POLIO GLOBAL ERADICATION INITIATIVE

Innovate
Collaborate
Eradicate

GPEI Multi-Year Budget Explainer 2022-2029

A Companion document to the GPEI Strategy Extension 2022-2029

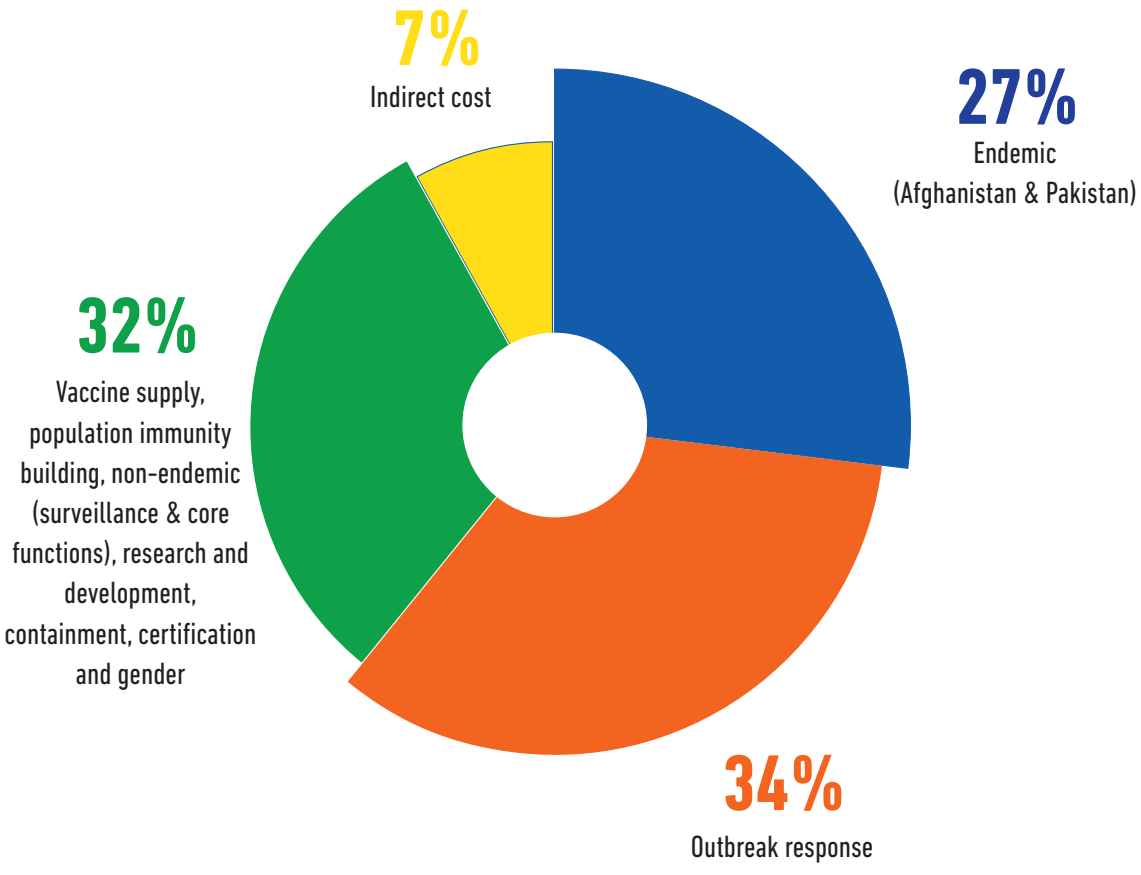
The Global Polio Eradication Initiative (GPEI) is spearheaded by national governments supported by a global partnership of six organizations: WHO, CDC, Rotary International, UNICEF, Gavi, and the Bill & Melinda Gates Foundation, working in collaboration with bilateral donors to eradicate poliomyelitis. GPEI develops multi-year budgets for planning and resource mobilization for the full strategy period and annual operational budgets to guide the scale and scope of activities for a particular year. These budgets define the program's Financial Resource Requirements (FRR), which provides an overview of the budget for activities planned by the GPEI to achieve and sustain a polio-free world.

