POLIO GLOBAL ERADICATION INITIATIVE

Financial Resource Requirements 2012–2013

as of 1 May 2012

World Health Organization

PARTNERS IN THE GLOBAL POLIO ERADICATION INITIATIVE

unicef

Photo front cover: WHO/Frederic 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: WHO/Sona Bari. Children during an SIA in March 2012 in Islamabad, Pakistan. Pakistan remains one of the three endemic countries. Persistent wild poliovirus transmission is restricted to three groups of districts: (1) Karachi city, (2) a group of districts in Balochistan Province, and (3) districts in the Federally Administered Tribal Areas (FATA) and the North-West Frontier Province. The Government of Pakistan and partners have launched an informative new website outlining the latest in the country's polio eradication effort. The website is www.Endpolio.com.pk.

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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
EAP	Global Polio Emergency Action Plan
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 period to interrupt wild poliovirus transmission globally and prepare for the post-eradication era. The FRR is updated quarterly. Programmatic and financial scenarios for the polio eradication endgame (i.e. for 2014-2018) will be presented in an upcoming edition of the FRR. This edition of the FRR summarizes financial developments in the past quarter in the relevant epidemiological context.

The 2012-2013 budget estimate for core costs, planned supplementary immunization activities and emergency response is US$ 2.19 billion, against which there is a funding gap of US$ 945 million (US$ 270 million for 2012). The Initiative is tracking US$ 344 million in firm prospects; if donors fulfil these commitments, then the overall funding gap for 2012-2013 is reduced to US$ 601 million.

The budget estimate of US$ 2.19 billion represents a decrease of US$ 44 million compared to earlier estimates, driven primarily by the cancellation or reduction of supplementary immunization activities (SIAs) in 24 high risk polio-free countries across west, central and the Horn of Africa as well as Central Asia in the first half of 2012. Additional cuts in SIAs will have to be instituted in the second half of 2012 should the required funding not be available. The revised budget estimate does include an increase in surge capacity, primarily for Nigeria. New contributions of US$ 98 million for 2012-2013, received since February 2012 from Angola, Bangladesh, Bill & Melinda Gates Foundation, Canada, Japan and Nigeria, help to offset this increase.

Table 1 | GPEI 2012-2013 Budget, as at May 2012
(all figures in US$ millions)

Budget, as at February	2,232.00
Budget Decreases	-44.00
New Budget	**2,188.00**
Gap, as at February	1,089.00
Budget Decreases	-44.00
New Contributions	-98.00
New Gap (Rounded)	**945.00**

The Director-General of the World Health Organization has described the current state of polio eradication as being at "a tipping point between success and failure." While a new Global Polio Emergency Action Plan 2012-2013 (EAP) is being developed to address the critical programmatic risks, urgent additional investments are essential to tip it towards success. With the lowest-ever number of polio cases reported for the first quarter of 2012, in just four countries, success has never been closer.

In January 2012, the WHO Executive Board declared that the completion of polio eradication must now be treated as a "programmatic emergency for global public health." Following this declaration the EAP has been developed, and will be discussed at the World Health Assembly in May 2012. The EAP represents an urgent escalation of national and international efforts using a wide range of new targeted and cross-cutting initiatives to eradicate polio, and enhanced resource mobilization to bridge the Initiative's critical funding gap.

The over-riding goal of the EAP is to help the remaining polio-infected areas of Nigeria, Pakistan and Afghanistan get back on track for eradication through an emergency approach with appropriate leadership, oversight and accountability, and bolstered by an extensive surge of technical assistance down to the subnational level. The emergency activities are driven by the national governments of the endemic and re-established transmission countries, with support from international partners. The EAP builds upon the approaches outlined in the GPEI Strategic Plan 2010-2012 and is designed to accelerate progress towards the realization of its milestones. The EAP will also serve as a precursor to the endgame strategy for 2014-2018.

In its February 2012 report, the Independent Monitoring Board of the GPEI (IMB) congratulated the Indian government and its partners on that country's "magnificent" milestone.[1] However, the IMB was extremely concerned at the increase in polio transmission in Nigeria and Pakistan, stating that together, these two countries now constitute the most potent threat to global eradication.

During its April meeting, the Strategic Advisory Group of Experts on immunization (SAGE) carefully reviewed the country-specific national polio emergency action plans for Nigeria, Pakistan and Afghanistan. They expressed serious alarm at the funding situation, and strongly appealed for donor and government support, highlighting that a continued funding crisis will rule out the full implementation of the emergency plans. SAGE also requested the polio partners to submit by November 2012 a strategic plan and budget for the 2014-2018 endgame period. In recent months, special efforts have been made to recognize leaders in the fight to "End Polio Now." On 14 March, United Kingdom (UK) Prime Minister David Cameron was recognized by Rotary International as a Polio Eradication Champion[2], for his leadership and dedication to a polio-free world, and for

1 As of 28 February 2012, India is no longer considered to be a polio-endemic country. For the purposes of the current FRR, it is considered "recently-endemic".
2 The *Polio Eradication Champion Award* is the highest honour Rotary presents to heads of state, health agency leaders and others who have made significant contributions to the global polio eradication effort.

announcing in 2011 a doubling of the UK's funding for the next two years in a challenge grant. "We have a once-in-a-generation opportunity to rid the world of the evil of polio," said Cameron in a statement. "The commitment of Britain and the Global Polio Eradication Initiative, with the support of millions of Rotarians, has helped bring this crippling and often deadly disease to the brink of eradication."

On 23 April, Rotary International's incoming chair of the Rotary Foundation Board of Trustees, Wilfrid Wilkinson, presented Nigerian President Goodluck Jonathan with the award in recognition of his continued political and increasing financial support for polio eradication. Nigeria has to date disbursed US$ 12.7 million of the US$ 30 million per year pledge made by President Jonathan at the October 2011 Commonwealth Heads of Government meeting in Perth, Australia.

Rotarians and Rotary International continue to provide extraordinary support, and in May announced that they had raised US$ 215 million towards the Bill & Melinda Gates Foundation's US$ 200 million challenge.
The newly constituted Global Polio Partners' Group (PPG) of GPEI, which serves as the "stakeholder voice" in the polio program, met for the first time in Geneva on 11 April 2012. The meeting brought together donors and other financing and advocacy partners to discuss the EAP, the IMB report and opportunities to close the critical funding gap. The PPG also discussed the ongoing work around the polio eradication endgame plan for 2014-2018 as well as the long-term financing requirements and mechanisms.

As the GPEI works with Governments to fully and effectively implement the EAP, additional funding is urgently needed to close the funding gap of US$ 945 million to conduct planned polio immunization activities in 2012-2013, and also support the longer term financing needs for 2014-2018. The GPEI, through the Polio Advocacy Group (PAG), seeks to work closely with all donors to mobilize the needed financial resources. In this regard, additional approaches will be made to the G8, the G20, the BRICS group of nations, member states of the Organization of Islamic Cooperation (OIC), multilateral financial institutions and regional development banks, private citizens and the private sector.

Table 2 | 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)	$16.50	$20.00	$36.50
Emergency Response (Ops)	$40.00	$25.00	$65.00
Emergency Response (Soc Mob)	$4.50	$6.00	$10.50
Surveillance and Running Costs (Incl. Security)	$61.82	$64.36	$126.18
Surge Capacity	$35.00	$0.00	$35.00
Laboratory	$11.08	$11.23	$22.31
Technical Assistance (WHO)	$134.04	$136.57	$270.61
Technical Assistance (UNICEF)	$35.62	$37.31	$72.94
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	$301.73	$285.63	$587.36
NIDs/SNIDs Operations (WHO-Bilateral)	$323.44	$248.39	$571.83
NIDs/SNIDs Operations (UNICEF)	$28.33	$28.15	$56.48
Social Mobilization for SIAs	$87.63	$93.68	$181.32
Subtotal	$1 107.00	$971.32	$2 078.32
Programme Support Costs (estimated)*	$56.98	$52.49	$109.47
GRAND TOTAL	$1 163.98	$1 023.81	$2 187.79
Contributions	$891.70	$349.11	$1 240.81
Funding Gap	$272.28	$674.70	$946.98
Funding Gap (rounded)	$270.00	$675.00	$945.00

* Programme Support Cost (PSC) estimates are calculated based on sources and channel of funds

