



Objective 2

**Strengthening Routine Immunization,
IPV introduction and the tOPV-bOPV
switch**



Polio Partners Group meeting
Geneva 8 December 2014

Michel Zaffran
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On behalf of the Immunization Systems Management Group

January 2013: 68 Countries were using IPV



0 850 1,700 2,400 Kilometers

-  Countries using IPV in January 2013 (68 countries, 35%)
-  Not applicable

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 lines on maps represent approximate border lines for which there may not yet be full agreement.

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Data of slide: 10 November 2014

Map production: Immunization Vaccines and Biologicals, (IVB), World Health Organization

Main activities since September 2013 meeting

IMG workplan implementation on track

- Continued strong collaboration amongst partners, inc. joint chairing of groups by WHO/Gavi, WHO/UNICEF etc.
- Working groups focusing on specific and emerging issues: Communication, Licensing, Prioritization of vaccine supply, switch to bOPV ...

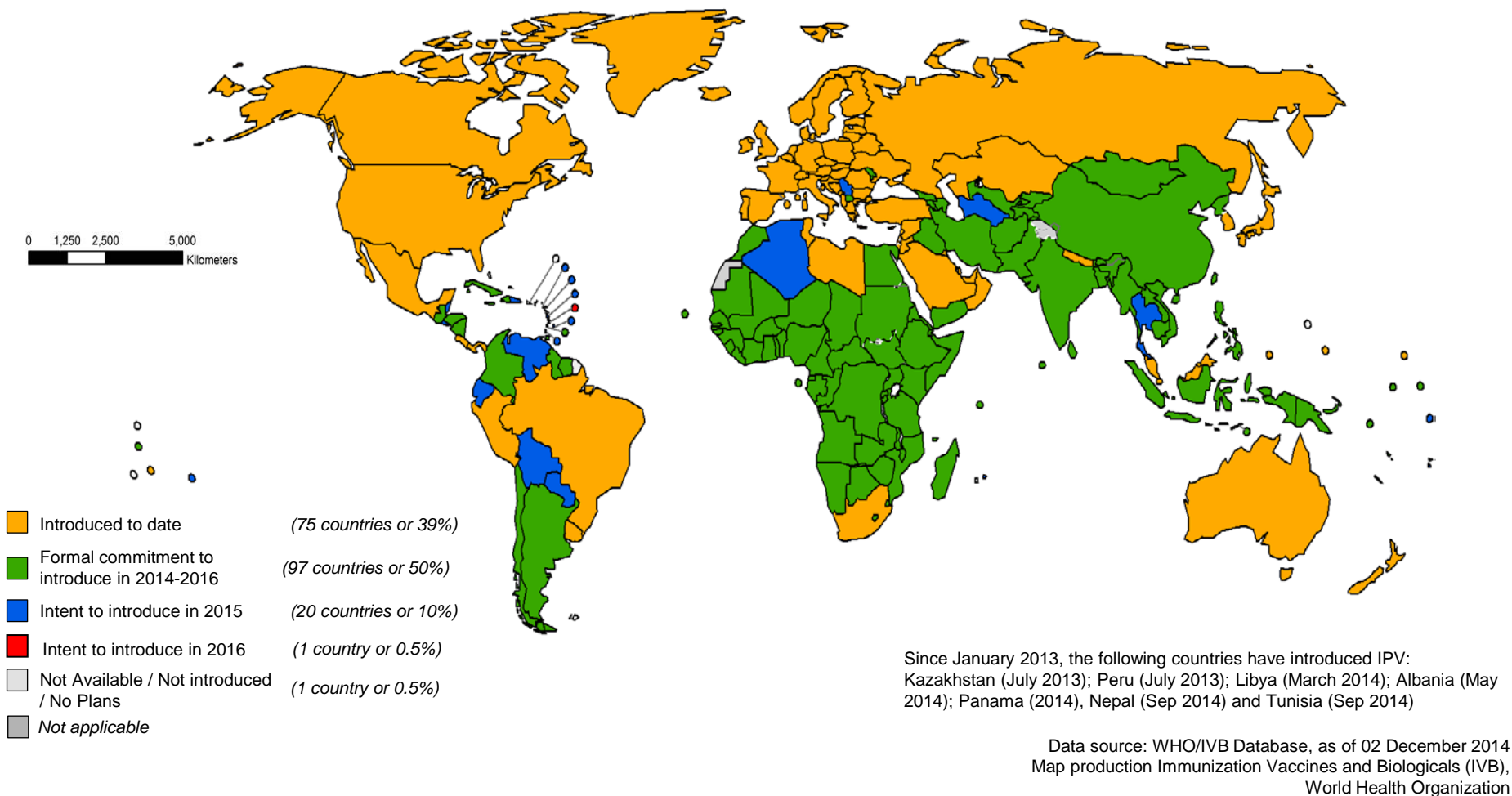
High level communication to countries conducted

