

Polio eradication and Endgame strategy

IPV introduction Strategy and Status

Polio Partners Meeting

Geneva

4 November 2013



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Why introduce at least one dose of IPV prior to the tOPV-bOPV switch?

- **Risk mitigation strategy** : Reduce risks associated with withdrawal of type 2 OPV
 - Lower risk of re-emergence of type 2 polioviruses (cVDPV and WPV) once type 2 is withdrawn
- **Facilitate interruption of transmission** if type 2 outbreaks occur— population would be primed
- **Boost immunity** against types poliovirus 1 & 3 thus hastening polio eradication

DRAFT SAGE WG RECOMMENDATIONS

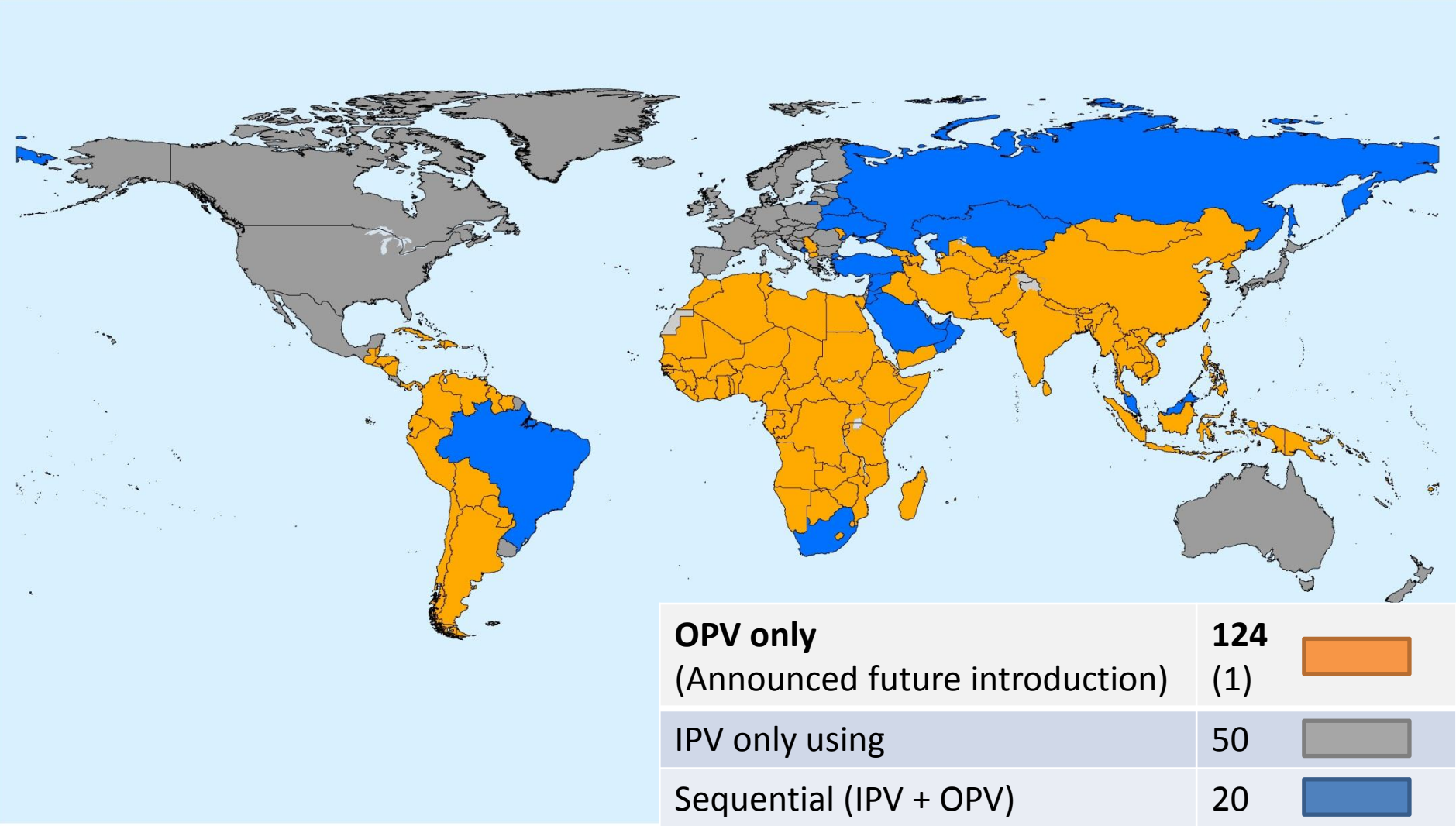
- **All countries should introduce at least one dose of IPV** into their immunization schedules by the end of 2015.
- OPV-only using countries which are introducing one dose of IPV, **IPV should be administered in addition to the 3-4 doses of OPV in the primary series.**
- The IPV dose should be **administered during the immunization contact at or after 14 weeks.**
- Example timing of the IPV dose is as follows:
 - 6, 10, 14 weeks or 2, 3, 4 months schedule: add IPV dose at the DPT3/OPV3 contact;
 - 2, 4, 6 months schedule: add IPV dose at the DPT3-OPV3 contact (although the DPT2-OPV2 can be considered).
- SAGE is meeting tomorrow to finalize recommendations