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

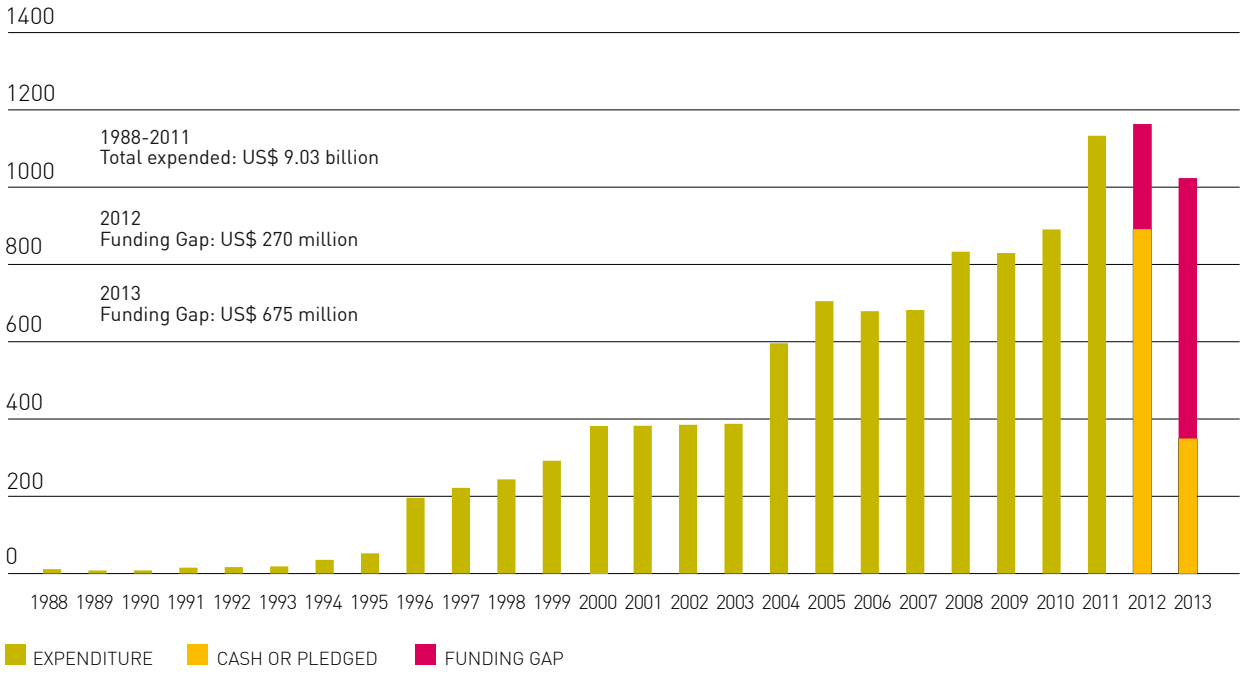
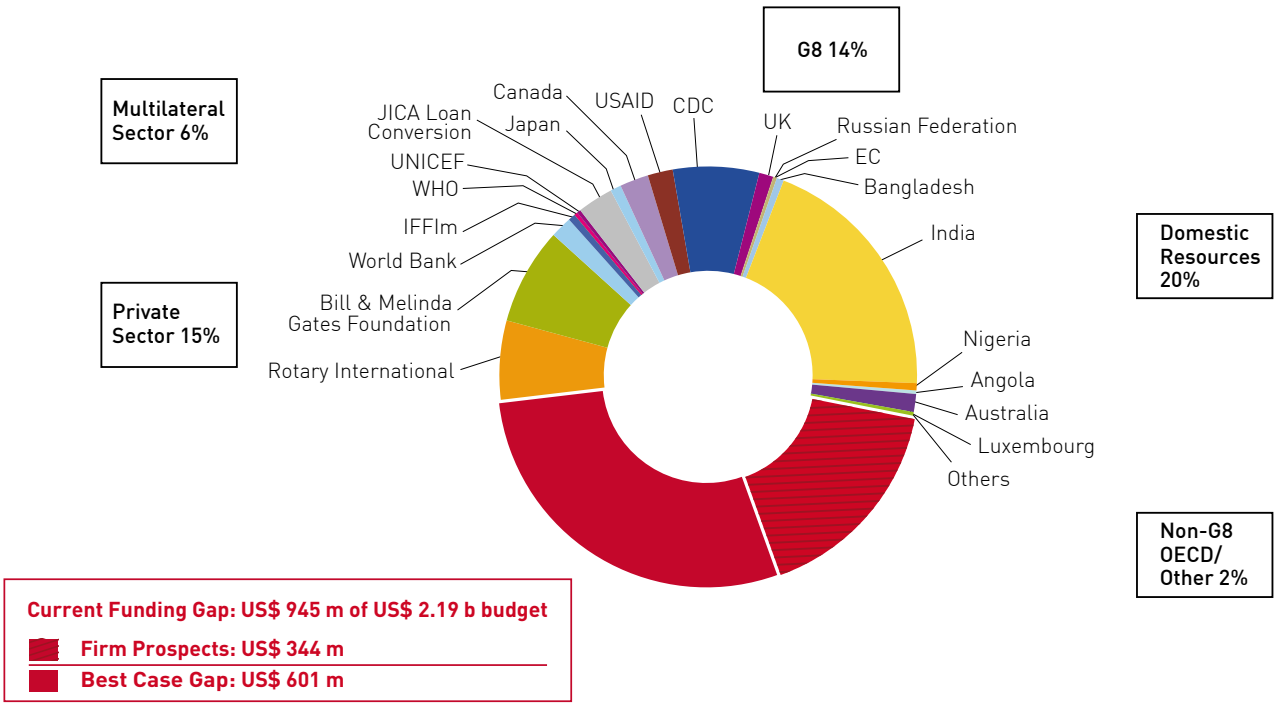


Figure 2 | Financing 2012-2013, US$1.24 billion contributions



'Other' includes: Austria, Brunei Darussalam, Finland, Monaco, Nepal, Central Emergency Response Fund (CERF), Common Humanitarian Fund (South Sudan), and Google Foundation/Matching Grant.

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.

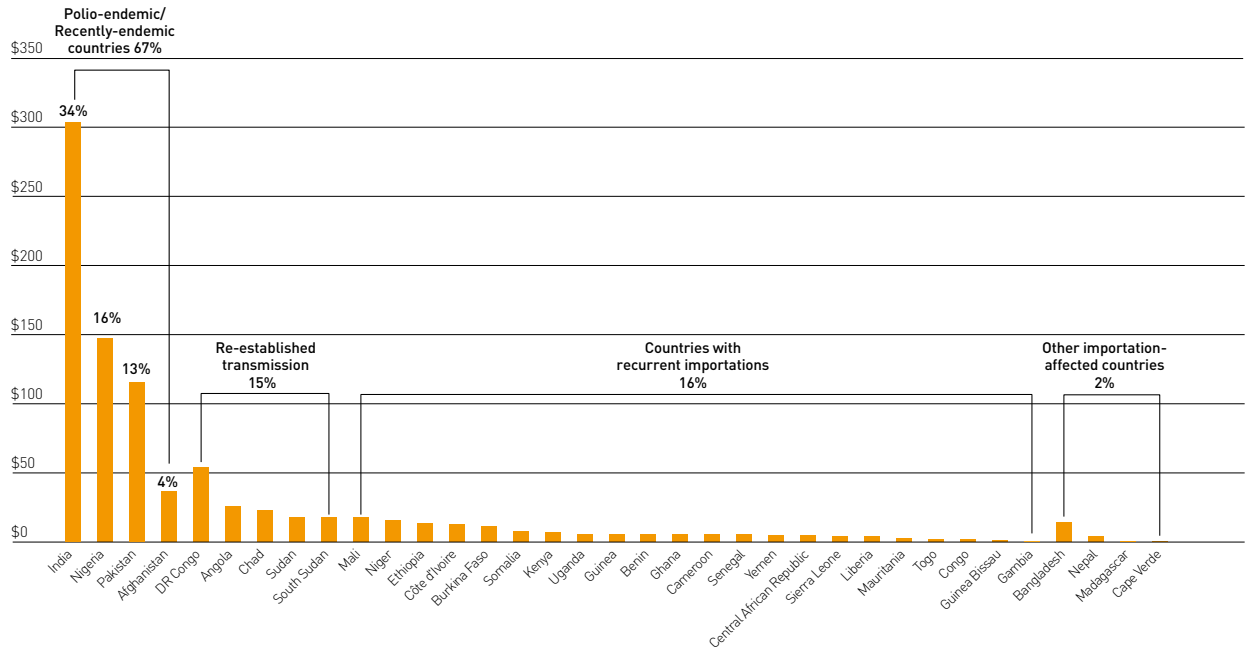
As the new *Global Polio Emergency Action Plan 2012–2013 (EAP)* is finalized, the Initiative is working under an emergency operating framework. The financial requirements outlined in this document reflect the strategic and geographic priorities of the framework as well as the continued implementation of key activities of the *Strategic Plan*. The financial requirements incorporate the full scope of the *Emergency Plan*.

The FRR is updated regularly based on evolving epidemiology; this is the second issue of the year[3]. Financial requirements detailed here represent country requirements and are inclusive of agency (i.e. WHO and UNICEF) overhead costs.

Endemic/recently-endemic countries account for 67% of the country budgets; countries with re-established transmission for 15%; and, other importation-affected countries for 18%.

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[4]. Previous cost-effectiveness studies[5] 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$ 2.19 billion presented here. Financial modelling in 2010[6] 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)



3 While the FRR provides overall budget estimates, detailed budgets are available upon request.
4 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
5 Thompson KM, Tebbens RJ. Eradication versus control for poliomyelitis: an economic analysis. *Lancet*. 2007; 369(9570): 1363-71.
6 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[7].

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[8] (See Table 2).

4.1.1. Oral polio vaccine

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

7 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.

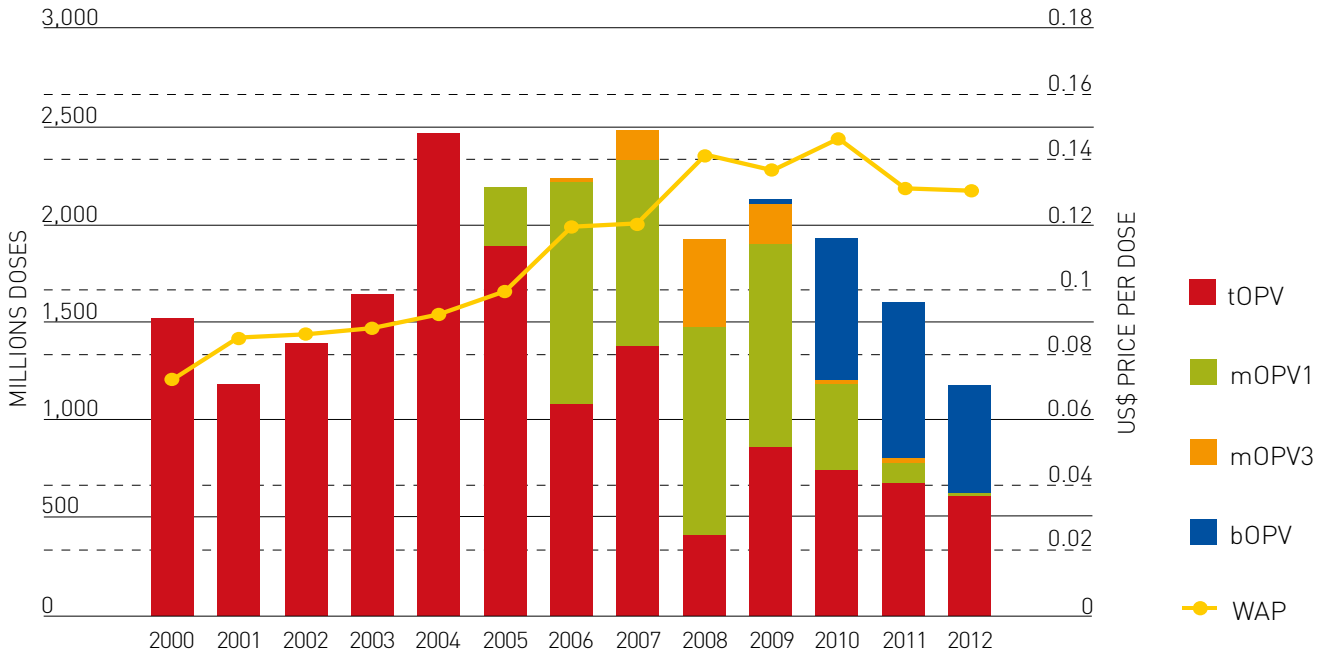
8 For 2012-2013, for example, OPV accounts for 29% of the budget, operations for 32%, technical assistance for 16%, social mobilization for 9% and surveillance for 6%, with the remainder being dedicated to emergency response, surge capacity, laboratories, research activities, etc.