- Joint letter by WHO/DG, EXD UNICEF and GAVI CEO to all Ministers of Health
- Strong support from WHO/UNICEF regional directors and country representatives
- Streamlined Gavi processes and country application reviews (67/73 in 2014)

Cadre of consultants trained, made available to support countries

- Global workshop (CDC); Regional workshops (AFRO , Francophone and Anglophone)
- Regional briefings at all EPI managers meetings
- Regional based technical assistance for applications, procurement, planning to all countries (Gavi & non-Gavi)

December 2014: 75 countries are using IPV and 97 countries have made a formal decision to introduce



A few remaining challenges

Delays in some high-impact countries and MICs

- Some introduction timeframes remain uncertain (i.e. China, India, Thailand)

Tight IPV supply situation and limited number of presentations

- Bilthoven Biologicals: 1 and 5 dose vials
- Sanofi Pasteur: 10 dose vials

Programmatic issues

- 28-day application of the WHO Multi-Dose Vial Policy for IPV
- Concerns about acceptability of multiple injections at one visit

Preparing for the OPV type 2 withdraw: 5 Readiness Criteria and a trigger

1. **IPV:** Introduction of at least one dose of inactivated poliovirus vaccine
2. **bOPV:**
 - Sufficient production capacity world wide
 - Need to be licensed for use in Routine in 145 countries
 - WHA resolution to request that countries authorize use on the basis of WHO prequalification
3. **Surveillance and Stockpile:**
 - Response protocols endorsed by SAGE;
 - Stockpile of monovalent oral polio vaccine type 2 (500 million in bulk and 100 million in vials) being established
 - SOP for use endorsed by SAGE
4. **Containment:**
 - Plan revised (GAPIII) for the Phase 1 of poliovirus containment activities, with appropriate handling of residual type 2 materials;
5. **Verification:** Verification of global eradication of wild poliovirus type 2
 - planned for Q1 /2015 with meeting of Global Certification Committee .

Progress
reviewed
by WHA
May 2015

Trigger for setting a date for the withdrawal of type 2 OPV

- **Absence of all persistent circulating vaccine-derived type 2 polioviruses for at least six months.**

Assessed by SAGE in September 2015

Preparing for the OPV type 2 withdraw: 5 Readiness Criteria and a trigger

IF, by end September 2015

the 5 readiness criteria are on track

and

the trigger is achieved

**SAGE will recommend that the Switch proceeds
in April 2016**

POLIO ERADICATION

High immunization coverage is essential to achieving the goals of the polio endgame. In this Plan, the GPEI commits to working with immunization partners to strengthen immunization systems.

**Polio Eradication & Endgame
Strategic Plan 2013-2018**

Monitoring Framework

Annual EPI Plan

Use of polio funded personnel for RI

System or Process Indicators

Core coverage data nationally and by district



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Annual EPI plan

Annual EPI Plan

Annual national immunization plans describing how polio assets contribute to broad immunization goals

1. Comprehensive annual plan with SMART objectives
2. Activities to reach all districts and communities, in particular in high risk districts
3. Roles and contributions of Polio-funded assets defined
4. Fully costed
5. Endorsement by the Government and the Inter Agency Coordination Committee



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Annual EPI plan

Country	Use of Polio assets (varying extents)	Annual EPI plan meeting 5 criteria
Afghanistan	✓	60%
Angola	✓	100%
Chad	✓	100%
DRC	✓	80%
Ethiopia	✓	80%
India	✓	100%
Nigeria	✓	100%
Pakistan	-	0%
Somalia	✓	40%
South Sudan	-	0%

Use of Polio Funded Personnel for RI

Use of polio funded personnel for RI

Documentation (qualitative/quantitative)

- Number and % of GPEI staff trained in RI
- Number and % of GPEI staff with RI in their ToR
- Accountability framework
- What activities by whom, where and when?