STATUS OF IPV USING, OPV USING, AND COMBINED IMMUNIZATION

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Global use of IPV in primary immunization schedules

MAP DATE: 04 October 2013, Version 1.0



Map Scale (A3): 1:100,000,000

1 cm = 1,000 km

Coordinate System: GCS WGS 1984

Datum: WGS 1984

Units: Degree

Data Source:

Admin. Boundaries: World Health Organization

Base Map: ESRI





Map Production: Public Health Information

and Geographic Information Systems (GIS)

World Health Organization

Data as on

Legend:

-  Countries with only IPV in the Primary Immunization Schedule
-  Countries with both IPV and OPV in the primary immunization schedule
-  Countries with only OPV in the Primary Immunization Schedule
-  Countries that have announced they will introduce at least 1 dose of IPV

The boundaries and names shown and the designations used on this 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.

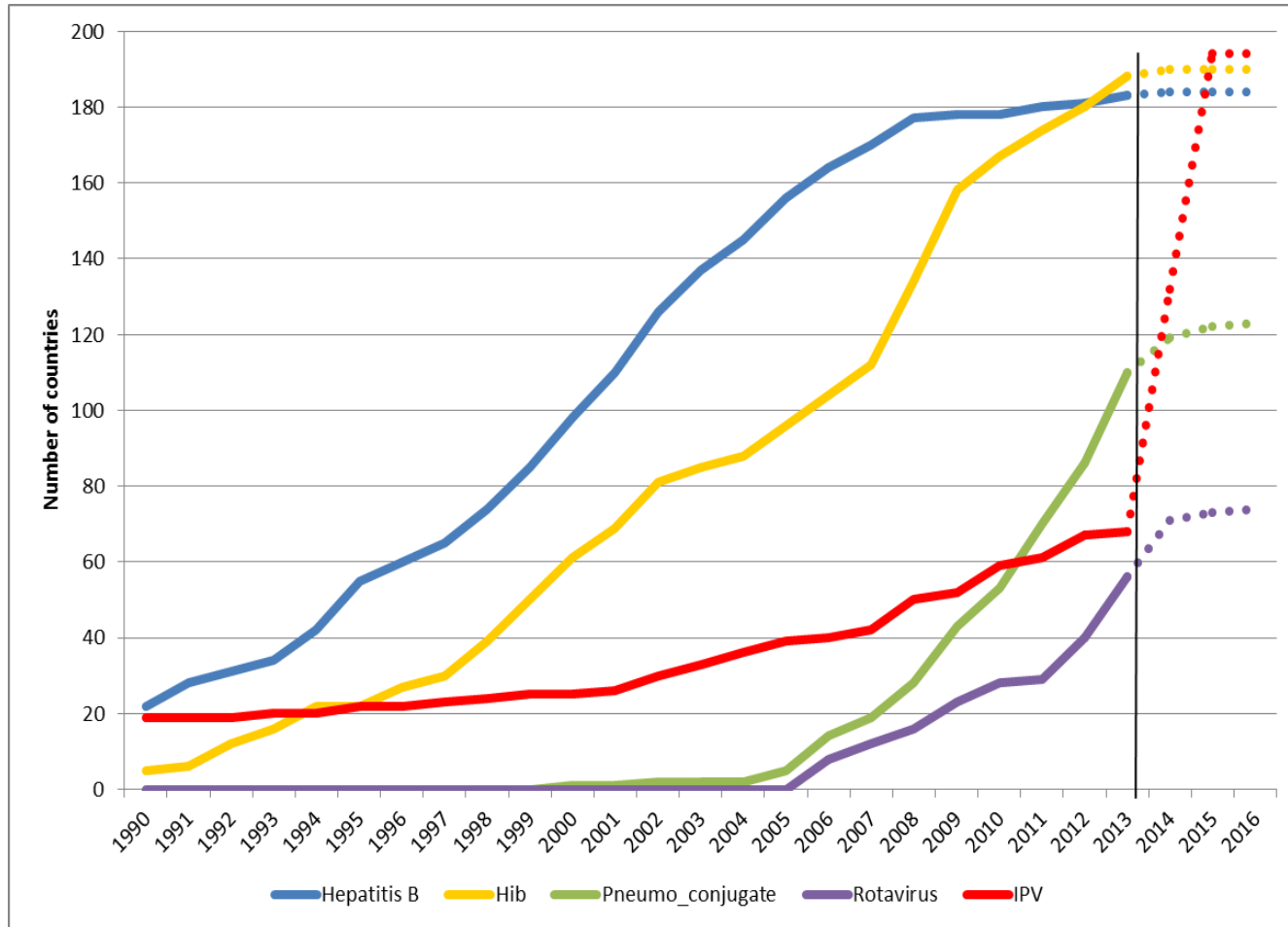
IPV introduction: Prioritizing efforts



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Immunization schedule uptake

overview 1991-2013 of introduction status and 2014-2016 projections



Source: WHO/IVB Database as at 18 October 2013

Date of slide: 18 October 2013

Understanding risk levels in countries

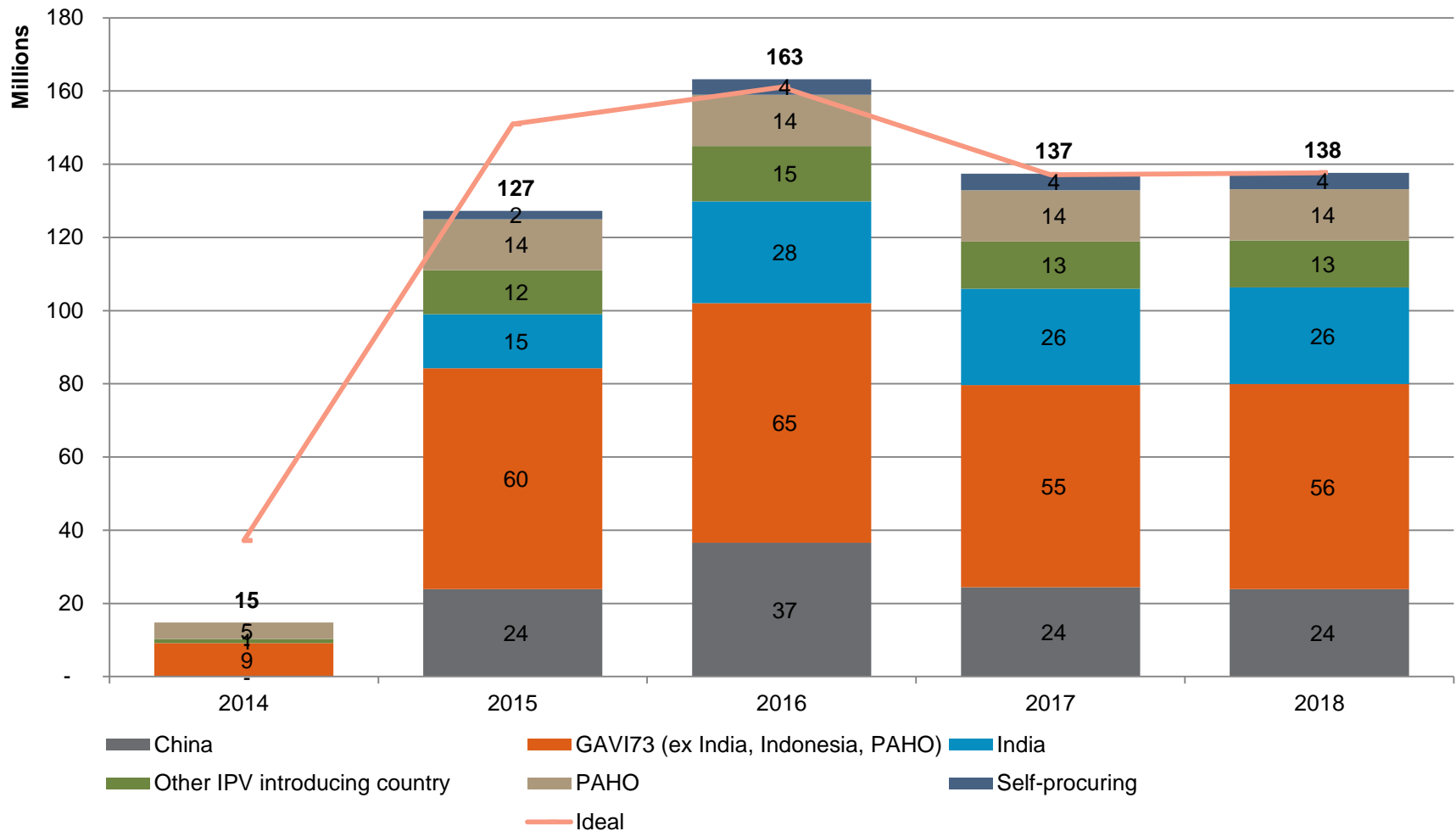
- Criteria established to identify countries at highest risk following type 2 OPV withdrawal
 - cVDPV2 outbreak
 - Importations
- Countries divided into ‘Tiers’ by risk level
 - Tiering represents the level of risk faced by the countries if IPV is not introduced prior to OPV cessation
 - Tiering of countries is not an ‘introduction schedule’ or ‘introduction prioritization list’.
 - Tiering used to prioritize technical assistance