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



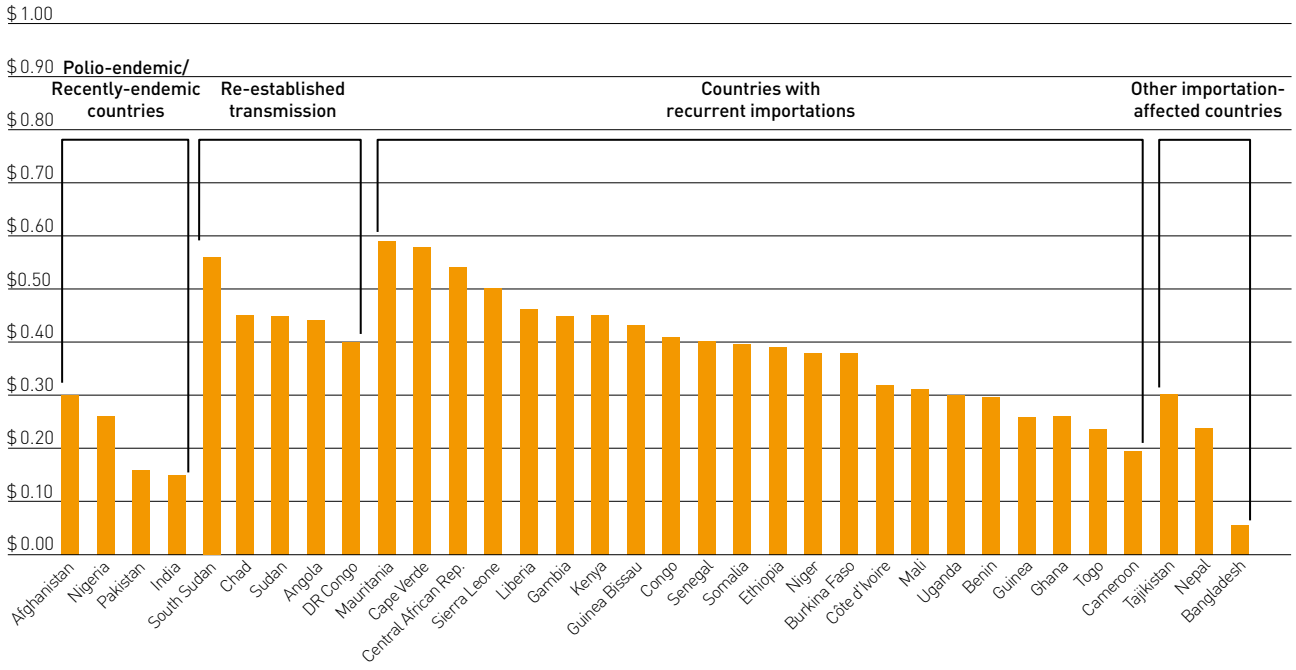
4.1.2. Operations costs

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[9].

9 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)

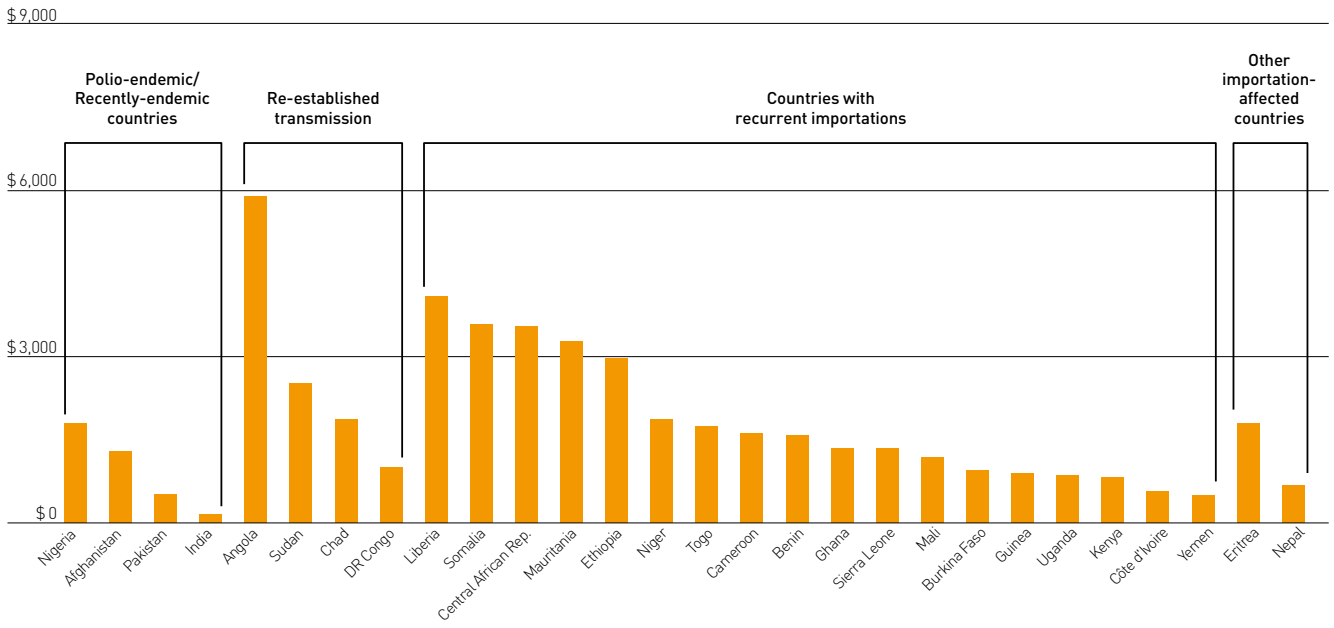


4.1.3. Surveillance

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).

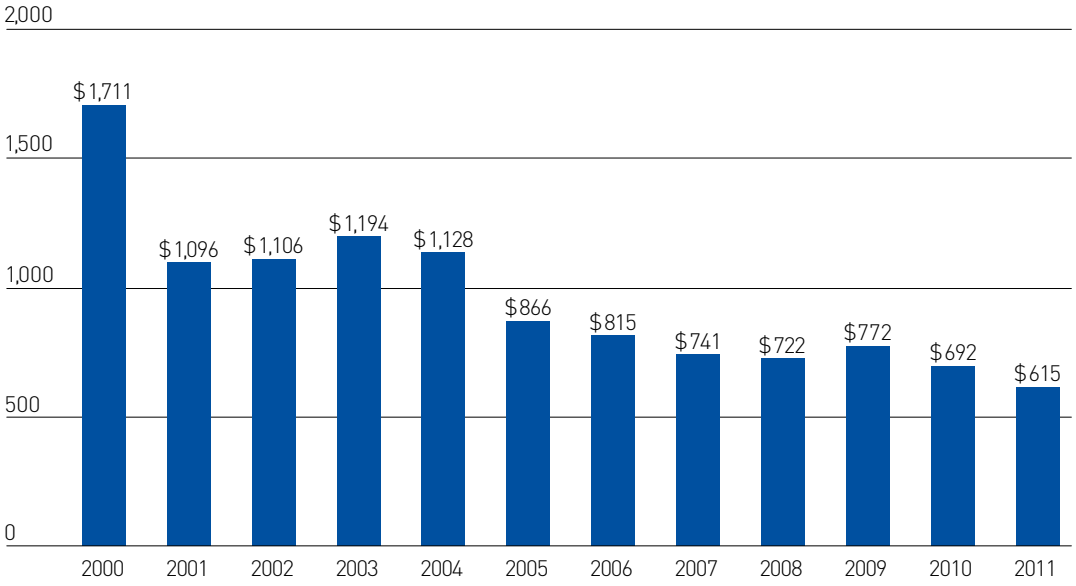
Some of the other activities included under surveillance budget lines are the training of personnel to carry out each of the steps outlined above, as well as regular reviews of the surveillance systems and the purchase and maintenance of equipment, from photocopiers to vehicles. In locations where there 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$).

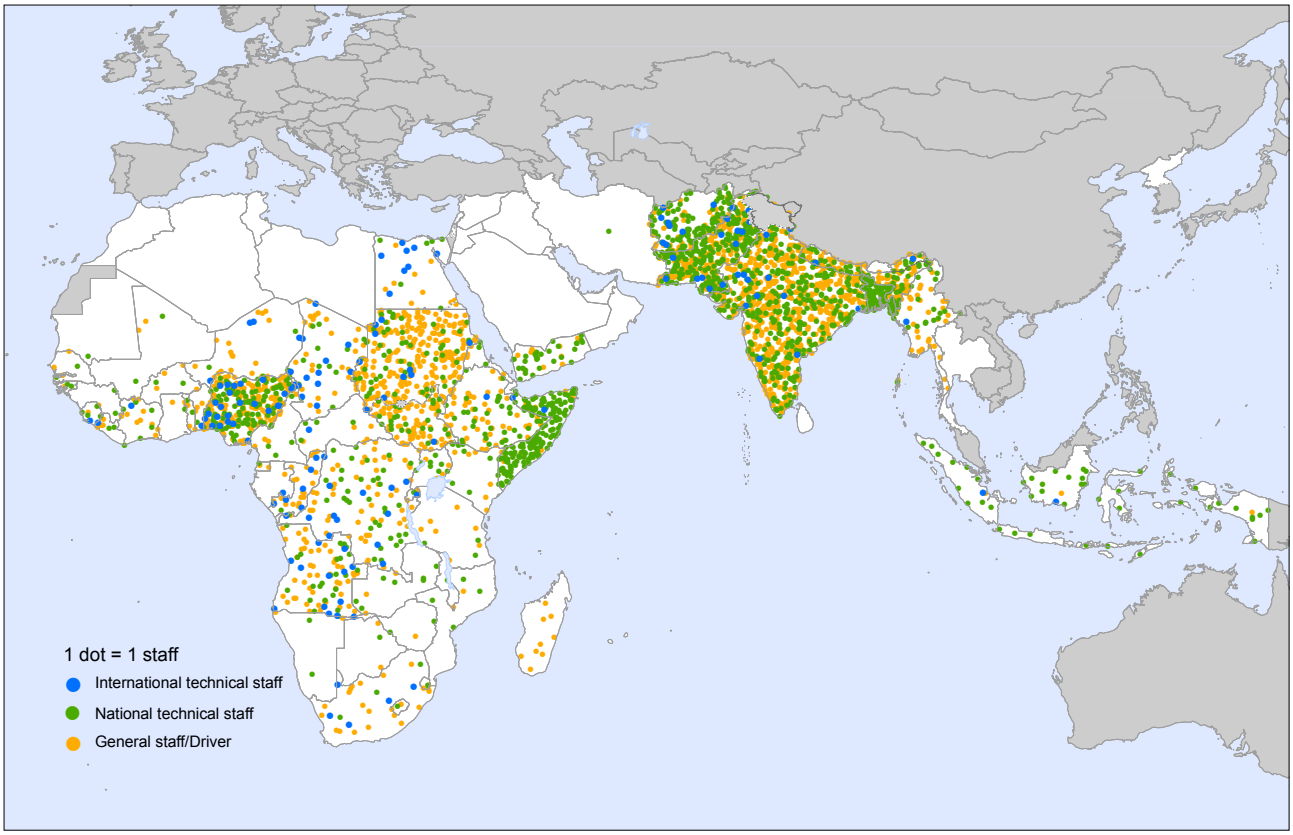
4.1.4. Technical Assistance

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 3a + 3b).