BACKGROUND

To deliver a healthier, more resilient, polio-free world, the programme has set a revised total budget of US$6.9 billion for 2022-2029. Fully financing the GPEI will enable it to:

- Vaccinate nearly 370 million children against polio annually.
- Deliver broader health benefits alongside polio vaccines to the world's most vulnerable communities, including other essential immunization services, maternal and child health education, and Vitamin A supplementation.
- Continue to strengthen country health and surveillance systems and prepare them to respond to emerging health threats, as it has done against COVID-19, Ebola, Mpox and other diseases.

GPEI Multi-Year Budget[1]



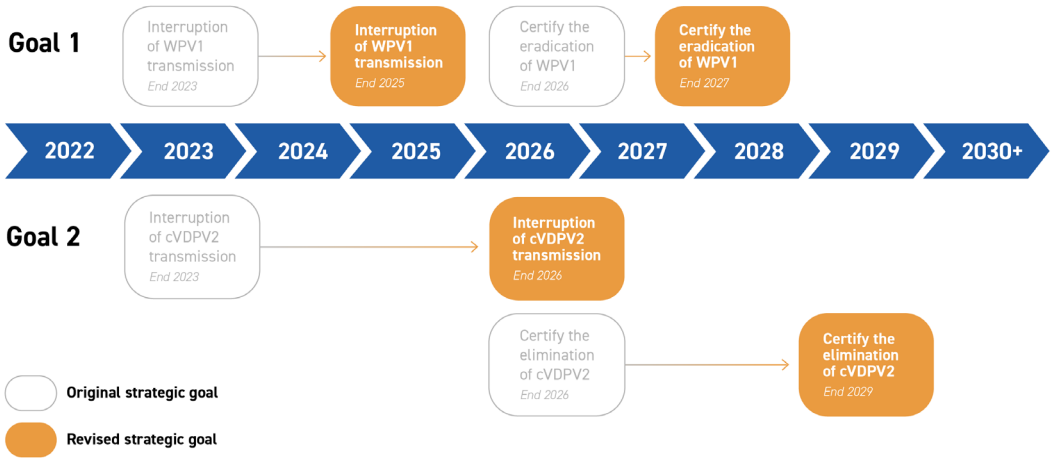
[1] See appendix A for a breakdown of GPEI spending by year and appendix B for budget category definitions.

BUDGET SUMMARY

In 2021, the GPEI released a new programme strategy, "Polio Eradication Strategy – Delivering on a Promise", which covers the period of 2022 – 2026. This strategy aims to achieve two principal goals: to eradicate the final type of wild poliovirus (type 1) and to end type 2 variant poliovirus, the most prevalent form of the virus today.

The first two and a half years of the programme's 2022-2026 strategy were marked by moments of inspiring success – like ending a type 2 variant polio outbreak in Ukraine amidst war; reaching millions of previously missed children in Afghanistan following the resumption of nationwide vaccination campaigns in late 2021; and quickly stopping an importation of wild polio in Malawi and Mozambique from spreading further. However, this progress has been made in the context of worrying global developments – like historic backsliding in coverage of routine vaccines due to the COVID-19 pandemic and delays in regaining lost ground, rising conflict and political instability around the world, and increasing climate-related disasters in the places at highest risk of polio.

Based on the virus patterns seen today, and after critical analysis and expert consultations, the GPEI Polio Oversight Board (POB) made the difficult but necessary decision to extend its timeline for eradication from 2026 to 2029.



While the 2022-2026 strategy is robust, it is clear that the programme must improve implementation, refine its tactics and deploy innovative tools to reach every child with polio vaccines and other life-saving care in light of today's challenges. In October 2024, the POB endorsed a revised multi-year budget (MYB) to accompany this extended timeline, totaling US$6.9 billion for 2022-2029.