IPV demand forecast and country readiness



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IPV Forecasts 2014-2018: 580m-624m doses



Assumptions :

124 Countries, 1 dose at DTP3; 5 and 10 dose vials (30% and 50% wastage)
 DTP3 coverage reached over one year /two years for large countries

Country readiness: work in progress

- **Regulatory and Policy environment**

- Mapping of existing IPV licenses in countries
- Analysis of OPV countries' licensing processes (Acceptance of PQ status, expedited review, other)
- Mapping of NITAG/ICC discussion status

- **Supply chain capacity**

- Assessment of impact on the cold chain at central and intermediate levels
- Development of mechanism to expedite upgrades

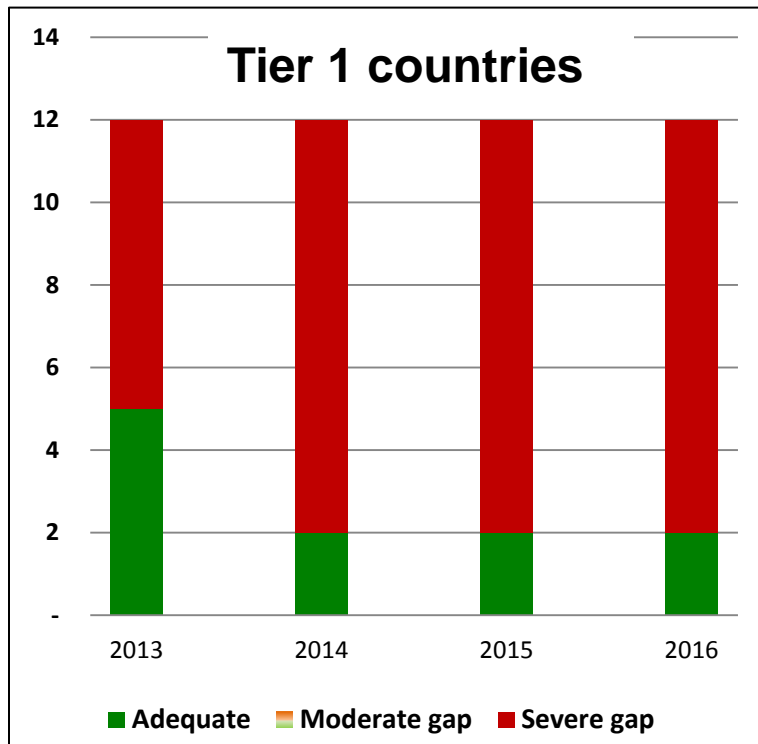
- **Ensure no negative impact on other vaccine introductions**

- Map status of plans for Rotavirus, PCV and HPV introductions
- Ensure synergies across introduction plans, inc. cold chain plans