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 3a | WHO Technical Assistance Financial Requirements by category of polio-infected country, 2012 (all figures in US$ millions)

CATEGORY	Total Cost	% of Total Cost
Endemic/Recently-endemic	$59.27	38%
Re-established Transmission	$20.92	13%
Recurrent Importations	$10.44	7%
Others (in endemic regions)	$3.92	2%
Polio-Free / Regional Offices - Surge Capacity	$50.00	32%
HQ	$13.03	8%
GRAND TOTAL	$157.58	100.00%

Table 3b | UNICEF Technical Assistance Financial Requirements by category of polio-infected country, 2012 (all figures in US$ millions)

CATEGORY	Total Cost	% of Total Cost
Endemic/Recently-endemic	$17.27	48.49%
Re-established Transmission	$8.89	24.96%
Recurrent Importations	$3.42	9.59%
Others (in endemic regions)	$0.02	0.04%
HQ / Regional Offices	$6.03	16.92%
GRAND TOTAL	$35.62	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.

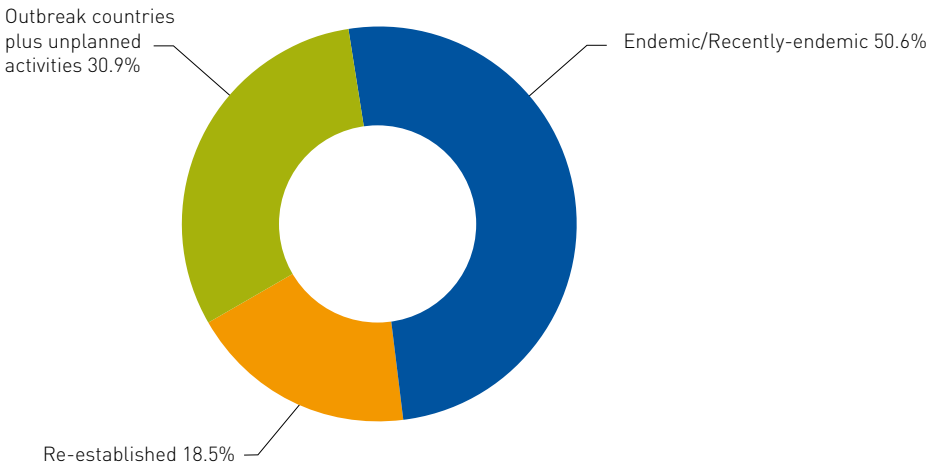
Reaching missed children and their families involves building trust by working closely with networks of traditional, political and religious leaders and other local influencers. In high-risk areas, dedicated social mobilizers work to increase local ownership of the programme, moving away from 'top-down' 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$ 19.4 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 been polio-free for more than twelve months (and is no longer considered endemic).

In the 2012–2013 budget, 50.6% is allocated for the endemic and 18.5% 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.

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 over 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 May 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.[10]

Table 4 | 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

10 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.

8 | ANNEXES

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 (Jan-June)/ At-risk (July-December)	New activities proposed since January	**Categorization includes cVDPVs**

	2012											
Region/Country	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**
Endemic/Recently-endemic countries												
Afghanistan	54		100	100		41		100	100	30 10	30 10	
Pakistan	100		66	100		60	100		30 30	100		30 30
Nigeria		100	100	60	60	60		60		30		30
India	16		100	100		50			50	50		
Countries with re-established transmission												
DR Congo	CHD18 8	8	10	48	100	100	50	30	30			
Chad	CHD 100	100	100	100	50	50			50	100	100	
Angola			100 100			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 21		100	50			100	100	50	
Côte d'Ivoire			100		100				100	100		
Guinea			100		100	CHD 75			100	100		
Mali			100		100				100	100	100	
Liberia			100		100				100	100	CHD 100	
Burkina Faso			100		100				100	100		
Sierra Leone			100	100	69				100	100		
Benin			100	100					100	100		
Mauritania			100	100					100	100		
Ghana			100	100					100			
Senegal				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												
Yemen	**100**		**CHD 100**		**100**	100						
Kenya						35 65	35 65					
Somalia		**CHD 100**	**100**						**100**	**100**		
Uganda			35 65		CHD 100		35 65					
Ethiopia									20 30	20 30		
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			44	CHD 44 44					20 30	20 30		
Burundi						CHD 89						
Rwanda	11									CHD 100		
Zimbabwe						CHD 100						
Other importation-affected countries												
South-East Asia												
China			1	1								
Nepal		CHD 20				CHD 60	100			CHD 20		
Myanmar			CHD 100									
Bangladesh	100	100										
Europe												
Russian Federation*												
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 not included in the FRR costing

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/Recently-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	100	
Benin		100	100									
Mauritania		100	100									
Ghana		100	100							100		
Senegal		100	100									
Gambia		100	100									
Guinea Bissau		100	100									
Togo		100	100									
Cape Verde		100	100									
Horn of Africa												
Yemen		**100**	**100**									
Kenya		35	35									
Somalia		**100**	**100**						100			
Uganda		35	35									
Ethiopia		50 50	50 50									
Djibouti		100	100									
Eritrea		100	100									
Cental Africa												
Central African Republic		100	100						100			
1Congo		100	100									
Gabon*												
Cameroon		50	50									
Burundi												
Rwanda												
Zimbabwe												
Other importation-affected countries												
South-East Asia												
China												
Nepal			100	100								
Myanmar												
Bangladesh		100	100									
Europe												
Russian Federation*												
Tajikistan				50	50							
Uzbekistan				50	50							
Georgia*				50	50							
Ukraine												
Kyrgyzstan				50	50							
Kazakhstan												
Turkmenistan												

*self-financing and not included in the FRR costing

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/Recently-endemic countries						
Afghanistan	$2.34	$2.89	$7.26	$8.54	$15.66	$36.69
India	$10.88	$20.04	$21.22	$127.13	$123.86	$303.12
Pakistan	$2.78	$19.40	$14.68	$51.08	$26.86	$114.81
Nigeria	$12.50	$3.75	$33.38	$40.13	$57.28	$147.03
Countries with re-established transmission						
Chad	$0.88	$7.84	$5.52	$3.87	$6.61	$24.71
Angola	$1.85	$2.15	$7.96	$4.19	$9.25	$25.41
DR Congo	$2.19	$7.39	$10.49	$10.28	$23.55	$53.90
Sudan	$0.52	$1.17	$1.14	$4.78	$10.12	$17.73
South Sudan	$1.24	$1.71	$4.69	$2.29	$7.56	$17.49
Countries with recurrent importations						
West Africa						
Niger	$0.57	$1.23	$1.69	$3.93	$8.35	$15.76
Côte d'Ivoire	$0.28	$0.99	$1.47	$4.76	$5.14	$12.64
Mali	$0.25	$1.25	$0.19	$5.58	$9.32	$16.59
Guinea	$0.18	$0.25	$0.33	$1.99	$2.96	$5.70
Burkina Faso	$0.26	$0.84	$0.35	$3.28	$6.58	$11.32
Liberia	$0.22	$0.29	$0.54	$0.80	$1.79	$3.63
Sierra Leone	$0.22	$0.70	$0.47	$0.89	$1.97	$4.25
Ghana	$0.35	$0.70	$0.14	$1.70	$2.54	$5.43
Mauritania	$0.18	$0.57	$0.16	$0.37	$1.11	$2.39
Senegal	$0.31	$0.71	$0.17	$1.31	$2.73	$5.23
Benin	$0.18	$0.43	$0.62	$1.68	$2.37	$5.27
Gambia	$0.05	$0.11	$0.07	$0.09	$0.23	$0.54
Guinea Bissau	$0.06	$0.27	$0.15	$0.19	$0.30	$0.97
Togo	$0.13	$0.10	$0.19	$0.59	$0.84	$1.85
Cape Verde	$0.04	$0.02	$0.01	$0.03	$0.10	$0.19
Horn of Africa						
Kenya	$0.43	$0.66	$1.08	$1.19	$3.56	$6.92
Ethiopia	$2.98	$0.76	$1.89	$2.46	$5.45	$13.54
Uganda	$0.39	$0.48	$0.58	$1.61	$2.71	$5.77
Somalia	$0.62	$0.50	$2.18	$1.49	$2.93	$7.72
Djibouti	$0.05	-	$0.01	$0.00	$0.00	$0.06
Eritrea	$0.13	$0.00	$0.18	$0.00	$0.00	$0.31
Yemen	$0.19	$0.23	$0.27	$1.87	$2.46	$5.02
Central Africa						
Congo	$0.13	$0.16	$0.72	$0.14	$0.35	$1.50
Cameroon	$0.39	$1.06	$0.64	$1.70	$1.64	$5.43
Central African Republic	$0.46	$1.18	$0.80	$0.68	$1.79	$4.91
Madagascar	$0.39	-	$0.08	$0.10	$0.11	$0.67
Other importation-affected countries						
South-East Asia						
Nepal	$0.47	$0.20	$0.85	$1.72	$0.48	$3.72
Bangladesh	$1.10	$0.00	$1.00	$9.28	$2.60	$13.97
Europe						
Tajikistan	$0.12	-	-	-	-	$0.12
Uzbekistan	$0.04	-	-	-	-	$0.04
Georgia*	$0.04	-	-	-	-	$0.04
Ukraine	$0.04	-	-	-	-	$0.04
Kazakhstan	$0.01	-	-	-	-	$0.01
Turkmenistan	$0.04	-	-	-	-	$0.04
Kyrgystan	$0.01	-	-	-	-	$0.01

*Self-financing

Annex B (continued)

Country	2013 AFP Surveillance	Social Moblization	Technical Assistance	OPV	Op Costs	Total Costs 2013
Endemic/Recently-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
Egypt	$0.38	-	$0.07	-	$0.00	$0.45
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
Gabon	$0.09	-	$0.29	-	$0.00	$0.38
Burundi	$0.09	-	$0.05	-	$0.00	$0.14
Rwanda	$0.11	-	$0.37	-	$0.00	$0.48
Zambia	$0.36	-	$0.67	-	$0.00	$1.03
Other importation-affected countries						
South-East 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)

