



Switch countdown:  
**5** days until the globally  
synchronized withdrawal of  
type 2 OPV

Diana Chang Blanc *on behalf of the IMG*  
SAGE | Geneva, CICG | April 2016

# Endgame Plan Objectives, 2013-18

1. Poliovirus detection & interruption
- 2. OPV2 withdrawal, IPV introduction, immunization system strengthening**
3. Containment & Global Certification
4. Legacy Planning

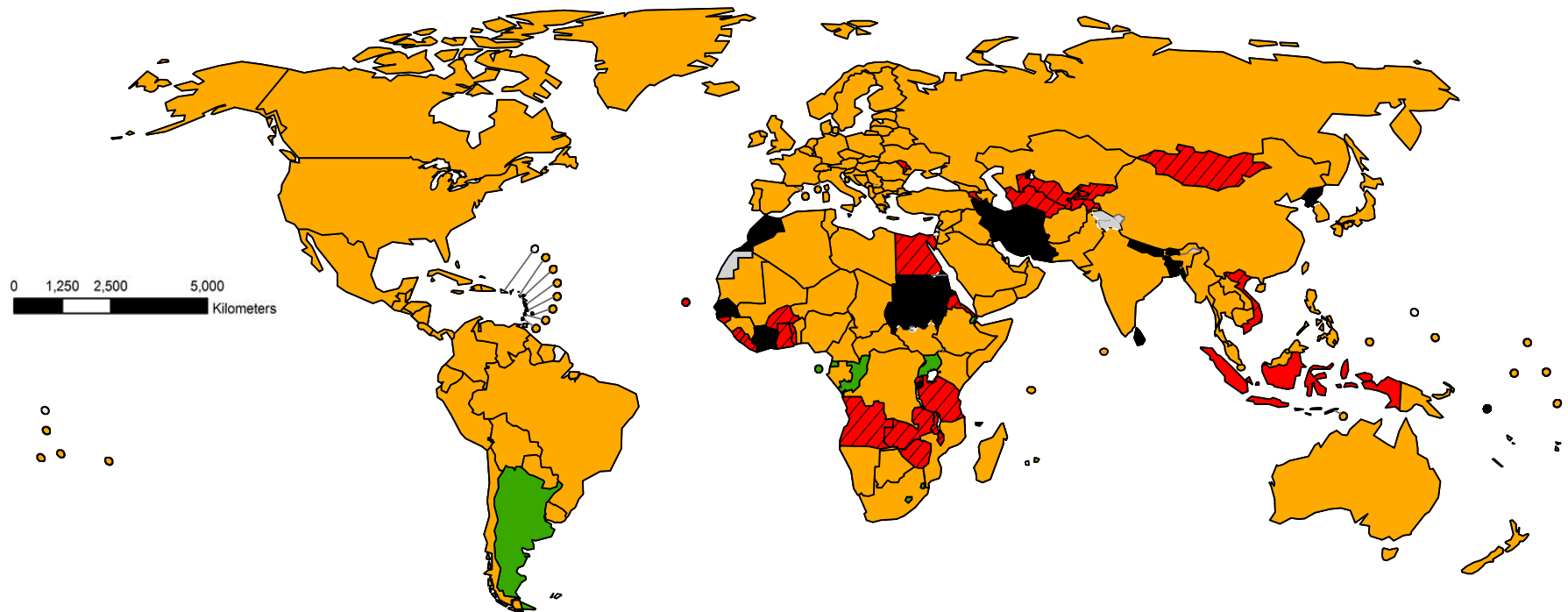


# Objective 2: Highlights

1. Update on IPV introduction and IPV supply
2. Country readiness for the switch
  - Country plans
  - bOPV procurement
  - Financial support
  - Global monitoring and coordination
3. Switch readiness criteria
  - Environmental surveillance
  - Type 2 outbreak response protocol

# Current IPV introduction status

94/126 targeted for IPV introduction since 2013 have introduced



- Introduced to date\* (162 countries or 84%)
- Countries which have introduced but will not be re-supplied (17 of the 162 countries)
- Formal commitment to introduce before tOPV/bOPV switch (8 countries or 4%)
- Introduction planned between May and September 2016 (4 countries or 2%)
- Introduction delayed in 2017 (20 countries or 10%)
- Not available
- Not applicable