To estimate the cost of extending eradication efforts until 2029, the GPEI leadership, technical teams, and finance partners collaborated on a multi-year budgeting exercise to assess which activities and innovations should be implemented, at what scale, and in which geographies to curb transmission, extinguish outbreaks and to certify and sustain polio eradication. Throughout the exercise, GPEI strives to ensure cost savings and efficiency without compromising the delivery of essential activities.

The MYB includes estimated budgets for:

- **Conducting effective preventive polio immunization campaigns in the two endemic countries,** especially by strengthening cross-border coordination and intensifying post-campaign monitoring. These activities will continue until virus transmission interruption (new goal: end-2025) and then begin an approximate 20% year-on-year reduction until certifying wild poliovirus eradication (new goal: end-2027).
- **Implementing bigger, better and faster vaccination campaigns in response to variant poliovirus outbreaks,** deploying more coordinated and proactive preventative strategies in countries at risk of outbreaks, and shoring up vaccine stockpiles. The budget will be maintained through the interruption of type 2 variant poliovirus (new goal: end-2026), followed by a rapid decrease as outbreaks are closed.
- Strengthening and maintaining **sensitive clinical and environmental surveillance systems** in endemic and outbreak countries alike.
- Investing in **local, regional and global partnerships** to better coordinate with essential immunization programs and deliver other health services alongside polio vaccines.

- Supporting the implementation of the **Gender** Equality Strategy at all levels and generating and analyzing evidence to clarify and address gender-related barriers to vaccination.
- Continuing the development and roll-out of **new tools and technologies** to overcome persistent challenges, such as the novel oral polio vaccines, mobile money payment systems, and geospatial information systems (GIS) data.
- **Preserving core technical assistance, community engagement and social mobilization capacity to create demand for vaccination** through certification in the endemic countries and highest-risk outbreak geographies: eastern Democratic Republic of the Congo, northern Nigeria, south central Somalia and northern Yemen. The budget for these activities is expected to ramp down gradually after interruption in the remaining nine high-risk countries[2] still supported by GPEI.

Following detailed risk assessments, and considering its inputs into helping strengthen essential immunization systems, the program has budgeted for only the minimum threshold of preventative campaigns in the non-endemic countries to preserve population immunity through certification. This will complement an enhanced approach to integration with Gavi and other EI partners that aims to improve targeting of the US$ 1B investment in inactivated polio vaccine (IPV) and hexavalent vaccines, planned for as part of Gavi 6.0, to strengthen EI performance. As endorsed in prior strategies, GPEI has transitioned surveillance and technical assistance from GPEI support to WHO core funding in all but 11 non-endemic countries[3]. GPEI continues to provide support to surveillance activities through the laboratory network as well as targeted improvement plans in line with the Global Surveillance Action Plan 2022-2024 according to epidemiology and risk assessments.

It is critical that the new multi-year budget of US$ 6.9 billion is fully financed so that the GPEI can protect the world's most vulnerable children and prevent an exponential rebound of polio globally, while strengthening health systems to sustain a polio-free world once it is achieved.

[2] Angola, Cameroon, Chad, Ethiopia, Guinea, Kenya, Niger, Nigeria, South Sudan

[3] Angola, Cameroon, Chad, Democratique Republic of the Congo, Ethiopia, Guinea, Kenya, Niger, Nigeria, Somalia, South Sudan