Country	2012-2013 Total AFP Surveillance	Total Social Moblization	Total Tech. Assistance	Total OPV	Total Op Costs	Total Costs 2012-2013
Endemic/Recently-endemic countries						
Afghanistan	$4.75	$6.01	$13.57	$17.31	$29.07	$70.71
India	$19.34	$39.94	$43.01	$245.63	$189.82	$537.74
Pakistan	$5.70	$42.74	$27.00	$99.99	$46.92	$222.36
Nigeria	$25.38	$8.38	$67.57	$81.31	$117.39	$300.02
Countries with re-established transmission						
Chad	$1.78	$13.41	$10.18	$5.86	$11.58	$42.81
Angola	$3.76	$4.73	$15.63	$7.41	$16.94	$48.47
DR Congo	$4.44	$11.81	$21.06	$19.70	$42.44	$99.45
Sudan	$1.05	$2.00	$2.74	$8.66	$17.87	$32.31
South Sudan	$2.51	$3.58	$9.94	$4.78	$14.96	$35.77
Countries with recurrent importations						
West Africa						
Niger	$1.16	$2.70	$3.33	$7.22	$15.29	$29.70
Côte d'Ivoire	$0.57	$1.80	$2.98	$8.63	$9.65	$23.62
Mali	$0.50	$2.23	$0.35	$9.21	$15.55	$27.84
Guinea	$0.36	$0.46	$0.65	$3.65	$5.36	$10.48
Burkina Faso	$0.53	$1.55	$0.72	$5.95	$12.20	$20.94
Liberia	$0.44	$0.53	$1.09	$1.31	$3.09	$6.45
Sierra Leone	$0.44	$1.63	$0.95	$1.61	$4.02	$8.65
Ghana	$0.71	$1.48	$0.32	$3.60	$5.29	$11.39
Mauritania	$0.36	$1.38	$0.28	$0.67	$1.88	$4.57
Senegal	$0.62	$1.68	$0.34	$2.74	$3.79	$9.18
Benin	$0.36	$1.36	$1.25	$4.04	$6.18	$13.20
Gambia	$0.11	$0.22	$0.13	$0.19	$0.47	$1.12
Guinea Bissau	$0.12	$0.57	$0.30	$0.33	$0.63	$1.96
Togo	$0.27	$0.24	$0.38	$1.24	$1.70	$3.83
Cape Verde	$0.09	$0.05	$0.01	$0.05	$0.18	$0.38
Horn of Africa						
Kenya	$0.87	$1.58	$1.95	$2.15	$5.63	$12.18
Ethiopia	$6.04	$1.99	$3.65	$7.78	$16.68	$36.14
Uganda	$0.78	$0.59	$1.17	$2.52	$4.21	$9.27
Somalia	$1.25	$1.00	$4.39	$2.55	$5.23	$14.43
Djibouti	$0.10	-	$0.02	$0.05	$0.31	$0.48
Eritrea	$0.27	$0.06	$0.36	$0.22	$0.28	$1.18
Yemen	$0.39	$0.23	$0.54	$3.73	$6.36	$11.24
Egypt	$0.73	-	$0.14	-	$0.00	$0.87
Central Africa						
Congo	$0.27	$0.60	$1.46	$0.47	$1.08	$3.86
Cameroon	$0.80	$1.84	$1.30	$2.62	$2.61	$9.16
Central African Republic	$0.92	$2.30	$1.42	$1.12	$3.13	$8.90
Madagascar	$0.79	-	$0.16	$0.10	$0.11	$1.16
Gabon	$0.18	-	$0.57	$0.00	$0.00	$0.75
Burundi	$0.18	$0.00	$0.09	$0.00	$0.00	$0.27
Rwanda	$0.21	$0.00	$1.09	$0.00	$0.00	$1.30
Zambia	$0.71	-	$1.32	$0.00	$0.00	$2.03
Other importation-affected countries						
South-East Asia						
Nepal	$0.85	$0.43	$1.71	$3.58	$2.96	$9.53
Bangladesh	$2.16	$0.90	$2.35	$18.46	$5.25	$29.11
Europe						
Tajikistan	$0.25	$0.00	-	$0.22	$0.38	$0.85
Uzbekistan	$0.07	$0.20	-	$0.53	$0.92	$1.72
Georgia*	$0.07	$0.00	-	$0.04	$0.08	$0.19
Ukraine	$0.07	-	-	$0.00	$0.00	$0.07
Kazakhstan	$0.02	$0.00	-	$0.00	$0.00	$0.02
Turkmenistan	$0.07	$0.00	-	$0.00	$0.00	$0.07
Kyrgystan	$0.02	-	$0.00	$0.12	$0.21	$0.36

*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	$0.60
Subtotal	$8.76

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	$1.10
India	$10.88
Indonesia	$0.76
Myanmar	$0.78
Nepal	$0.47
Regional surveillance and laboratory	$1.81
Subtotal	$15.79

WHO Western Pacific Region	2012
Regional surveillance and laboratory	$0.82

WHO/HQ	2012
WHO/HQ	$11.31

Global	2012
Total	$72.90

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	$4.85
Djibouti	$0.01
Egypt	$0.07
Iran	$0.01
Iraq	$0.00
Pakistan	$11.18
Somalia	$1.46
Sudan	$1.05
South Sudan	$3.53
Yemen	$0.27
Regional Office	$1.55
Subtotal	$23.97

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

WHO South-East Asia Region	2012
Bangladesh	$1.00
India	$19.00
Indonesia	$0.79
Myanmar	$0.68
Nepal	$0.83
Regional Office	$1.61
Subtotal	$23.91

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	$35.00
Subtotal	$59.49

UNICEF	2012
UNICEF HQ/RO	$6.03
Afghanistan	$2.41
Angola	$1.04
Benin	$0.19
Burkina Faso	$0.12
Cameroon	$0.08
Cape Verde	$0.01
Central African Republic	$0.20
Chad	$2.61
Congo	$0.21
DR Congo	$3.98
Ethiopia	$0.35
Gambia	$0.01
Ghana	$0.03
Guinea	$0.25
Guinea Bissau	$0.01
India	$2.22
Ivory Coast	$0.25
Kenya	$0.23
Liberia	$0.06
Mali	$0.04
Mauritania	$0.10
Nepal	$0.02
Niger	$0.33
Nigeria	$9.14
Pakistan	$3.50
Senegal	$0.03
Sierra Leone	$0.04
Somalia	$0.73
South Sudan	$1.17
Sudan	$0.09
Togo	$0.00
Uganda	$0.17
Subtotal	$35.62

Global WHO-UNICEF	2012
Total	$204.67

*IST: Inter-country Support Team

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, recently-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		**$8.54**	**$8.77**	**$17.31**
Confirmed funding				
CIDA		$0.12	$0.87	**$0.99**
AusAID		$0.62	$0.00	**$0.62**
Japan		$3.08	$2.75	**$5.83**
National Committee for UNICEF (Saudi Arabia)		$0.46	$0.00	**$0.46**
	Total	**$4.28**	**$3.62**	**$7.90**
Tentative funding				
World Bank Grant		$4.26	$5.15	**$9.41**
	Total	**$4.26**	**$5.15**	**$9.41**
Funding Gap (exclusive of tentative funding)		**$4.26**	**$5.15**	**$9.41**
Funding Gap (inclusive of tentative funding)		**$0.00**	**$0.00**	**$0.00**
OPERATIONAL COSTS				
Requirements		**$15.66**	**$13.41**	**$29.07**
Operational Costs (WHO)		$4.62	$3.01	**$7.63**
Operational Costs (UNICEF)		$11.04	$10.40	**$21.44**
Confirmed funding				
CIDA (UNICEF)		$8.30	$4.23	**$12.53**
Rotary International (UNICEF)		$1.19	$0.00	**$1.19**
BMGF (WHO)		$0.36	$0.00	**$0.36**
CIDA (WHO)		$2.52	$1.45	**$3.97**
Rotary International (WHO)		$0.26	$0.00	**$0.26**
	Total	**$12.63**	**$5.68**	**$18.31**
Funding Gap (exclusive of tentative funding)		**$3.03**	**$7.73**	**$10.76**
WHO		$1.48	$1.56	$3.04
UNICEF		$1.55	$6.17	$7.72
WHO SURVEILLANCE				
Requirements		**$2.34**	**$2.41**	**$4.75**
Confirmed funding				
CIDA		$0.52	$1.25	**$1.77**
USAID		$1.48	$0.00	**$1.48**
AusAID		$0.16	$0.00	**$0.16**
	Total	**$2.16**	**$1.25**	**$3.41**
Funding Gap (exclusive of tentative funding)		**$0.18**	**$1.16**	**$1.34**
TECHNICAL ASSISTANCE				
Requirements		**$7.26**	**$6.31**	**$13.57**
Technical assistance(WHO)		$4.85	$4.51	**$9.36**
Technical assistance(UNICEF)		$2.41	$1.80	**$4.21**
Confirmed funding				
CIDA (WHO)		$4.29	$3.18	**$7.47**
AusAID (WHO)		$0.18	$0.00	**$0.18**
CDC (WHO)		$0.38	$0.00	**$0.38**
Japan (UNICEF)		$0.00	$0.37	**$0.37**
BMGF (UNICEF)		$0.83	$0.00	**$0.83**
CIDA (UNICEF)		$1.47	$0.90	**$2.37**
	Total	**$7.15**	**$4.45**	**$11.60**
Funding Gap (exclusive of tentative funding)		**$0.11**	**$1.86**	**$1.97**
WHO		$0.00	$1.33	$1.33
UNICEF		$0.11	$0.53	$0.64
UNICEF SOCIAL MOBILIZATION				
Requirements		**$2.89**	**$3.12**	**$6.01**
Confirmed funding				
BMGF		$2.06	$0.00	**$2.06**
Japan		$0.00	$1.05	**$1.05**
Rotary		$0.75	$0.00	**$0.75**
	Total	**$2.81**	**$1.05**	**$3.86**
Funding Gap (exclusive of tentative funding)		**$0.08**	**$2.07**	**$2.15**
SUMMARY				
Total requirements		**$36.69**	**$34.02**	**$70.71**
WHO		$11.81	$9.93	**$21.74**
UNICEF		$24.89	$24.09	**$48.97**
Funding Gap (exclusive of tentative funding)		**$7.67**	**$17.96**	**$25.63**
WHO		$1.66	$4.05	$5.71
UNICEF		$6.01	$13.91	$19.92
Funding Gap (inclusive of tentative funding)		**$3.41**	**$12.81**	**$16.22**
WHO		$1.66	$4.05	$5.71
UNICEF		$1.75	$8.76	$10.51