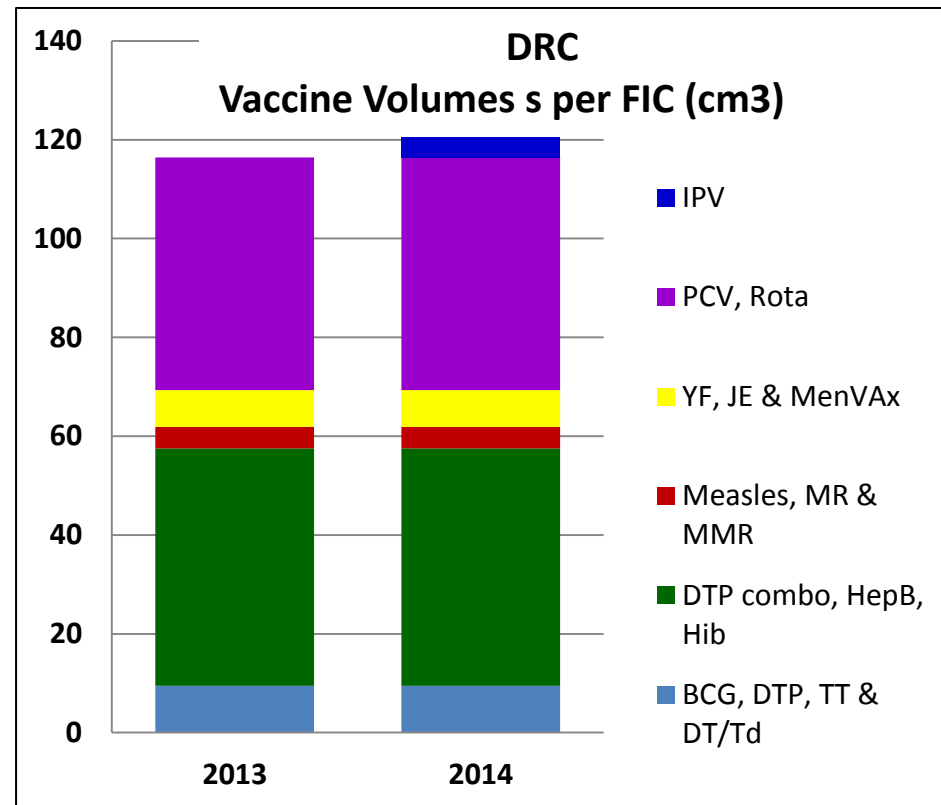
Cold Chain Capacity

IPV Impact on cold chain is limited, however:

- Countries' systems already stressed- there will not be space to introduce IPV and/or other new vaccines
- Introduction of IPV and other new vaccines is an opportunity to address issues and constraints



Primary store capacity



Dialogue with countries



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Regional updates

AFRO

- IPV in GAVI presentations at September Regional Committee, and discussed at TAG in Central Africa
- Briefing of WHO country office technical staff scheduled for Q1/2014
- Swaziland, Botswana possible 2014 introducers; Kenya, Rwanda possible pilots

WPRO

- June TAG discussions on IPV
- High level introduction plans requested from countries by Nov15th
- Philippines only 2014 introduction anticipated

EMRO

- Awaiting Information on financing mechanisms and pricing for non-GAVI countries before being able to proceed
- Tunisia, Morocco, Libya, Iraq indicated intent to introduce in 2014.
- Discussions planned during Regional TAG (21 November)

SEARO

- Funding support for operational costs and TA is a priority for moving forward
- Sri Lanka, Maldives could introduce in 2014

EURO

- Dedicated session on IPV and DTP combo held at NRA meeting
- Combination vaccines may be the preferred option for some countries
- Potential introductions in 2014 : Serbia, Macedonia, Moldova

PAHO

- TAG July discussions: Working Group formed
- Awaiting SAGE recommendations to move forward
- Clarity on price and financing mechanisms essential– 1 price for all countries requested
- Argentina and Peru have indicated intent to introduce in 2014.

Initial consultations with key countries

Country	Date	Occasion	Outcome
China	March + June	MOH special meeting + WPR TAG in Manila	Schedule options under discussion
India	August	ICMR Expert Committee	1 January 2015
Thailand	August	MOH special meeting	Sequential schedule in 2015
Indonesia	September	MOH special meeting	2015
Vietnam	September	MOH special meeting	2015

Letters to countries

- Letters provide update on IPV introduction support mechanisms and timelines
 - Letters with IPV updates sent by GAVI to eligible countries
- Request **input from countries on status of discussions on IPV introduction** by November 15th (GAVI countries)
- **Letter to all countries** from WHO DG, UNICEF ED and GAVI CEO planned for early December post GAVI-Board and SAGE recommendation, to also include information on support to non-GAV

Communication

[Immunization service delivery](#)

[Immunization systems and policy](#)

[Vaccines](#)

[Accelerated disease control](#)

[Linking with other interventions](#)

[Publications and media](#)

IPV Introduction and OPV2 Cessation



This site provides information on objective 2 of the [Polio Eradication and Endgame Strategic Plan](#). It contains the rationale for and resources related to the introduction of Inactivated Poliomyelitis Vaccine (IPV) and cessation of bivalent Oral Polio Vaccine (bOPV).