\* Including partial introduction in Haiti, India & Venezuela

Since January 2013, the following countries have introduced IPV: Kazakhstan, Peru & Singapore (July 2013); Micronesia (August 2013); Libya (April 2014); Albania & Panama (May 2014); Nepal & Tunisia (September 2014); Philippines (October 2014); China (December 2014); Comoros, Senegal & Serbia (January 2015); Colombia & Nigeria (February 2015); Bangladesh & Maldives (March 2015); DR Congo, DPR Korea & The Gambia (April 2015); Madagascar (May 2015); Cote d'Ivoire, Grenada, Kiribati, Morocco, St Vincent and the Grenadines & Sudan (June 2015); Bhutan, Cameroon, Niger, Pakistan, Philippines & Sri Lanka (July 2015); Benin, Chad, Papua New Guinea, The Former Yug. Rep. of Macedonia (August 2015); Afghanistan, CAR, Dominica, Guyana, Iran, Jamaica, Seychelles & Solomon Islands (September 2015); Bahamas, Lao People's Dem Rep, Nauru, Samoa (October 2015); Antigua and Barbuda, Botswana, Burundi, Cook Islands, Guinea, India, Mauritania, Mauritius, Mozambique, Namibia, Nicaragua, St Lucia, Suriname, Tuvalu, Vanuatu & Yemen (November 2015); Algeria, Belize, Cambodia, Dominical Rep, Ecuador, Ethiopia, Fiji, Gabon, Georgia, Honduras, Kenya, Myanmar, Paraguay, St Kitts & Nevis, S. Sudan, Thailand, Tonga & Trinidad & Tobago (December 2015); Cuba, El Salvador, Guatemala, Haiti, Iraq & Venezuela (Bolivian Rep of) (January 2016); Azerbaijan, Bolivia & Timor-Leste (February 2016); Chile & Mali (March 2016); Congo (April 2016)



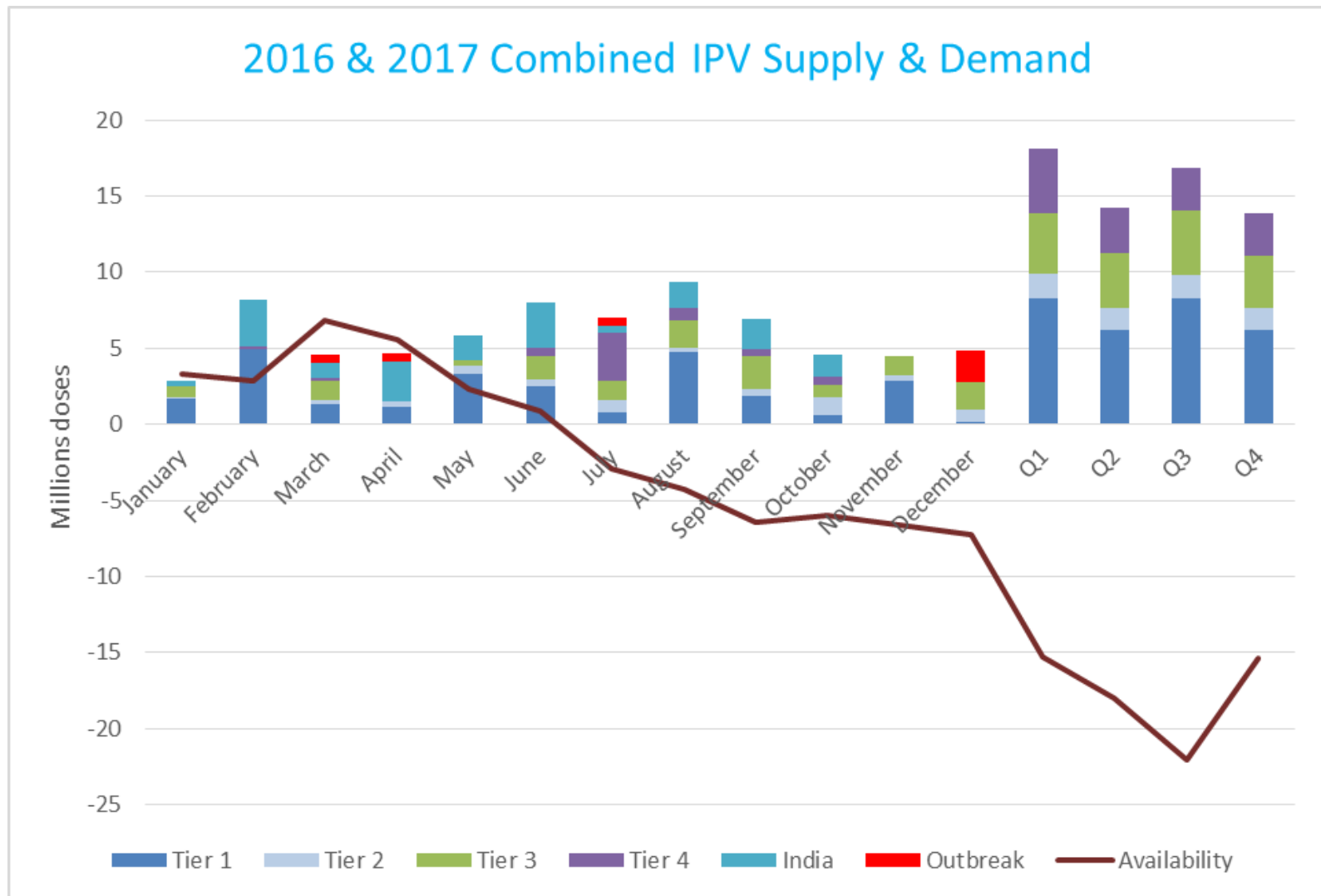
Source: WHO/IVB Database, as of 07 April 2016  
Map production Immunization Vaccines and Biologicals (IVB),  
World Health Organization