ANGOLA

	2012	2013	2012–2013
National Immunization Days (NIDs)	3	2	5
Sub-national Immunization Days (SNIDs)	2	2	4
ORAL POLIO VACCINE			
Requirements	**$4.19**	**$3.22**	**$7.41**
Confirmed funding			
Rotary International	$0.00	$0.00	**$0.00**
Japanese National Committee	$0.00	$0.00	**$0.00**
Japan	$0.97	$0.48	**$1.45**
CDC	$1.94	$0.00	**$1.94**
Total	**$2.91**	**$0.48**	$3.39
Funding Gap (exclusive of tentative funding)	**$1.28**	**$2.74**	**$4.02**
Funding Gap (inclusive of tentative funding)	**$1.28**	**$2.74**	**$4.02**
OPERATIONAL COSTS			
Requirements	**$9.25**	**$7.68**	**$16.93**
Operational Costs (WHO)	$0.42	$7.68	**$8.10**
Operational Costs (UNICEF)	$0.30	$0.00	**$0.30**
Operational Costs (Govt of Angola)	$8.53	$0.00	**$8.53**
Confirmed funding			
Total E&P Angola (UNICEF)	$0.19	$0.00	**$0.19**
Chevron (UNICEF)	$0.11	$0.00	**$0.11**
BMGF (WHO)	$0.42	$0.00	**$0.42**
Govt of Angola	$4.54	$0.00	**$4.54**
Total	**$5.26**	**$0.00**	$5.26
Tentative funding			
Govt of Angola	$3.99	$0.00	**$3.99**
Total	**$3.99**	**$0.00**	$3.99
Funding Gap (exclusive of tentative funding)	**$3.99**	**$7.68**	**$11.67**
WHO	$0.00	$7.68	$7.68
UNICEF	$0.00	$0.00	$0.00
Angola	$3.99	$0.00	$3.99
Funding Gap (inclusive of tentative funding)	**$0.00**	**$7.68**	**$7.68**
WHO	$0.00	$7.68	$7.68
UNICEF	$0.00	$0.00	$0.00
Angola	$0.00	$0.00	$0.00
WHO SURVEILLANCE			
Requirements	**$1.85**	**$1.91**	**$3.76**
Confirmed funding			
BMGF	$0.93	$1.02	**$1.95**
USAID	$0.78	$0.00	**$0.78**
Total	**$1.71**	**$1.02**	$2.73
Funding Gap (exclusive of tentative funding)	**$0.14**	**$0.89**	**$1.03**
Funding Gap (inclusive of tentative funding)	**$0.14**	**$0.89**	**$1.03**
TECHNICAL ASSISTANCE			
Requirements	**$7.96**	**$7.67**	**$15.62**
Technical assistance(WHO)	$6.92	$7.13	**$14.05**
Technical assistance(UNICEF)	$1.04	$0.54	**$1.57**
Confirmed funding			
Rotary International (WHO)	$1.49	$0.00	**$1.49**
DFID(WHO)	$1.88	$0.00	**$1.88**
CDC (WHO)	$0.09	$0.00	**$0.09**
BMGF (UNICEF)	$0.60	$0.54	**$1.14**
Total	**$4.06**	**$0.54**	$4.60
Funding Gap (exclusive of tentative funding)	**$3.90**	**$7.13**	**$11.03**
WHO	$3.46	$7.13	$10.59
UNICEF	$0.44	$0.00	$0.44
Funding Gap (inclusive of tentative funding)	**$3.90**	**$7.13**	**$11.03**
WHO	$3.46	$7.13	$10.59
UNICEF	$0.44	$0.00	$0.44
UNICEF SOCIAL MOBILIZATION			
Requirements	**$2.15**	**$2.58**	**$4.73**
Confirmed funding			
BMGF	$1.10	$0.00	**$1.10**
Rotary International	$0.76	$0.00	**$0.76**
Japan	$0.20	$0.00	**$0.20**
Total	**$2.06**	**$0.00**	$2.06
Funding Gap (exclusive of tentative funding)	**$0.09**	**$2.58**	**$2.67**
Funding Gap (inclusive of tentative funding)	**$0.09**	**$2.58**	**$2.67**
SUMMARY			
Total requirements	**$25.40**	**$23.06**	**$48.46**
WHO	**$9.19**	**$16.72**	**$25.91**
UNICEF	**$7.68**	**$6.34**	**$14.01**
Angola	**$8.53**	**$0.00**	**$8.53**
Funding Gap (exclusive of tentative funding)v	**$9.40**	**$21.03**	**$30.43**
WHO	$3.60	$15.71	$19.31
UNICEF	$1.81	$5.32	$7.13
Angola	$3.99	$0.00	$3.99
Funding Gap (inclusive of tentative funding)	**$5.41**	**$21.03**	**$26.44**
WHO	$3.60	$15.71	$19.31
UNICEF	$1.81	$5.32	$7.13
Angola	$0.00	$0.00	$0.00

CHAD

		2012	2013	2012–2013
National Immunization Days (NIDs)		5	4	9
Sub-national Immunization Days (SNIDs)		3	0	3
ORAL POLIO VACCINE				
Requirements		**$3.87**	**$1.99**	**$5.86**
Confirmed funding				
CDC		$0.64	$0.00	**$0.64**
BMGF		$1.00	$0.00	**$1.00**
Japan		$0.35	$0.00	**$0.35**
	Total	**$1.99**	**$0.00**	$1.99
Funding Gap (exclusive of tentative funding)		**$1.88**	**$1.99**	**$3.87**
Funding Gap (inclusive of tentative funding)		**$1.88**	**$1.99**	**$3.87**
WHO OPERATIONAL COSTS				
Requirements		**$6.61**	**$4.97**	**$11.58**
Confirmed funding				
BMGF		$2.88	$0.00	**$2.88**
Rotary International		$0.89	$0.00	**$0.89**
	Total	**$3.77**	**$0.00**	$3.77
Funding Gap (exclusive of tentative funding)		**$2.84**	**$4.97**	**$7.81**
Funding Gap (inclusive of tentative funding)		**$2.84**	**$4.97**	**$7.81**
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 (exclusive of tentative funding)		**$0.00**	**$0.90**	**$0.90**
Funding Gap (inclusive of tentative funding)		**$0.00**	**$0.90**	**$0.90**
TECHNICAL ASSISTANCE				
Requirements		**$5.52**	**$4.67**	**$10.18**
Technical assistance (WHO)		$2.91	$3.00	**$5.90**
Technical assistance (UNICEF)		$2.61	$1.67	**$4.28**
Confirmed funding				
Rotary International (WHO)		$1.45	$0.00	**$1.45**
BMGF (UNICEF)		$1.05	$0.00	**$1.05**
Rotary International (UNICEF)		$0.60	$0.00	**$0.60**
	Total	**$3.10**	**$0.00**	$3.10
Tentative funding				
Rotary International (UNICEF)		$0.49	$0.00	**$0.49**
	Total	**$0.49**	**$0.00**	$0.49
Funding Gap (exclusive of tentative funding)		**$2.41**	**$4.67**	**$7.08**
WHO		$1.45	$3.00	$4.45
UNICEF		$0.96	$1.67	$2.63
Funding Gap (inclusive of tentative funding)		**$1.92**	**$4.67**	**$6.59**
WHO		$1.45	$3.00	$4.45
UNICEF		$0.47	$1.67	$2.14
UNICEF SOCIAL MOBILIZATION				
Requirements		**$7.84**	**$5.57**	**$13.41**
Confirmed funding				
BMGF		$1.40	$0.00	**$1.40**
Japan		$1.94	$0.00	**$1.94**
Rotary International		$2.15	$0.00	**$2.15**
	Total	**$5.48**	**$0.00**	$5.48
Funding Gap (exclusive of tentative funding)		**$2.36**	**$5.57**	**$7.93**
Funding Gap (inclusive of tentative funding)		**$2.36**	**$5.57**	**$7.93**
SUMMARY				
Total requirements		**$24.71**	**$18.10**	**$42.81**
WHO		$10.40	$8.87	**$19.26**
UNICEF		$14.32	$9.23	**$23.55**
Funding Gap (exclusive of tentative funding)		**$9.49**	**$18.10**	**$27.59**
WHO		$4.30	$8.87	$13.16
UNICEF		$5.19	$9.23	$14.43
Funding Gap (inclusive of tentative funding)		**$9.00**	**$18.10**	**$27.10**
WHO		$4.30	$8.87	$13.16
UNICEF		$4.70	$9.23	$13.93

DR CONGO

	2012	2013	2012–2013
National Immunization Days (NIDs)	2	2	4
Sub-national Immunization Days (SNIDs)	4	2	6
Child Health Day (CHD)	1	0	1
ORAL POLIO VACCINE			
Requirements	**$10.28**	**$9.42**	**$19.70**
Confirmed funding			
Japan	$0.50	$0.00	**$0.50**
UNICEF	$0.85	$0.00	**$0.85**
CDC	$3.87	$0.00	**$3.87**
BMGF	$1.83	$0.00	**$1.83**
Total	**$7.05**	**$0.00**	**$7.05**
Funding Gap (exclusive of tentative funding)	**$3.23**	**$9.42**	**$12.65**
Funding Gap (inclusive of tentative funding)	**$3.23**	**$9.42**	**$12.65**
OPERATIONAL COSTS			
Requirements	**$23.55**	**$18.89**	**$42.44**
Operational costs (UNICEF)	$2.01	$2.05	**$4.06**
Operational costs (WHO)	$21.54	$16.84	**$38.38**
Confirmed funding			
Rotary international (UNICEF)	$0.20	$0.00	**$0.20**
BMGF (UNICEF)	$1.17	$0.00	**$1.17**
Rotary International (UNCEF)	$0.48	$0.00	**$0.48**
BMGF (WHO)	$7.01	$0.00	**$7.01**
Rotary International (WHO)	$3.78	$0.00	**$3.78**
Total	**$12.63**	**$0.00**	**$12.63**
Tentative Funding			
World Bank (WHO)	$5.00	$0.00	**$5.00**
ECHO (UNICEF)	$0.16	$0.00	**$0.16**
Total	**$5.16**	**$0.00**	**$5.16**
Funding Gap (exclusive of tentative funding)	**$10.92**	**$18.89**	**$29.81**
WHO	$10.76	$16.84	$27.60
UNICEF	$0.16	$2.05	$2.21
Funding Gap (inclusive of tentative funding)	**$5.76**	**$18.89**	**$24.65**
WHO	$5.76	$16.84	$22.60
UNICEF	$0.00	$2.05	$2.05
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 (exclusive of tentative funding)	**$4.61**	**$10.57**	**$15.17**
WHO	$3.28	$6.71	$9.99
UNICEF	$1.33	$3.86	$5.18
Funding Gap (inclusive of tentative funding)	**$4.61**	**$10.57**	**$15.17**
WHO	$3.28	$6.71	$9.99
UNICEF	$1.33	$3.86	$5.18
UNICEF SOCIAL MOBILIZATION			
Requirements	**$7.39**	**$4.42**	**$11.81**
Social mobilization costs	$7.39	$4.42	**$11.81**
Confirmed funding			
BMGF	$2.02	$0.00	**$2.02**
USAID	$0.20	$0.00	**$0.20**
Rotary International	$1.03	$0.00	**$1.03**
Total	**$3.25**	**$0.00**	**$3.25**
Tentative funding			
Rotary International	$1.94	$0.00	**$1.94**
Total	**$1.94**	**$0.00**	**$1.94**
Funding Gap (exclusive of tentative funding)	**$4.14**	**$4.42**	**$8.56**
Funding Gap (inclusive of tentative funding)	**$2.20**	**$4.42**	**$6.62**
SUMMARY			
Total requirements	**$53.90**	**$45.55**	**$99.45**
WHO	$30.24	$25.80	**$56.04**
UNICEF	$23.66	$19.75	**$43.41**
Funding Gap (exclusive of tentative funding)	**$22.89**	**$45.55**	**$68.44**
WHO	$14.04	$25.80	$39.84
UNICEF	$8.86	$19.75	$28.60
Funding Gap (inclusive of tentative funding)	**$15.79**	**$45.55**	**$61.34**
WHO	$9.04	$25.80	$34.84
UNICEF	$6.76	$19.75	$26.51