The site has 5 areas:

LEARN



Understand the rationale behind objective 2 including IPV introduction, OPV cessation and routine immunization strengthening.

PLAN



Plan for IPV introduction including scheduling and financing.

IMMUNIZE



About the Inactivated Poliovirus Vaccine (IPV) including presentation options and safety.

MONITOR



Access the repository to monitor the global status of IPV introduction.

TOOLBOX



Information pack and technical materials for IPV introduction.



[Immunization Home](#)

MEETINGS

[Regional Meetings & Key Events Related to Immunization](#)

June 2013

[↓ Link to list](#)
[pdf, 60kb](#)

[Global Measles and Rubella Laboratory Network Meeting](#)

24-26 June 2013

WHO Headquarters, Geneva

[Global New and Under-utilized Vaccine Introduction Surveillance Strategic Review Meeting](#)

16-20 September 2013

WHO Headquarters, Geneva

[SAGE Working Group on Measles and Rubella](#)

25-26 September 2013

WHO Headquarters, Geneva

GLOSSARY

[Link to IVB glossary](#)

CONTACTS

Financing strategy



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Financial support to countries

GAVI Alliance (Board Decision end November)

- Support to all 73 countries irrespective of coverage until 2014 (2018 review for graduating countries)
- Co-financing requirement waived
- Vaccine introduction grant of 0.80\$ per child

Other countries (under development)

- IPV Subsidies to reach more affordable levels for middle income countries
- Ideally through pooled procurement channels (i.e. UNICEF SD, PAHO RF)

Objective 2 Budget

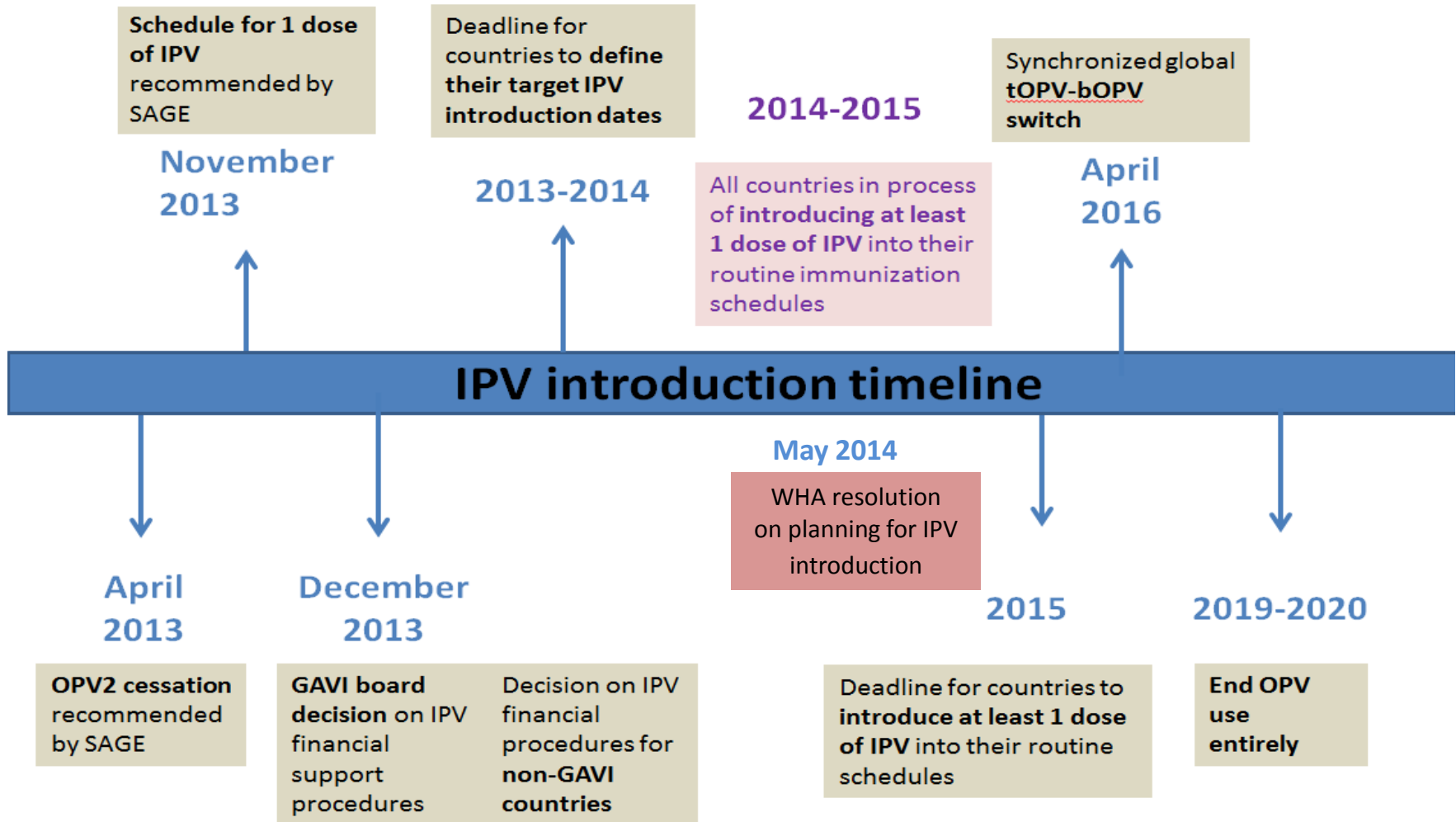
Initial estimates: \$328 million - \$449 million

