

Proposed programme budget 2020–2021

Budgetary aspects of poliomyelitis eradication and transition

1. The present document responds to questions raised in January 2019 by the Executive Board and its Programme, Budget and Administration Committee about the new five-year strategy and budget of the Global Polio Eradication Initiative covering the period 2019–2023, their place in the WHO Programme budget 2020–2021 and in the investment case for the Thirteenth General Programme of Work, 2019–2023 (GPW 13) and their relation to WHO's Strategic Action Plan on Polio Transition 2018–2023.¹

What is poliomyelitis transition?

2. For more than 30 years, the Global Polio Eradication Initiative has financially supported the WHO global programme for the eradication of poliomyelitis (polio). When the eradication of polio is eventually declared, funding by the Initiative will end. Many countries have benefited from continuous support from the Initiative going beyond polio, in the areas of immunization, non-polio surveillance, laboratory services and emergency response to outbreaks. Polio transition is a process to sustain and mainstream these critical functions post-eradication, not only to sustain a polio-free world, but to continue strengthening immunization systems and emergency preparedness, detection and response capacities, especially in countries with vulnerable populations and weak health systems.

3. The polio transition process involves defining and costing essential polio-supported activities and making plans to transfer them to other domestic or external sources of support before or at the point when polio is eradicated and Initiative financing ends. The essential public health functions necessary to achieve and sustain polio eradication include far-reaching surveillance and immunization systems and outbreak detection and response capacities. Besides maintaining a polio-free world, keeping polio-funded core infrastructure intact will bring broader public health gains, such as increased immunization coverage and integrated disease surveillance.

4. Recognizing that core functions supported by the Initiative are essential to sustain a polio-free world, WHO has taken two critical steps to preserve them. First, it has developed the Strategic Action Plan on Polio Transition 2018–2023,² which supports countries in developing national plans that serve as road maps for sustainability, with core capabilities defined and costed. Second, WHO has moved part of the cost of essential public health functions supported by the Initiative in the national strategic action plans to its base Programme budget, amounting to US\$ 227 million in 2020–2021 and a total of US\$ 667 million by 2023. This action reflects WHO's commitment to ongoing support for critical core public health functions that are currently financed by the Initiative.

¹ See the summary records of the Executive Board at its 144th session, third meeting, section 2 and fourth meeting.

² See document A71/9.

Global Polio Eradication Initiative budget 2019–2023 in relation to GPW 13 and the Proposed programme budget 2020–2021

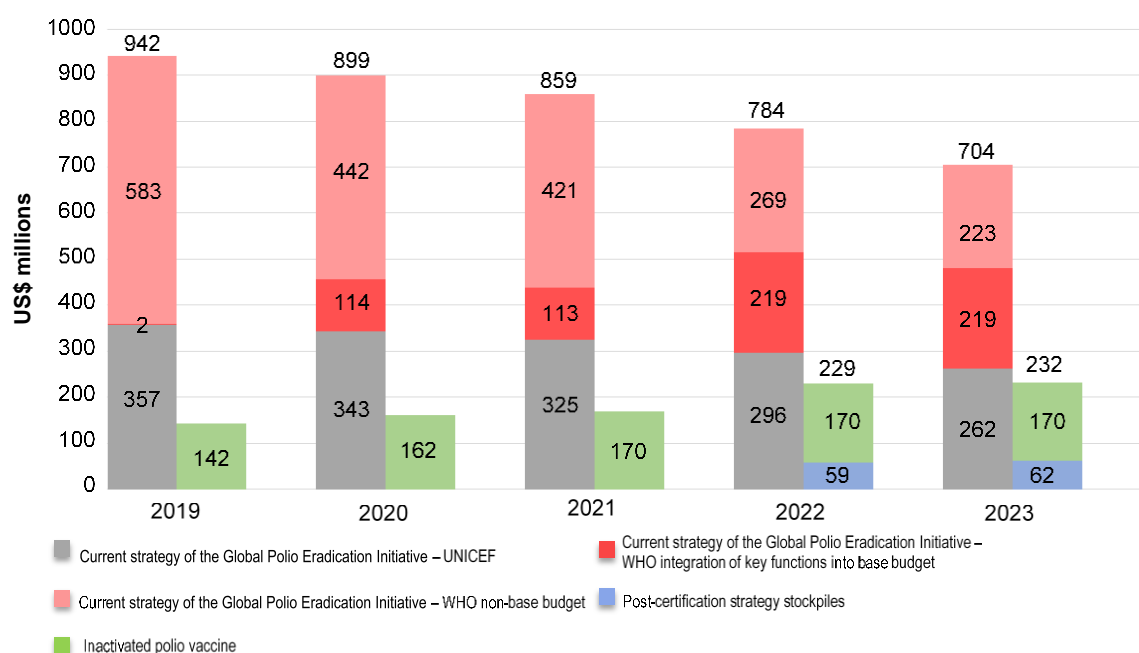
5. The WHO investment case to support GPW 13 includes the sum of US\$ 1.2 billion for polio eradication and US\$ 667 million for polio transition.¹ These figures were based on the expectation that transmission of wild poliovirus would be interrupted in 2018 and that the world would be certified polio-free in 2021. When transmission of the poliovirus was not stopped in 2018, the Initiative's Polio Oversight Board adopted a new budget for the Initiative in September 2018 that extended the polio eradication programme until 2023, with a five-year budget (from 2019) of US\$ 4.2 billion (for all partners).