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)		$125.78	$118.50	**$244.28**
Japan		$1.35	$0.00	**$1.35**
	Total	**$127.13**	**$118.50**	**$245.63**
Funding Gap		**$0.00**	**$0.00**	**$0.00**
OPERATIONAL COSTS				
Requirements		**$113.36**	**$55.14**	**$168.49**
Government of India (GoI)		$113.36	$55.14	**$168.49**
	Total	**$113.36**	**$55.14**	**$168.49**
Funding Gap		**$0.00**	**$0.00**	**$0.00**
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		**$20.04**	**$19.90**	**$39.94**
Confirmed funding				
BMGF		$10.13	$0.00	**$10.13**
Rotary International		$5.19	$0.00	**$5.19**
UNICEF Regular Resources		$0.00	$0.50	**$0.50**
Japan		$0.22	$0.00	**$0.22**
USAID		$1.40	$0.00	**$1.40**
	Total	**$16.94**	**$0.50**	**$17.44**
Funding Gap		**$3.10**	**$19.40**	**$22.50**
SURVEILLANCE & TECHNICAL ASSISTANCE				
Requirements		**$32.09**	**$30.26**	**$62.35**
Surveillance Costs (WHO)		$10.88	$8.47	**$19.35**
Technical assistance (WHO)		$19.00	$19.57	**$38.57**
Technical assistance (UNICEF)		$2.22	$2.22	**$4.44**
Confirmed funding				
BMGF (UNICEF)		$1.90	$0.00	**$1.90**
CDC (UNICEF)		$0.26	$0.00	**$0.26**
BMGF (WHO)		$1.20	$0.00	**$1.20**
DFID (WHO)		$17.41	$0.00	**$17.41**
Rotary International (WHO)		$2.10	$0.00	**$2.10**
CDC (WHO)		$1.05	$0.00	**$1.05**
USAID (WHO)		$2.77	$0.00	**$2.77**
	Total	**$26.69**	**$0.00**	**$26.69**
Funding Gap (exclusive of tentative funding)		**$5.40**	**$30.26**	**$35.66**
WHO		$5.34	$28.04	$33.38
UNICEF		$0.06	$2.22	$2.28
SUMMARY				
Total requirements		**$303.12**	**$234.61**	**$537.74**
WHO		$40.38	$38.86	**$79.24**
UNICEF		$22.26	$22.12	**$44.38**
India		$240.48	$173.64	**$414.12**
Funding Gap		**$9.33**	**$60.48**	**$69.81**
WHO		$6.17	$38.86	$45.03
UNICEF		$3.16	$21.62	$24.78
India		$0.00	$0.00	$0.00

NIGERIA

	2012	2013	2012–2013
National Immunization Days (NIDs)	2	2	4
Sub-national Immunization Days (SNIDs)	5	4	9
Case response (mop-ups)	0	0	0

ORAL POLIO VACCINE			
Requirements	**$40.13**	**$41.19**	**$81.32**
Confirmed funding			
World Bank Buy-down	$19.46	$0.00	**$19.46**
UNICEF Regular Resources	$6.22	$0.00	**$6.22**
BMGF	$9.10	$0.00	**$9.10**
KfW	$0.98	$0.00	**$0.98**
Japan	$4.38	$1.95	**$6.33**
Total	**$40.13**	**$1.95**	$42.08
Funding Gap (exclusive of tentative funding)	**$0.00**	**$39.24**	**$39.23**
Funding Gap (inclusive of tentative funding)	**$0.00**	**$39.24**	**$39.23**
OPERATIONAL COSTS			
Requirements	**$57.28**	**$60.11**	**$117.38**
Operational Costs (WHO)*	$46.54	$48.78	**$95.32**
Operational Costs (UNICEF)	$10.73	$11.33	**$22.06**
Confirmed funding			
BMGF (WHO)	$3.25	$0.00	**$3.25**
European Commission (WHO)	$6.83	$0.00	**$6.83**
Govt of Nigeria. 2011 carry-over (WHO)	$4.68	$0.00	**$4.68**
Govt of Nigeria. 2012 (WHO)	$12.70	$0.00	**$12.70**
Rotary International (WHO)	$8.08	$0.00	**$8.08**
Rotary International (UNICEF)	$2.38	$0.00	**$2.38**
Total	**$37.92**	**$0.00**	$37.92
Tentative funding			
Govt of Nigeria. 2012 (WHO)	$17.30	$0.00	**$17.30**
Govt of Nigeria. 2013 (WHO)	$0.00	$30.00	**$30.00**
Rotary International (UNICEF)	$1.21	$0.00	**$1.21**
Total	**$18.51**	**$30.00**	$48.51
Funding Gap (exclusive of tentative funding)	**$19.35**	**$60.11**	**$79.46**
WHO	$11.00	$48.78	$59.78
UNICEF	$8.35	$11.33	$19.68
Funding Gap (inclusive of tentative funding)	**$0.84**	**$30.11**	**$30.95**
WHO[1]	-$6.30	$18.78	$12.48
UNICEF	$7.14	$11.33	$18.47
WHO SURVEILLANCE			
Requirements	**$12.50**	**$12.88**	$25.38
Confirmed funding			
BMGF	$1.94	$0.00	**$1.94**
CIDA	$3.75	$0.00	**$3.75**
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	**$33.38**	**$34.19**	**$67.57**
Technical assistance (WHO)	$24.24	$24.96	**$49.20**
Technical assistance (UNICEF)	$9.14	$9.23	**$18.37**
Confirmed funding			
Rotary International (WHO)	$0.42	$0.00	**$0.42**
USCDC (WHO)	$0.87	$0.00	**$0.87**
UK DFID (WHO)	$10.83	$0.00	**$10.83**
BMGF (UNICEF)	$2.74	$0.00	**$2.74**
Rotary International (UNICEF)	$1.49	$0.00	**$1.49**
USCDC (UNICEF)	$0.15	$0.00	**$0.15**
UNICEF Regular Resources	$0.55	$0.00	**$0.55**
Total	**$17.04**	**$0.00**	$17.04
Tentative funding			
Rotary Internationa (UNICEF)	$0.62	$0.00	**$0.62**
Total	**$0.62**	**$0.00**	$0.62
Funding Gap (exclusive of tentative funding)	**$16.34**	**$34.19**	**$50.53**
WHO	$12.12	$24.96	$37.08
UNICEF	$4.22	$9.23	$13.45
Funding Gap (inclusive of tentative funding)	**$15.72**	**$34.19**	**$49.91**
WHO	$12.12	$24.96	$37.08
UNICEF	$3.60	$9.23	$12.83
UNICEF SOCIAL MOBILIZATION			
Requirements	**$3.75**	**$4.63**	**$8.37**
(Excluding traditional leaders under WHO)			
Confirmed funding			
BMGF	$0.92	$0.00	**$0.92**
Rotary International	$0.53	$0.00	**$0.53**
Total	**$1.45**	**$0.00**	$1.45
Tentative funding			
Rotary International	$0.24	$0.00	**$0.24**
Total	**$0.24**	**$0.00**	$0.24
Funding Gap (exclusive of tentative funding)	**$2.29**	**$4.63**	**$6.92**
Funding Gap (inclusive of tentative funding)	**$2.05**	**$4.63**	**$6.68**
SUMMARY			
Total requirements	**$147.03**	**$152.99**	**$300.02**
WHO	$83.28	$86.62	**$169.90**
UNICEF	$63.75	$66.37	**$130.12**
Funding Gap (exclusive of tentative funding)	**$44.80**	**$151.04**	**$195.83**
WHO	$29.94	$86.62	$116.55
UNICEF	$14.86	$64.42	$79.28
Funding Gap (inclusive of tentative funding)	**$25.43**	**$121.04**	**$146.46**
WHO	$12.64	$56.62	$69.25
UNICEF	$12.79	$64.42	$77.21

Notes:
[1] The operational cost surplus is tentative pending the full payment of the Government of Nigeria's funding commitment and any future adjustments to campaign activities.
* Operational cost under WHO includes traditional leaders engagement

