

Innovate
Collaborate
Eradicate

GPEI Multi-Year Budget Narrative 2022-2026

A Companion document to
the GPEI Strategy 2022-2026:
Delivering on the Promise of
a Polio-Free World

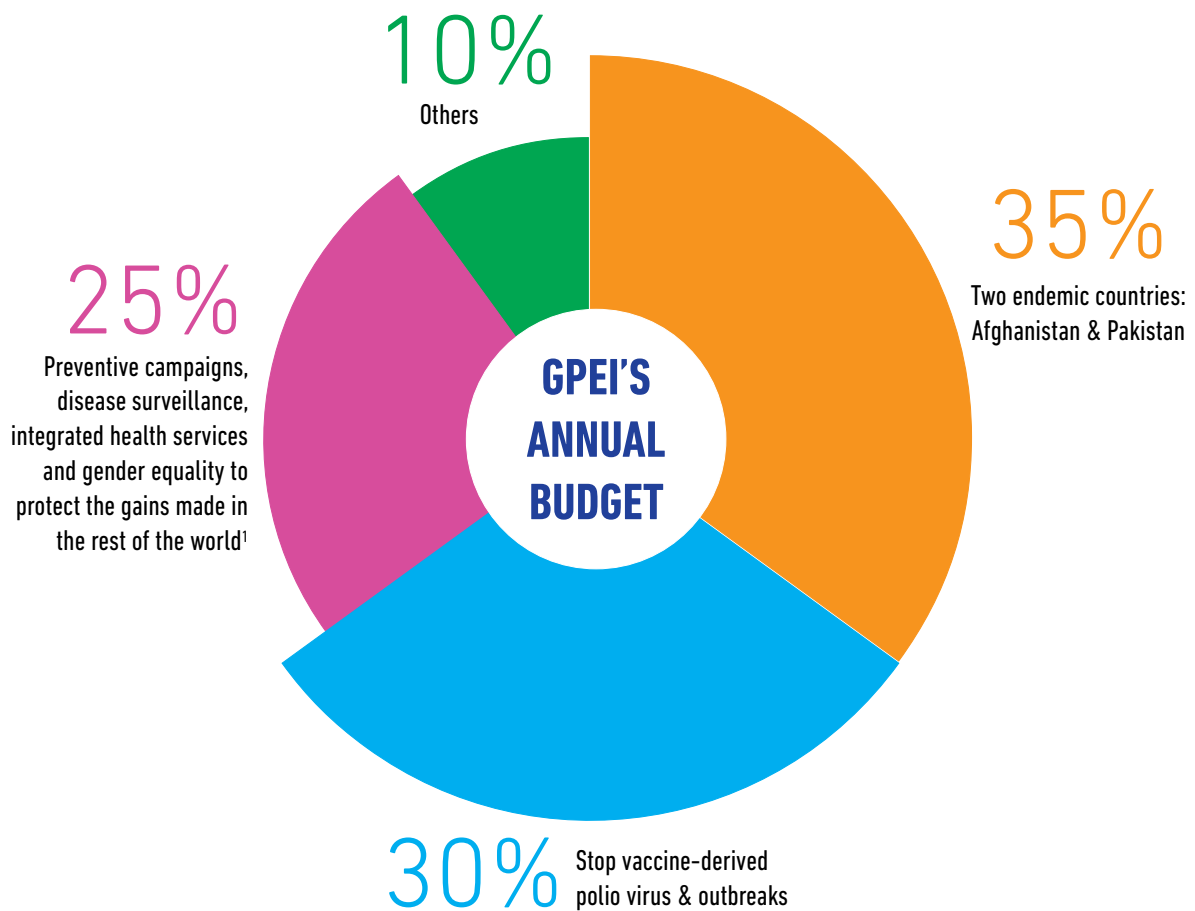


The Global Polio Eradication Initiative (GPEI) is spearheaded by national governments supported by a global partnership of six organizations: WHO, CDC, Rotary International, UNICEF, Gavi, and the Bill & Melinda Gates Foundation, working in collaboration with bilateral donors to eradicate poliomyelitis. GPEI develops annual operating budgets, which define the program's Financial Resourcing Requirements (FRR), and fundraises to support polio eradication.