- Vaccine price, vaccine subsidies, introduction grants and Technical Assistance for IPV implementation and RI strengthening
- Leveraging GAVI BP and existing WHO/UNICEF mechanisms and staff where relevant

Revision on-going at the request of GPEI/GAVI donors

- Refinements to target populations, vaccine wastage, speed of uptake and presentation options
- TA costs revised to reflect needs for switch to bOPV
- Development of cold chain and RI rapid funding pools to enable Endgame timelines
- Confirmation of levels of subsidies and mechanisms to support non-GAVI countries
- Possible 15%-25% increase over initial estimates

KEY DATES

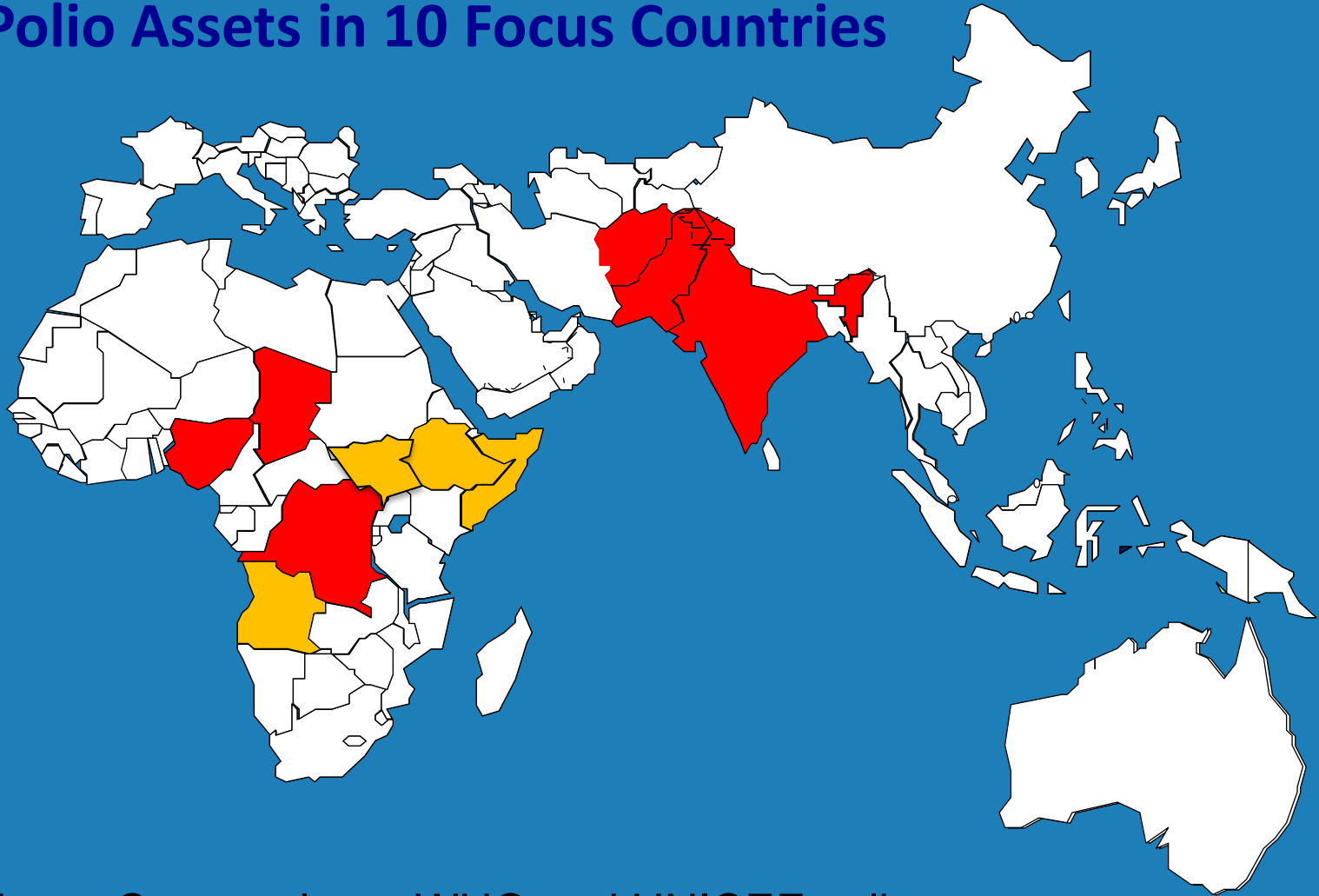




Strengthening Routine Immunization

Why is it important to strengthen routine immunization in the context of the Endgame?

- Achieve and maintain high population immunity against polioviruses, especially type 2 after OPV2 is withdrawn.
- Growing security risks for campaigns—especially for polio vaccines—make these strategies less attractive .
- Polio eradication expertise can contribute to the strengthening of routine immunization using existing mechanism of updating EPI workplans and cMYPs
 - National and micro Planning , including monitoring of indicators
 - Enhance delivery of vaccines through the use of the GPEI assets : human resources, tracking of target populations, training venues and systems, monitoring strategies for improving coverage and monitoring and evaluation efforts.
 - Focus on country priorities, capacity, opportunities