PAKISTAN

		2012	2013	2012–2013
National Immunization Days (NIDs)		4	4	8
Sub-national Immunization Days (SNIDs)		4	4	8
ORAL POLIO VACCINE				
Requirements		**$51.08**	**$48.91**	**$99.99**
Confirmed funding				
World Bank Buy-down (Supplement)		$25.60	$0.00	**$25.60**
Japan		$1.84	$0.00	**$1.84**
JICA Loan Conversion		$23.64	$4.17	**$27.81**
	Total	**$51.08**	**$4.17**	$55.25
Funding Gap (exclusive of tentative funding)		**$0.00**	**$44.74**	**$44.74**
Funding Gap (inclusive of tentative funding)		**$0.00**	**$44.74**	**$44.74**
WHO OPERATIONAL COSTS				
Requirements		**$26.86**	**$20.05**	**$46.91**
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 (exclusive of tentative funding)		**$5.59**	**$13.16**	**$18.75**
Funding Gap (inclusive of tentative funding)		**$5.59**	**$13.16**	**$18.75**
WHO SURVEILLANCE				
Requirements		**$2.78**	**$2.92**	**$5.70**
Confirmed funding				
BMGF		$2.00	$0.00	**$2.00**
CDC		$0.10	$0.00	**$0.10**
USAID		$0.23	$0.00	**$0.23**
	Total	**$2.33**	**$0.00**	$2.33
Funding Gap (exclusive of tentative funding)		**$0.45**	**$2.92**	**$3.37**
Funding Gap (inclusive of tentative funding)		**$0.45**	**$2.92**	**$3.37**
TECHNICAL ASSISTANCE				
Requirements		**$14.68**	**$12.32**	**$27.00**
Technical assistance (WHO)		$11.18	$9.87	**$21.05**
Technical assistance (UNICEF)		$3.50	$2.45	**$5.95**
Confirmed funding				
DFID (WHO)		$7.36	$0.00	**$7.36**
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)		$0.40	$0.00	**$0.40**
Rotary International (UNICEF)		$0.19	$0.00	**$0.19**
CDC (UNICEF)		$0.17	$0.00	**$0.17**
	Total	**$11.52**	**$0.00**	$11.52
Tentative funding				
USAID (UNICEF)		$0.27	$0.00	**$0.27**
Rotary International (UNICEF)		$0.41	$0.00	**$0.41**
	Total	**$0.68**	**$0.00**	$0.68
Funding Gap (exclusive of tentative funding)		**$3.16**	**$12.32**	**$15.48**
WHO		$0.42	$9.87	$10.29
UNICEF		$2.74	$2.45	$5.19
Funding Gap (inclusive of tentative funding)		**$2.48**	**$12.32**	**$14.80**
WHO		$0.42	$9.87	$10.29
UNICEF		$2.06	$2.45	$4.51
UNICEF SOCIAL MOBILIZATION				
Requirements		**$19.40**	**$23.34**	**$42.74**
Confirmed funding				
BMGF		$6.59	$0.00	**$6.59**
USAID		$0.65	$0.00	**$0.65**
Japan		$0.40	$0.00	**$0.40**
Rotary International		$0.57	$0.00	**$0.57**
	Total	**$8.21**	**$0.00**	$8.21
Tentative funding				
Rotary International		$1.72	$0.00	**$1.72**
USAID		$4.82	$0.00	**$4.82**
	Total	**$6.54**	**$0.00**	$6.54
Funding Gap (exclusive of tentative funding)		**$11.19**	**$23.34**	**$34.53**
Funding Gap (inclusive of tentative funding)		**$4.65**	**$23.34**	**$27.99**
SUMMARY				
Total requirements		**$114.81**	**$107.54**	**$222.35**
WHO		$40.83	$32.84	**$73.67**
UNICEF		$73.98	$74.70	**$148.68**
Funding Gap (exclusive of tentative funding)		**$20.39**	**$96.48**	**$116.87**
WHO		$6.46	$25.95	$32.41
UNICEF		$13.93	$70.53	$84.46
Funding Gap (inclusive of tentative funding)		**$13.17**	**$96.48**	**$109.65**
WHO		$6.46	$25.95	$32.41
UNICEF		$6.71	$70.53	$77.24

SOUTH SUDAN

		2012	2013	2012–2013
National Immunization Days (NIDs)		4	4	8
Sub-national Immunization Days (SNIDs)		0	0	0
ORAL POLIO VACCINE				
Requirements		**$2.29**	**$2.48**	**$4.78**
Confirmed Funding				
Japan		$0.52	$0.00	**$0.52**
Common Humanitarian Fund		$0.47	$0.00	**$0.47**
	Total	**$0.99**	**$0.00**	**$0.99**
Tentative funding				
Japan		$0.43	$0.00	**$0.43**
	Total	**$0.43**	**$0.00**	**$0.43**
Funding Gap (exclusive of tentative funding)		**$1.30**	**$2.48**	**$3.79**
Funding Gap (inclusive of tentative funding)		**$0.87**	**$2.48**	**$3.36**
OPERATIONAL COSTS				
Requirements		**$7.56**	**$7.40**	**$14.97**
Operational costs (WHO)		$3.32	$3.04	**$6.36**
Operational costs (UNICEF)		$4.24	$4.37	**$8.61**
Confirmed Funding				
Rotary International (UNICEF)		$1.47	$0.00	**$1.47**
BMGF (WHO)		$2.95	$0.00	**$2.95**
	Total	**$4.42**	**$0.00**	**$4.42**
Tentative funding				
Rotary International (UNICEF)		$1.07	$0.46	**$1.53**
	Total	**$1.07**	**$0.46**	**$1.53**
Funding Gap (exclusive of tentative funding)		**$3.14**	**$7.40**	**$10.55**
WHO		$0.37	$3.04	$3.41
UNICEF		$2.77	$4.37	$7.14
Funding Gap (inclusive of tentative funding)		**$2.08**	**$6.94**	**$9.02**
WHO		$0.37	$3.04	$3.41
UNICEF		$1.71	$3.91	$5.61
WHO SURVEILLANCE				
Requirements		**$1.24**	**$1.27**	**$2.51**
Confirmed funding				
BMGF		$0.30	$0.00	**$0.30**
USAID		$0.33	$0.00	**$0.33**
	Total	**$0.63**	**$0.00**	**$0.63**
Funding Gap (exclusive of tentative funding)		**$0.61**	**$1.27**	**$1.88**
Funding Gap (inclusive of tentative funding)		**$0.61**	**$1.27**	**$1.88**
TECHNICAL ASSISTANCE				
Requirements		**$4.70**	**$5.25**	**$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**
Tentative funding				
Rotary International (UNICEF)		$0.35	$0.00	**$0.35**
	Total	**$0.35**	**$0.00**	**$0.35**
Funding Gap (exclusive of tentative funding)		**$1.18**	**$5.25**	**$6.42**
WHO		$0.74	$4.08	$4.82
UNICEF		$0.44	$1.17	$1.60
Funding Gap (inclusive of tentative funding)		**$0.83**	**$5.25**	**$6.07**
WHO		$0.74	$4.08	$4.82
UNICEF		$0.09	$1.17	$1.25
UNICEF SOCIAL MOBILIZATION				
Requirements		**$1.71**	**$1.88**	**$3.58**
Confirmed funding				
BMGF		$1.04	$0.00	**$1.04**
	Total	**$1.04**	**$0.00**	**$1.04**
Funding Gap (exclusive of tentative funding)		**$0.67**	**$1.88**	**$2.54**
Funding Gap (inclusive of tentative funding)		**$0.67**	**$1.88**	**$2.54**
SUMMARY				
Total requirements		**$17.50**	**$18.28**	**$35.77**
WHO		$8.09	$8.39	**$16.48**
UNICEF		$9.41	$9.89	**$19.30**
Funding Gap (exclusive of tentative funding)		**$6.90**	**$18.28**	**$25.18**
WHO		$1.72	$8.39	$10.11
UNICEF		$5.18	$9.89	$15.07
Funding Gap (inclusive of tentative funding)		**$5.05**	**$17.82**	**$22.87**
WHO		$1.72	$8.39	$10.11
UNICEF		$3.33	$9.43	$11.51

SUDAN

		2012	2013	2012–2013
National Immunization Days (NIDs)		4	2	6
Sub-national Immunization Days (SNIDs)		0	2	2
ORAL POLIO VACCINE				
Requirements		**$4.78**	**$3.88**	**$8.66**
Confirmed Funding				
CDC		$0.97	$0.00	**$0.97**
Saudi Arabia		$1.04	$0.00	**$1.04**
	Total	**$2.01**	**$0.00**	$2.01
Funding Gap (exclusive of tentative funding)		**$2.77**	**$3.88**	**$6.65**
Funding Gap (inclusive of tentative funding)		**$2.77**	**$3.88**	**$6.65**
WHO OPERATIONAL COSTS				
Requirements		**$10.12**	**$7.75**	**$17.87**
Confirmed Funding				
Rotary International (WHO)		$1.23	$0.00	**$1.23**
CDC (WHO)		$1.00	$0.00	**$1.00**
DFID (WHO)		$2.86	$0.00	**$2.86**
	Total	**$5.09**	**$0.00**	$5.09
Tentative Funding				
Saudi Arabia (WHO)		$2.34	$0.00	**$2.34**
	Total	**$2.34**	**$0.00**	$2.34
Funding Gap (exclusive of tentative funding)		**$5.02**	**$7.75**	**$12.77**
Funding Gap (inclusive of tentative funding)		**$2.69**	**$7.75**	**$10.44**
WHO SURVEILLANCE				
Requirements		**$0.52**	**$0.53**	**$1.05**
Confirmed funding				
Rotary International		$0.00	$0.00	**$0.00**
DFID		$0.41	$0.00	**$0.41**
	Total	**$0.41**	**$0.00**	$0.41
Funding Gap (exclusive of tentative funding)		**$0.11**	**$0.53**	**$0.64**
Funding Gap (inclusive of tentative funding)		**$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**
CDC (WHO)		$0.24	$0.00	**$0.24**
Rotary International (UNICEF)		$0.03	$0.00	**$0.03**
CDC (UNICEF)		$0.06	$0.00	**$0.06**
	Total	**$1.08**	**$0.00**	$1.08
Funding Gap (exclusive of tentative funding)		**$0.06**	**$1.59**	**$1.66**
WHO		$0.06	$1.50	$1.56
UNICEF		$0.00	$0.09	$0.09
Funding Gap (inclusive of tentative funding)		**$0.06**	**$1.59**	**$1.66**
WHO		$0.06	$1.50	$1.56
UNICEF		$0.00	$0.09	$0.09
UNICEF SOCIAL MOBILIZATION				
Requirements		**$1.17**	**$0.83**	**$2.00**
Confirmed funding				
Rotary International		$0.75	$0.00	**$0.75**
	Total	**$0.75**	**$0.00**	$0.75
Funding Gap (exclusive of tentative funding)		**$0.42**	**$0.83**	**$1.25**
Funding Gap (inclusive of tentative funding)		**$0.42**	**$0.83**	**$1.25**
SUMMARY				
Total requirements		**$17.73**	**$14.58**	**$32.31**
WHO		$11.68	$9.78	**$21.46**
UNICEF		$6.05	$4.80	**$10.85**
Funding Gap (exclusive of tentative funding)		**$8.38**	**$14.58**	**$22.96**
WHO		$5.19	$9.78	$14.97
UNICEF		$3.19	$4.80	$7.99
Funding Gap (inclusive of tentative funding)		**$6.04**	**$14.58**	**$20.63**
WHO		$2.86	$9.78	$12.64
UNICEF		$3.19	$4.80	$7.99

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