6. The WHO portion of the new budget for the Initiative is US\$ 2.6 billion, excluding pre-certification costs – an increase of US\$ 738 million from the combined figure for polio and polio transition in the investment case for GPW 13. The effect of the Initiative's extension of the polio eradication programme on the Proposed programme budget 2020–2021 is an increase of US\$ 163 million, all in the non-base portion of the budget. Significantly, the Initiative's budget subsumes both the base and non-base portion of the WHO Proposed programme budget, since activities within the WHO base programme are also part of the overall Initiative budget and strategy for 2019–2023. Moreover, the Initiative has committed to fundraising for all these resources.

Overall cost of achieving and sustaining polio eradication

7. The five-year Initiative budget of US\$ 4.2 billion for the period 2019–2023 is represented in the Figure below by the pink and grey bars (representing, respectively, WHO and UNICEF, which are the Initiative's two implementing partners). The green bar shows additional, non-Initiative outlays integral to achieving and sustaining eradication that are costed in the new polio strategy. These are made up of two components. The first is the cost of inactivated polio vaccine (IPV), estimated at US\$ 814 million between 2019 and 2023, which Gavi, the Vaccine Alliance will fund through core resources in 2019 and 2020 and continue to support until 2025, subject to the availability of funding and alignment with the parameters in Gavi's next strategic period.. The second component, starting in 2022, is the one-time cost of US\$ 121 million to ensure that oral polio vaccine (OPV) stockpiles are in place for use post-certification. Together, the Initiative, IPV and OPV outlays bring the overall cost of achieving and sustaining polio eradication to US\$ 5.1 billion.

¹ Together with an estimated US\$ 420 million in one-time post-certification costs that falls outside the Initiative, now revised downward to US\$ 162 million as shown in the Figure.

Figure. Global Polio Eradication Initiative budget, 2019–2023, (US\$ million)

Funding of polio transition

8. Within the pink bar representing WHO is a darker segment that shows the shift of polio-supported costs for essential functions to the WHO base budget: US\$ 227 million for the biennium 2020–2021¹ and US\$ 667 million total until 2023, as stated above. The increase in 2022–2023 is because endemic countries and regions will shift from polio-centric activities to developing and implementing national plans to sustain core functions in 2022, after the expected interruption of wild poliovirus. Of the base budget requirement of US\$ 227 million in 2020–2021, domestic funding of approximately US\$ 52 million is foreseen, which would reduce the fundraising requirement to US\$ 175 million for transitional activities for the biennium. It is also expected that countries will gradually reduce their reliance on Initiative support over the next four years as transition plans are implemented and alternative, sustainable sources of support are found.