Polio Endgame: Strengthen Routing Immunization (RI) using Polio Assets in 10 Focus Countries



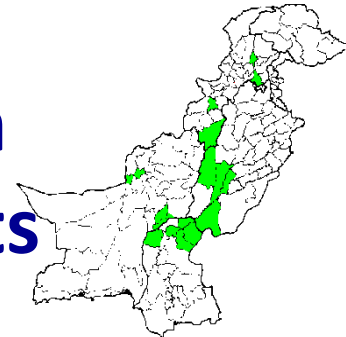
-  Focus Country, large WHO and UNICEF polio teams
-  Focus country, large WHO polio teams



Key RI Indicators for focus countries

1. Develop annual national immunization coverage improvement plans in at least 5 priority countries by 2013 (CORE indicator per Polio Endgame Strategy)
2. Dedicate >50% of WHO/UNICEF polio funded field staff time to immunization strengthening tasks by 2014 (CORE)
3. Increase DPT3 coverage by 10% per year in high risk districts in at least 5 priority countries with coverage improvement plans by 2014 (CORE)
4. Monitor immunization session conducted versus planned (proposed ADDITIONAL indicator)

Using Polio assets to strengthen RI in Pakistan: Focus on 16 selected districts



Polio Asset	RI strengthening activities
Policy & Strategy	RI strengthening implementation and monitoring indicators in <i>Polio National Emergency Action Plan</i>
Planning	16 districts have Union Council integrated microplans
Management	District Task Force oversight (by Dec 2013)
M&E	UCs monitor 3 immunization session per week and report 7 basic findings (session held, all vaccines available etc..)
Communications	Integrated IEC materials: polio, RI, Health Promo
Capacity Building	Training & briefing of WHO & UNICEF staff (Sept 2013)

Thank you | Merci

For more information:

http://www.who.int/immunization_delivery/adc/inactivated_polio_vaccine/en/index.html



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