APPENDIX A

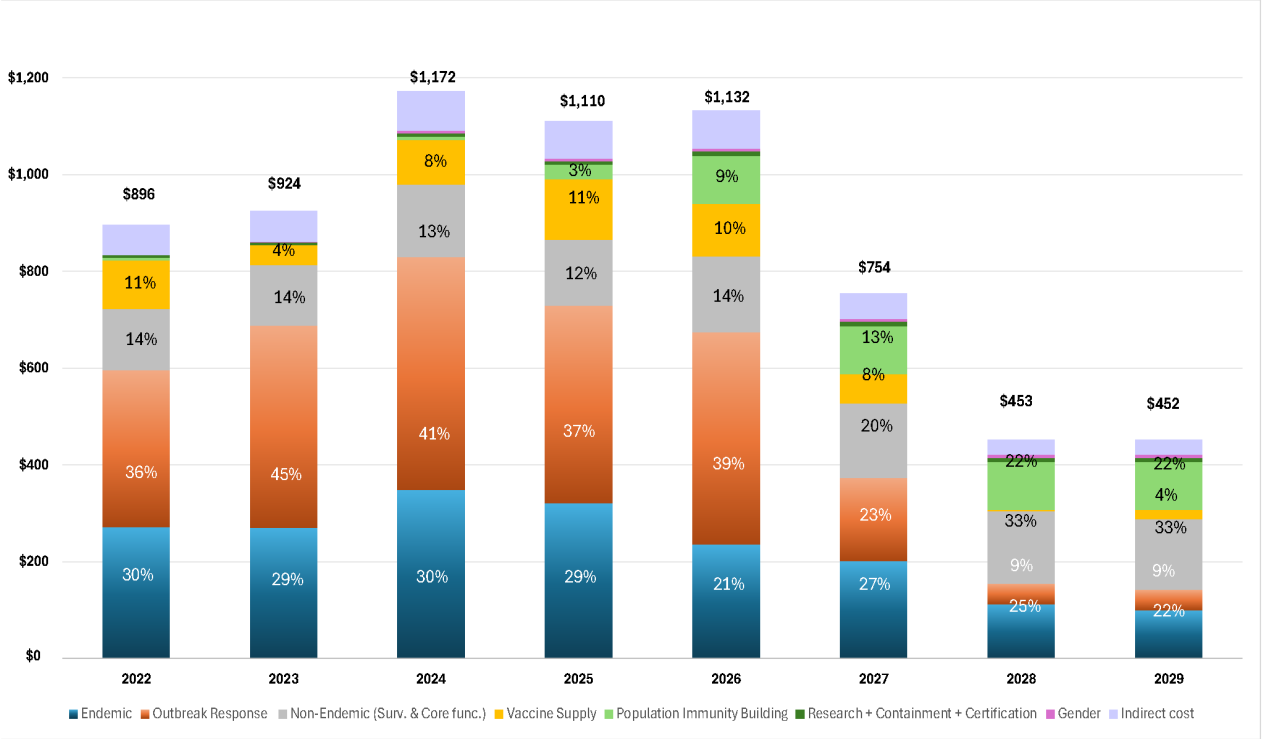
Key Takeaway: This is a needs-based budget based on what technical teams deem necessary to get to zero cases of poliomyelitis and reach the goal of eradication.

The revised Multi-Year Budget is needs-based and designed to allocate resources in alignment with the technical requirements necessary to reach zero cases of poliomyelitis and achieve global eradication. The budget focuses on directing the necessary funding toward both endemic and non-endemic countries, ensuring outbreak response, immunization efforts, and surveillance in the highest-risk countries. One-third of GPEI's annual funding is directed to supporting the endemic countries (Afghanistan and Pakistan) through interruption, followed by a slow decrease through to certification. Approximately half of the budget is dedicated to outbreak response, again through interruption, which includes both nOPV2 vaccine supply and associated campaign costs for addressing variant poliovirus outbreaks. The remaining portion of the budget supports critical areas such as the gender strategy, surveillance, technical assistance, and research supporting the program as a whole.

It is important to note that the GPEI Multi-Year Budget 2022-2029 does not include costs associated with Inactivated Polio Vaccine (IPV), implementation of the Post Certification Strategy (PCS) and non-Financial Resource Requirements (non-FRR)[4].

4 Non-FRR funding enables innovation to support the eradication activities funded through the Financial Resource Requirements (i.e. activities set out in the GPEI Multi-Year Budget 2022-2029), as well as funding for emergent supporting activities.