¹ As requested during the Executive Board discussions in January 2019, a budget breakdown by country and by essential function for 2020–2021 is provided in the Annex to the present document. These are initial draft figures within the total envelope of US\$ 227 million based on the initial transitional plans. The plans will be revisited during the operational planning that is due to take place after the World Health Assembly, and the exact budget breakdown within the US\$ 227 million envelope will be defined.

Avoiding potential duplication between the Initiative and WHO budgets

9. Member States have requested guarantees from both the Initiative and WHO that there is no potential duplication between their polio transition budgets.

10. The WHO budget for polio for the 2020–2021 biennium is US\$ 1090 million. That overall figure includes US\$ 227 million that is also part of the WHO base budget for the next biennium. The amount within the base is the cost supported by polio funding of essential public health core capacities – surveillance, immunization and emergency response – that will become embedded in base programmes with links to the broader universal health coverage agenda.

11. For now, these essential functions continue to be supported by the Initiative and remain reflected in the polio budget for 2020–2021 and nowhere else in the WHO budget. The results structure of the Proposed programme budget 2020–2021 includes a specific output (2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative) where both polio budgets (base and non-base) will be accounted for to avoid duplication and allow clarity and transparency of the budget and funding.

12. Over time, as the previously polio-funded functions move into other WHO base programmes, the budgets for the recipient programmes will increase and the polio budget will decrease. If these core functions find support from domestic sources, there are two possible scenarios:

- if the host government takes over responsibility for the implementation of these core functions, the WHO budget will decrease by the corresponding amount;
- alternatively, if WHO is requested to continue to implement the core functions, the domestic funding will be considered as a contribution to the WHO base budget and the funding request to other donors will be reduced by the corresponding domestic contribution.

13. As regards financing, as long as the functions are budgeted for within the polio programme, the Initiative will continue to raise funds to sustain them. When they become the responsibility of other programmes within the WHO base budget, those programmes will seek alternative ongoing sources of support.

Where is polio transition leading us?

14. The ultimate goals are clear:

1. Sustain a polio-free world after eradication of poliovirus.
2. Strengthen immunization systems, including surveillance for vaccine-preventable diseases, to achieve the goals of the WHO Global Vaccine Action Plan.
3. Strengthen emergency preparedness, detection and response capacity in countries in order to implement in full the International Health Regulations (2005).

15. Within this approach, there is a concept of a strengthened Expanded Programme on Immunization, with sustainable funding support to meet post-polio requirements. Additionally, during the implementation phase of the Strategic Action Plan on Polio Transition, there is a concept of

improving health outcomes by combining various programmes and financial resources for polio, the WHO Health Emergencies Programme and primary health care at subnational level in countries.

Polio eradication and transition at a glance

- The Global Polio Eradication Initiative/polio eradication programme has been extended until 2023.
- The programme is funded until the end of 2019; thereafter, new resources must be mobilized.
- From 2020, if Initiative funding is reduced, priority will be given to: (1) endemic countries; (2) outbreak countries; (3) highest-risk, most vulnerable countries (as per Initiative Risk Assessment Task Team ratings – see also Annex for budget breakdown by risk rating).
- For all other countries in transition due to receive polio funding, maintaining surveillance capacity – staff, operations and laboratory services – and outbreak detection and response capacity are the priorities.

Transition planning and implementation

- Transition planning should continue uninterrupted, despite the Initiative's extension.
- There is a no clear break between the end of polio eradication and the beginning of transition; the process is ongoing, and in many countries transition and eradication overlap.

What happens if there is a funding gap caused by insufficient funding from the Initiative and domestic sources?