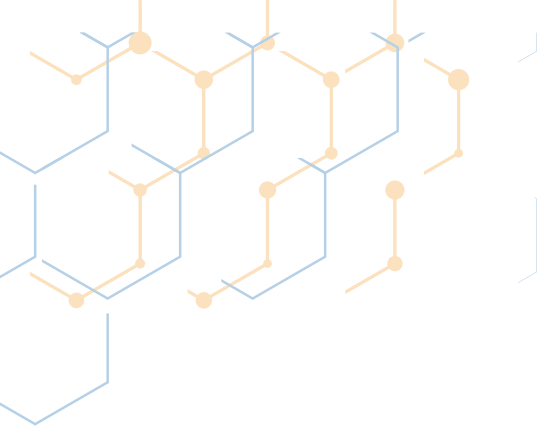
BACKGROUND

Currently GPEI invests approximately \$1 billion / year to:

- conduct preventive polio immunization campaigns and disease surveillance;
- promote targeted community-based (and largely woman-led) vaccination efforts in high risk districts of endemic countries;
- provide expert technical assistance to governments to build-country-level capacity to detect outbreaks support outbreak response; and
- boost demand for vaccination through community engagement and social mobilization communications activities.



¹ See appendix A for a breakdown of GPEI spending

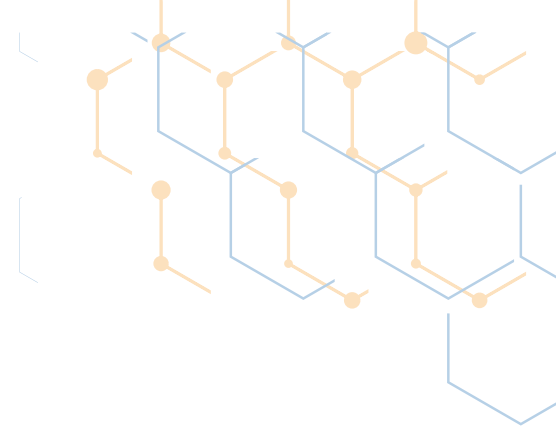


BUDGET SUMMARY

In 2021, the GPEI revised the programme's strategy to overcome the remaining obstacles to eradication and approved the new "[Polio Eradication Strategy – Delivering on a Promise](#)", which covers the period of 2022 – 2026. This strategy aims to achieve two principal goals: to stop wild poliovirus and to end vaccine-derived poliovirus. To estimate the cost of achieving and certifying a polio-free world by 2026, 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.

GPEI has developed the multi-year budget (MYB) envelope to estimate the total funding requirement to fully implement the five-year strategy. The MYB includes estimated budgets for:

- **Conducting effective preventive polio immunization campaigns in the two endemic countries** with three national and three subnational immunization days annually in each country through 2024 (one year after transmission is interrupted), followed by a very gradual (~10-15% per year) ramp down;
- **Boosting integrated health services in the endemic countries**, in addition to **preserving a robust global surveillance program** from 2022 through 2026;
- Country support for **gender** strategy setting, equitable recruitment strategies, and generating and analyzing evidence to clarify and operational gaps where gender could be a barrier (particularly to vaccination).
- **New approaches and technologies** to overcome persistent challenges, such as the continued roll-out of the novel oral polio vaccine type 2 (nOPV2) and development of novel oral polio vaccines types 1 and 3, support for an integrated service delivery approach that prioritizes essential immunization



and the provision of other health services, and improving surveillance quality with the introduction of direct detection technology, sequencing capacity expansion, and overall strengthening of laboratory capacity.