GPEI Annual Budget Breakdown



APPENDIX B: CATEGORY DEFINITIONS

Outbreak Response: The cost includes surge support to countries to cover technical support to supplementary immunization activities (SIAs), surveillance, communication, and vaccine management. It also supports the regional outbreak response teams to plan and manage outbreak response at the regional level. It also includes planned SIAs in consequential geographies with the potential for integration with other antigens and pluses as well as SIAs in response to new outbreaks or breakthrough circulation in other countries with the aim of implementing timely and high-quality vaccination activities. For outbreaks caused by cVDPV1 or cVDPV3, the cost includes procuring bOPV vaccine.

Endemic: The cost to deliver OPV campaigns including procuring vaccine, delivery (microplanning, training, allowances for field personnel, transport, logistics, supervision monitoring, evaluation and general operating expenses), surveillance (traditional AFP[5] & environmental), integrated health and community-based immunization activities, core community engagement communications and social mobilization activities, to encourage vaccine acceptance (production and dissemination of communication and education materials, the production of mass media campaigns, the engagement of local leaders and influences, the training of health workers, and social mobilizers and the mobilization of civil society), and technical assistance (staff and consultants).

Non-Endemic (Surveillance & Core Functions): The costs related to maintaining an extensive and active AFP and environmental surveillance network (including staff) to detect virus circulation, including the collection and testing of stool and sewage specimens as well as sustaining the Global Polio Laboratory Network. GPEI-funded technical assistance (non-surveillance staff and consultants) is deployed to fill capacity gaps when relevant skills are not available within the national health system, to build capacity and to facilitate international information exchange.

[5] Acute flaccid paralysis

The priorities for technical assistance are driven by the relative strength of the health systems in countries as well as how critical the country is to global polio eradication. The cost of full-time social mobilization networks that support a greater social commitment to polio eradication and create a higher demand for polio vaccines. Convergence activities, including integration with other sectors.

Vaccine Supply: The costs to procure nOPV2 for use in outbreak response and to establish vaccine stockpiles prior to OPV cessation.

Population Immunity Building: Previously referred to as non-endemic preventative campaigns, this represents the estimated cost of additional immunization activities (vaccine and delivery costs) to strengthen EI and boost population immunity prior to OPV cessation.

Research, containment and certification: Research and development in the area of polio can be divided into two categories: 1) clinical research and 2) product research and development. Clinical research is conducted to build evidence for policy decisions. Examples in this area are clinical trials on polio vaccines yielding scientific evidence that leads to specific programmatic recommendations endorsed by the Strategic Advisory Group of Experts on Immunization (SAGE). Product research and development is conducted to provide tools for accelerating and maintaining poliovirus eradication, such as new vaccines, antivirals, monoclonal antibodies, and diagnostic tools. Poliovirus containment is a critical component of poliovirus eradication as it works to minimize the risk of release of poliovirus from facilities retaining polio now and in the post-certification era. Containment includes a combination of physical design parameters and operational practices that protect personnel, the immediate work environment and the community from exposure to biological agents. The term “biocontainment” is also used in this context.

The costs related to containment include support to Members States that have decided to retain poliovirus, technical working groups responsible for determining essential containment criteria, and management of the global containment certification process. Certification includes the costs to support the work of the Global Commission for Certification of the Eradication of Poliomyelitis (GCC) in determining global and regional polio-free status and country readiness in containment.

Gender: Gender activities will be funded through the dedicated budget line and gender markers will be used as a scoring tool to track allocations and performance for activities that target gender equality, both direct and indirect, using a three-point scoring system (from 0 to 2). Activities with a score of 2 will go against the dedicated gender budget line and will cover activities such as gender analysis, HR deployment according to local gender norms, gender responsive community engagement, training courses on gender for senior management and GPEI staff and independent coverage surveys producing sex disaggregated data. These activities will be further defined by the GPEI gender workplan which will be overseen by the Gender Mainstreaming Group. Reporting against gender specific key performance indicators will demonstrate the value of this investment.

Indirect cost: The indirect overhead rates of implementing agencies planned at 7.4%.

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