$0.00	$0.21
	Total	**$3.52**	**$0.00**	**$3.52**
Funding Gap		**$1.18**	**$5.24**	**$6.42**
WHO		$0.74	$4.08	$4.82
UNICEF		$0.44	$1.17	$1.60
UNICEF SOCIAL MOBILIZATION				
Requirements		**$1.71**	**$1.88**	**$3.59**
Confirmed funding				
BMGF		$1.04	$0.00	$1.04
	Total	**$1.04**	**$0.00**	**$1.04**
Funding Gap		**$0.67**	**$1.88**	**$2.55**
SUMMARY				
Total requirements		**$17.13**	**$18.28**	**$35.41**
Funding Gap (exclusive of tentative funding)		**$6.68**	**$18.28**	**$24.96**
WHO		$1.50	$8.38	$9.88
UNICEF		$5.18	$9.90	$15.08
Funding Gap (inclusive of tentative funding)		**$6.68**	**$18.28**	**$24.96**
WHO		$1.50	$8.38	$9.88
UNICEF		$5.18	$9.90	$15.08

SUDAN

	2012	2013	2012–2013
National Immunization Days (NIDs)	4	2	6
Sub-national Immunization Days (SNIDs)	1	2	3
ORAL POLIO VACCINE			
Requirements	**$5.38**	**$3.88**	**$9.26**
Confirmed Funding			
CDC	$0.52	$0.00	$0.52
Saudi Arabia	$1.04	$0.00	$1.04
Total	**$1.57**	**$0.00**	**$1.57**
Funding Gap	**$3.82**	**$3.88**	**$7.70**
OPERATIONAL COSTS			
Requirements	**$11.29**	**$7.75**	**$19.04**
Rotary International (WHO)	$1.31	$0.00	$1.31
CDC (WHO)	$1.00	$0.00	$1.00
Total	**$2.31**	**$0.00**	**$2.31**
Tentative Funding			
Saudi Arabia (WHO)	$2.34	$0.00	$2.34
Total	**$2.34**	**$0.00**	**$2.34**
Funding Gap (exclusive of tentative funding)	**$8.98**	**$7.75**	**$16.73**
Funding Gap (inclusive of tentative funding)	**$6.65**	**$7.75**	**$14.40**
WHO SURVEILLANCE			
Requirements	**$0.52**	**$0.53**	**$1.05**
Confirmed funding			
DFID	$0.41	$0.00	$0.41
Total	**$0.41**	**$0.00**	**$0.41**
Funding Gap	**$0.11**	**$0.53**	**$0.64**
TECHNICAL ASSISTANCE			
Requirements	**$1.14**	**$1.59**	**$2.74**
Technical Assistance Costs (WHO)	$1.05	$1.50	$2.55
Technical Assistance Costs (UNICEF)	$0.09	$0.09	$0.19
Confirmed funding			
DFID (WHO)	$0.75	$0.00	$0.75
WHO Unspecified (WHO)	$0.02	$0.00	$0.02
CDC (WHO)	$0.24	$0.00	$0.24
CDC (UNICEF)	$0.06	$0.00	$0.06
Total	**$1.07**	**$0.00**	**$1.07**
Funding Gap	**$0.08**	**$1.59**	**$1.67**
WHO	$0.04	$1.50	$1.54
UNICEF	$0.03	$0.09	$0.13
UNICEF SOCIAL MOBILIZATION			
Requirements	**$1.26**	**$0.83**	**$2.09**
Confirmed funding			
Rotary International	$0.15	$0.00	$0.15
Total	**$0.15**	**$0.00**	**$0.15**
Funding Gap	**$1.11**	**$0.83**	**$1.94**
SUMMARY			
Total requirements	**$19.59**	**$14.58**	**$34.18**
Funding Gap (exclusive of tentative funding)	**$14.09**	**$14.58**	**$28.68**
WHO	$9.14	$9.78	$18.91
UNICEF	$4.96	$4.80	$9.76
Funding Gap (inclusive of tentative funding)	**$11.76**	**$14.58**	**$26.34**
WHO	$6.80	$9.78	$16.58
UNICEF	$4.96	$4.80	$9.76

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