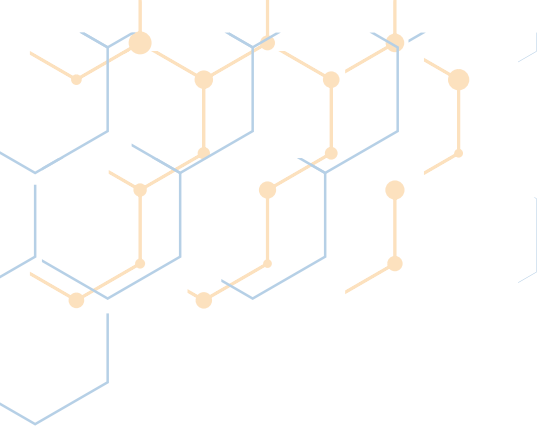
- **Preserving core technical assistance and community engagement and social mobilization capacity for demand creation for vaccination** through certification in the endemic countries, eastern Democratic Republic of the Congo, northern Nigeria, south central Somalia and northern Yemen. The budget is expected to ramp down gradually after interruption in the remaining nine high-risk countries² still supported by GPEI.
- **Accelerating and improving response to expansive VDPV outbreaks**, deploying more coordinated and proactive preventative strategies in countries at risk of outbreaks, and shoring up vaccine stockpiles.

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. 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 countries³. (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.

If the 2022-2026 budget is funded, the GPEI can deliver the program and activities needed to meet the two goals of the strategy by the end of 2023 and certify eradication three years later.

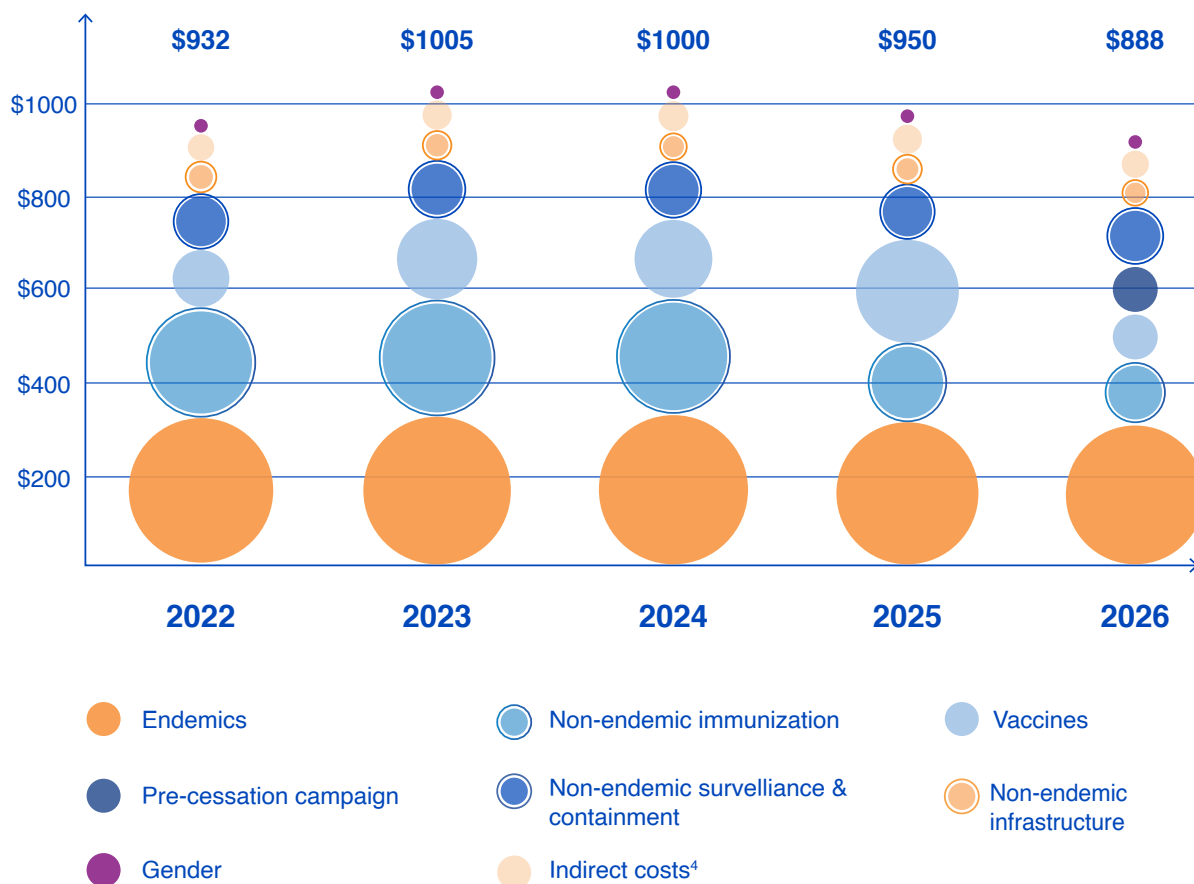
² Angola, Cameroon, Chad, Ethiopia, Guinea, Kenya, Niger, Nigeria, South Sudan