- The move to WHO's base budget is an indication of an ongoing commitment and gives an assurance of ongoing support.
- While the Initiative will budget for and finance (if possible) the continuation of the most polio-essential functions, non-endemic, non-outbreak countries should prepare to cofinance transition plans and core activities as early as 2020.
- In fragile countries where domestic cofinancing may not be feasible, the Initiative has committed itself to prioritizing the required financial resources during the biennium 2020–2021.
- In the meantime, transitioning countries can use Initiative funding to reorient their polio-supported activities in accordance with their transition plans, **provided that polio-essential functions necessary for certification are not weakened.**
- Transition plans can also serve as an advocacy tool – an investment case with a road map – to attract new, external sources of support.
- If Initiative and domestic funding does not fully cover the base budget of US\$ 227 million for polio transition for the biennium 2020–2021, then the gap will be filled at the appropriate time through a combination of other contributions to the base budget as well as, where possible, rationalization of the budget to remove lower-priority activities.

16. Examples of polio assets and infrastructure that can contribute to overall systems strengthening:

- expertise and lessons learned from the polio sector's extensive experience with supplementary immunization activities can be used to strengthen broader immunization aims;
- the Initiative's network of coordinating mechanisms and advocacy bodies at the national level – emergency operations centres, presidential task forces, etc. – can all be leveraged to support non-polio emergency response;
- skills and expertise present in the polio sector can benefit many programmes: identifying and reaching high-risk populations; local capacity-building to target chronically unreached children; microplanning; using data and evidence to drive programmatic decisions; and applying robust monitoring and supportive supervision systems for programme quality;
- sensitive poliovirus surveillance can be sustained through integration with comprehensive vaccine-preventable disease and communicable disease surveillance systems;
- the Initiative's significant operational presence on the ground in countries offers ready-made local knowledge and contacts that will make a significant contribution to outbreak and emergency responses.

ANNEX

**COSTS OF ESSENTIAL FUNCTIONS TO BE INTEGRATED INTO
NATIONAL HEALTH STRUCTURES AND WHO**

Major office	Risk rating ^a	Essential functions	Proposed programme budget 2020–2021 (US\$)
Africa	High-risk countries	Surveillance and laboratory	14 743 750
		Core functions and infrastructure	10 490 076
		Total	25 233 826
	Medium-risk countries	Surveillance and laboratory	20 986 731
		Core functions and infrastructure	13 761 004
		Total	34 747 735
	Low-risk countries	Surveillance and laboratory	8 722 908
		Core functions and infrastructure	7 910 697
		Total	16 633 605
	Total – countries		76 615 166
	Total – Regional Office		13 725 556
Total – Africa			90 340 722
South-East Asia	Medium-risk countries	Surveillance and laboratory	40 523 456
		Core functions and infrastructure	18 395 325
		Total	58 918 781
	Low-risk countries	Surveillance and laboratory	7 174 000
		Core functions and infrastructure	0
		Total	7 174 000
	Total – countries		66 092 781
	Total – Regional Office		3 816 710
Total – South-East Asia			69 909 491

Major office	Risk rating ^a	Essential functions	Proposed programme budget 2020–2021 (US\$)
Eastern Mediterranean	High-risk countries	Surveillance and laboratory	12 343 514
		Core functions and infrastructure	3 278 777
		Total	15 622 291
	Medium-risk countries	Surveillance and laboratory	6 254 189
		Core functions and infrastructure	0
		Total	6 254 189
	Low-risk countries	Surveillance and laboratory	3 842 116
		Core functions and infrastructure	0
		Total	3 842 116
	Total – countries		25 718 596
	Total – Regional Office ^b		0
Total – Eastern Mediterranean			25 718 596
The Americas	Total – countries		0
	Total – Regional Office		938 000
TOTAL – The Americas			938 000
Europe	Total – countries		267 000
	Total – Regional Office		2 202 000
TOTAL – Europe			2 469 000
Western Pacific	Total – countries		0
	Total – Regional Office		2 083 000
Total – Western Pacific			2 083 000
Headquarters			35 898 000
GRAND TOTAL			227 356 809

^a Risk Assessment Task Team ratings.

^b The focus of the Regional Office for the Eastern Mediterranean is on eradication, hence no transition costs in the biennium 2020–2021.

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