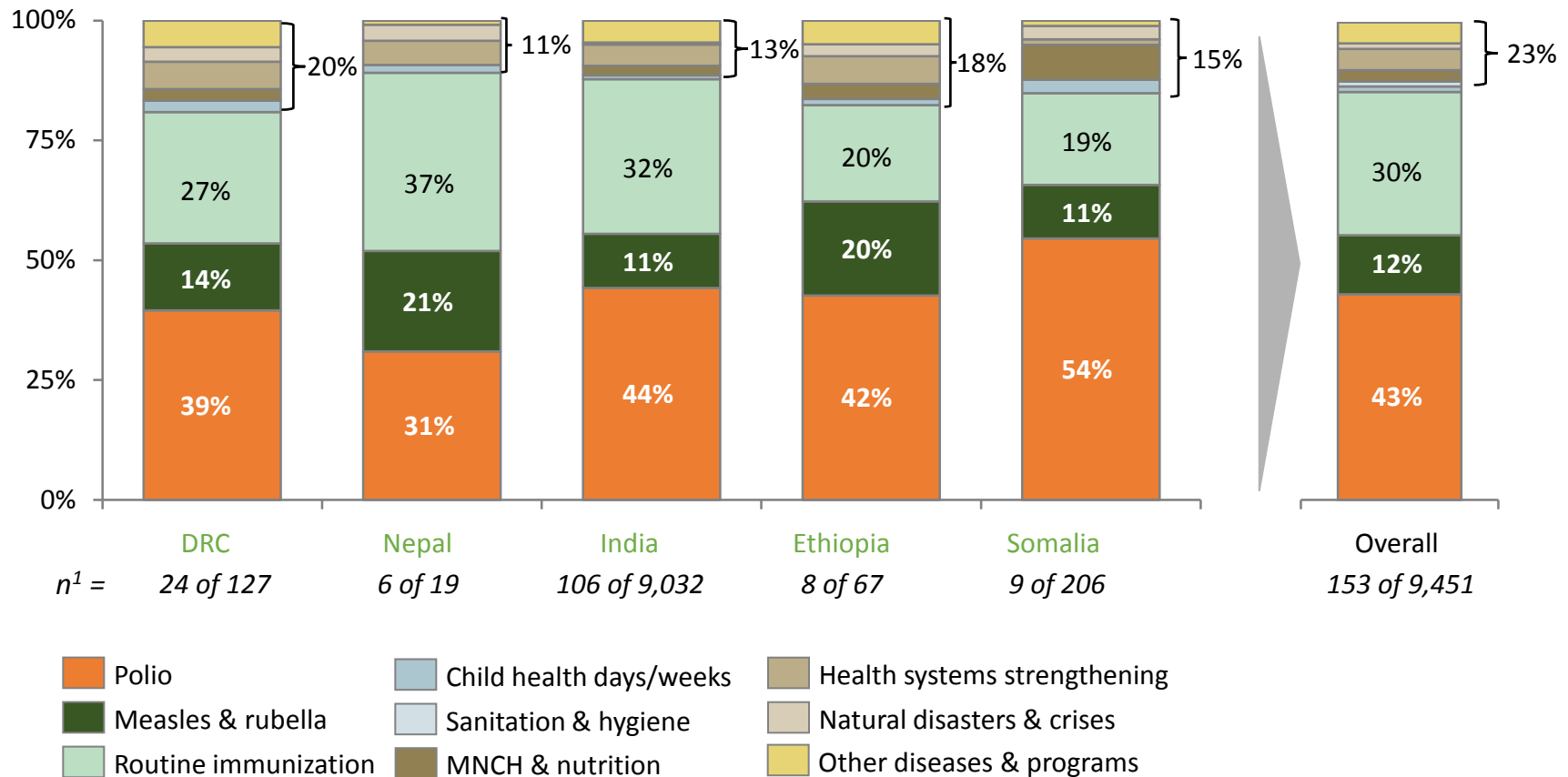


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57% polio funded personnel-time spent on other activities than Polio

Estimated time allocation of polio workers by country



1. Eligible population excludes assistants, secretaries, drivers, clerks, back office support (e.g. HR, finance, IT), and Rotary volunteers

Source: Polio Legacy Survey

Immunization System and DTP3 Coverage

System or Process Indicators

- **Micro-plans**
- **Cold chain working**
- **Stock outs**
- **% sessions held**
- **HF reporting**
- **Supervision**

National and district coverage data

- **List High Risk Districts + target pop**
- **DTP3 coverage**
- **# children receiving DTP3**
- **# and % children who have not received DTP3**
- **DTP1-DTP3 dropouts**
- **Completeness of reporting**



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DRC – Reaching Every District