³ Angola, Cameroon, Chad, DR 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. To this end, approximately half of GPEI's annual funding is directed to endemic countries and immunization in non-endemic countries, nearly one-third of the budget will go to vaccine procurement, and the remaining amount will fund gender strategy and activities, as well as surveillance and infrastructure in the 11 highest risk non-endemic countries one-third of the budget will go to vaccine procurement, and the remaining amount will fund gender strategy and activities, as well as surveillance and infrastructure in the 11 highest risk non-endemic countries.



⁴ Indirect Costs: The indirect overhead rates of implementing agencies planned at 7.4%.



APPENDIX B: CATEGORY DEFINITIONS

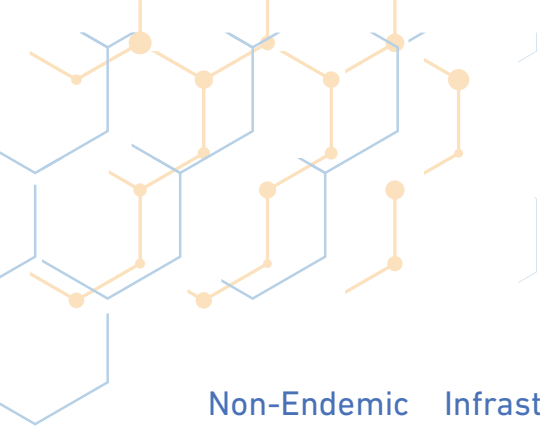
Endemics: The cost to deliver preventative OPV campaigns including procuring vaccine, delivery (microplanning, training, allowances for field personnel, transport, logistics, supervision monitoring, evaluation and general operating expenses), surveillance (traditional AFP⁵ & environmental), integrated health and community-based immunization activities, core community engagement communications and social mobilisation 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 influencers, the training of health workers, and social mobilizers and the mobilization of civil society.), and technical assistance (staff and consultants).

Non-Endemic Immunization: The costs to implement planned integrated (multiantigen, typically measles) campaigns and dedicated supplementary immunization activities (SIAs) including procuring vaccine, delivery, community engagement communications, influencers, and social mobilization activities. The costs associated with emergency response campaigns, case investigations, and other interventions undertaken as part of outbreak response.

Non-Endemic Surveillance & Containment: 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, containment planning and management.

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

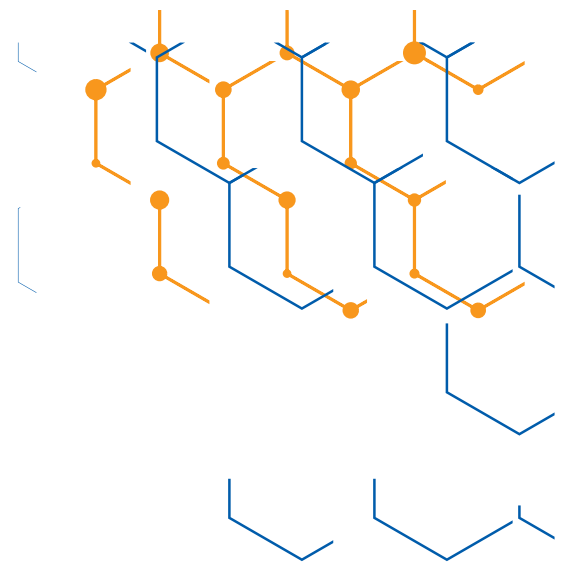
⁵ acute flaccid paralysis



Non-Endemic Infrastructure: 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. 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

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 in endemic countries, impact evaluations, training courses both for senior management and GPEI staff and support to endemic countries through technical assistance. These activities will be further defined by the GPEI Gender workplan which will be overseen by the Gender Mainstreaming Group. Performance tracking will demonstrate the value of this investment.

Pre-Cessation Campaigns: The estimated cost of additional immunization activities (vaccine and delivery costs) to boost population immunity prior to OPV cessation.



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