Jan – Aug 2013

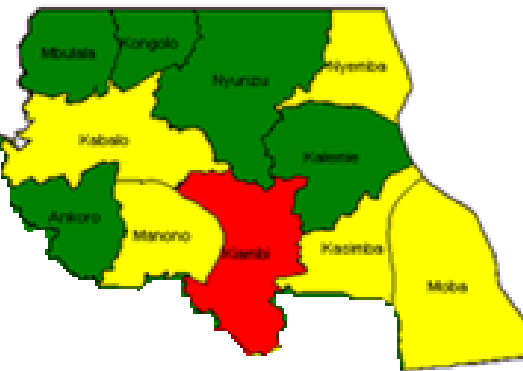


Aru

Jan – Aug 2014



Kalemie



Reaching Every District Approach in High Risk Polio Areas

- micro planning with community involvement
- Capacity building through regular supervision
- Ensure availability of vaccines, supplies and working cold chain
- Outreach activities to remote areas
- Improvement of data quality
- Community mobilization using interpersonal communication

Extension to 15 high risk antennas:
US\$ 4.5m

	CV Pentavalent 3 > 80%
	50% > CV Pentavalent 3 > 79%
	50% < CV Pentavalent 3



EPI

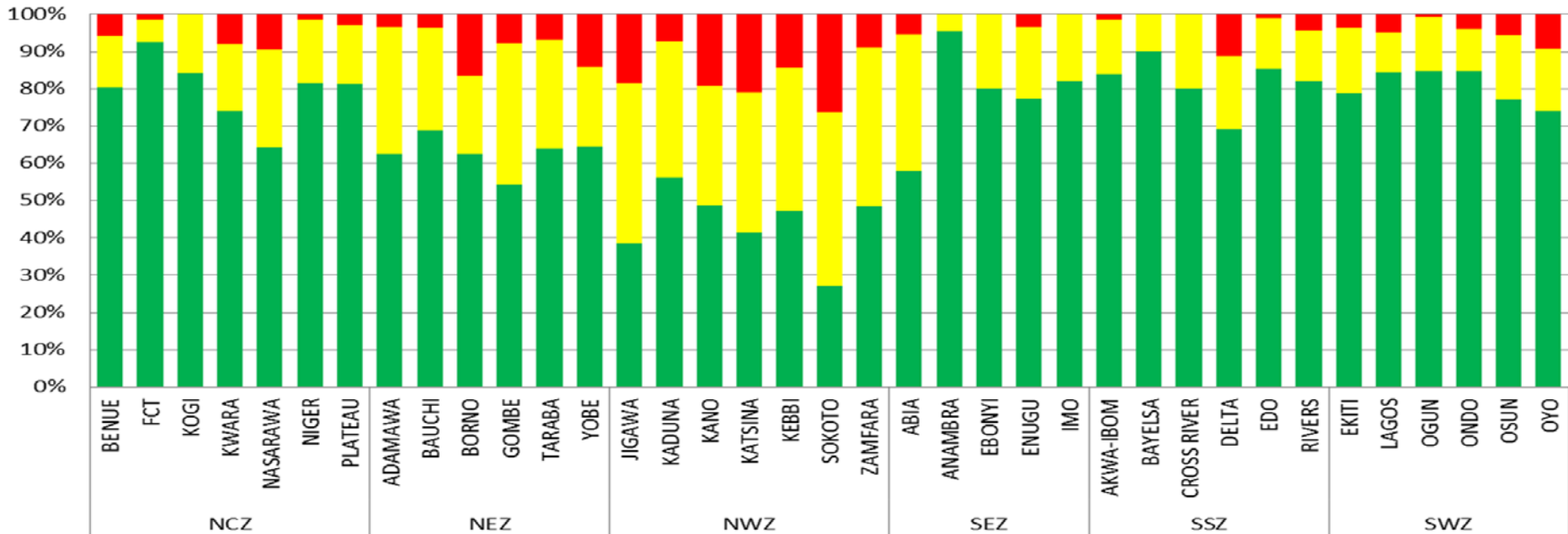
POLIO GLOBAL ERADICATION INITIATIVE

Nigeria: Real-time Tracking of Supervision

Number of visits with SMS data transmission

NRTRIS: Immunization status of children <12 months sampled in communities during supportive supervision - October 2014
Data by Zones & States

■ Child fully or appropriately immunized (FI) ■ Child Partially Immunized (PI) ■ Child Not Immunized (NI)



NRTRIS Database : October 2014; n=999

THANK YOU ! MERCI !



For more information:

http://www.who.int/immunization/diseases/poliomyelitis/inactivated_polio_vaccine/en/