# IPV supply constraints: Background

- Chronic challenges due to problems with scale-up and manufacturing processes
- About **40% less IPV available than what was awarded through the initial UNICEF tender in 2014**
- **Severely reduced supply available: approx 45 Tier 3 and Tier 4 countries negatively affected**
- **The IPV supply constraints are expected to remain dynamic until at least 2018** and will continue to be closely monitored by UNICEF and WHO

# Current IPV supply situation (1, 5 + 10 dose)

## *No adjustments*



# Managing the constrained IPV supply

*The Polio Oversight Board, which is made up of the heads of agencies of GPEI partners agreed to the following:*

- 1. Ensure adequate IPV supply to meet current and future needs of Afghanistan, Pakistan to ensure interruption of WPV transmission**
- 2. Sustain use of IPV in routine immunization programme in highest risk (tier 1 and Tier 2) countries**
- 3. Ensure sufficient quantities are available for outbreak response post-Switch.**
- 4. Provide clarity to tier 3 and 4 countries regarding supply availability so they can plan, avoiding ad-hoc delays**

# ~45 countries (22% of birth cohort) delayed to Q4/2017

## Delayed introductions

Tier 3	Tier 4
Angola	Ghana
Burkina Faso	Malawi
Eritrea	Rwanda
Liberia	Tanzania
Sierra Leone	Togo
Egypt	Zimbabwe
Turkmenistan*	Zambia
Tajikistan	Kyrgyzstan*
Vietnam	Moldova*
	Uzbekistan
	Mongolia

## Delayed resupply

Tier 3	Tier 4
Burundi	Cape Verde
Cote d'Ivoire	Comoros
Guinea Bissau	Gambia
Senegal	Lesotho
Sudan	Morocco
Iran	Sao Tome
Bangladesh	Swaziland
Nepal	Djibouti
	DPRK
	Bhutan
	Maldives
	Namibia
	Seychelles
	Sri Lanka
	Pacific Islands**

\* one dose presentation

\*\* Pacific islands includes supply to 14 countries/territories:

Cook Islands, Fiji, Kiribati, Republic of Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

# Ensuring risks are mitigated

- **Population immunity against type 2 is high in the countries that are delayed (strong RI programs)**
- **IPV's role is to prime populations in case of emergence of type 2 vaccine-derived polioviruses**
- **Surveillance will be in place to identify both type 2 cases or environmental isolates**
- **A type 2 outbreak response protocol, for the launch of a response within 14 days**
- **A global stockpile of mOPV2 as well as an IPV outbreak response stockpile are available**

# Communications on IPV supply constraints

## Objectives:

- Countries understand the rationale for proceeding in April 2016 despite the IPV supply constraints
- Countries and partners are aware of steps being taken to manage the constraints and reduce risks

## Key activities:

- A comprehensive range of materials addressing all topics/questions
- Formal notification to countries
- Country-specific outreach and high level advocacy, as needed
- Follow-up discussions with stakeholders, e.g. donors

## All information:

[www.who.int/immunization/diseases/poliomyelitis/endgame\\_objective2/en/](http://www.who.int/immunization/diseases/poliomyelitis/endgame_objective2/en/)

# **Guidance needed: Missed cohorts due to lack of IPV**

- **Guidance is needed on how to address cohorts born after May 1 2016 in countries where IPV will only be introduced in 2017 or where there are significant gaps in supply (stock-outs)**

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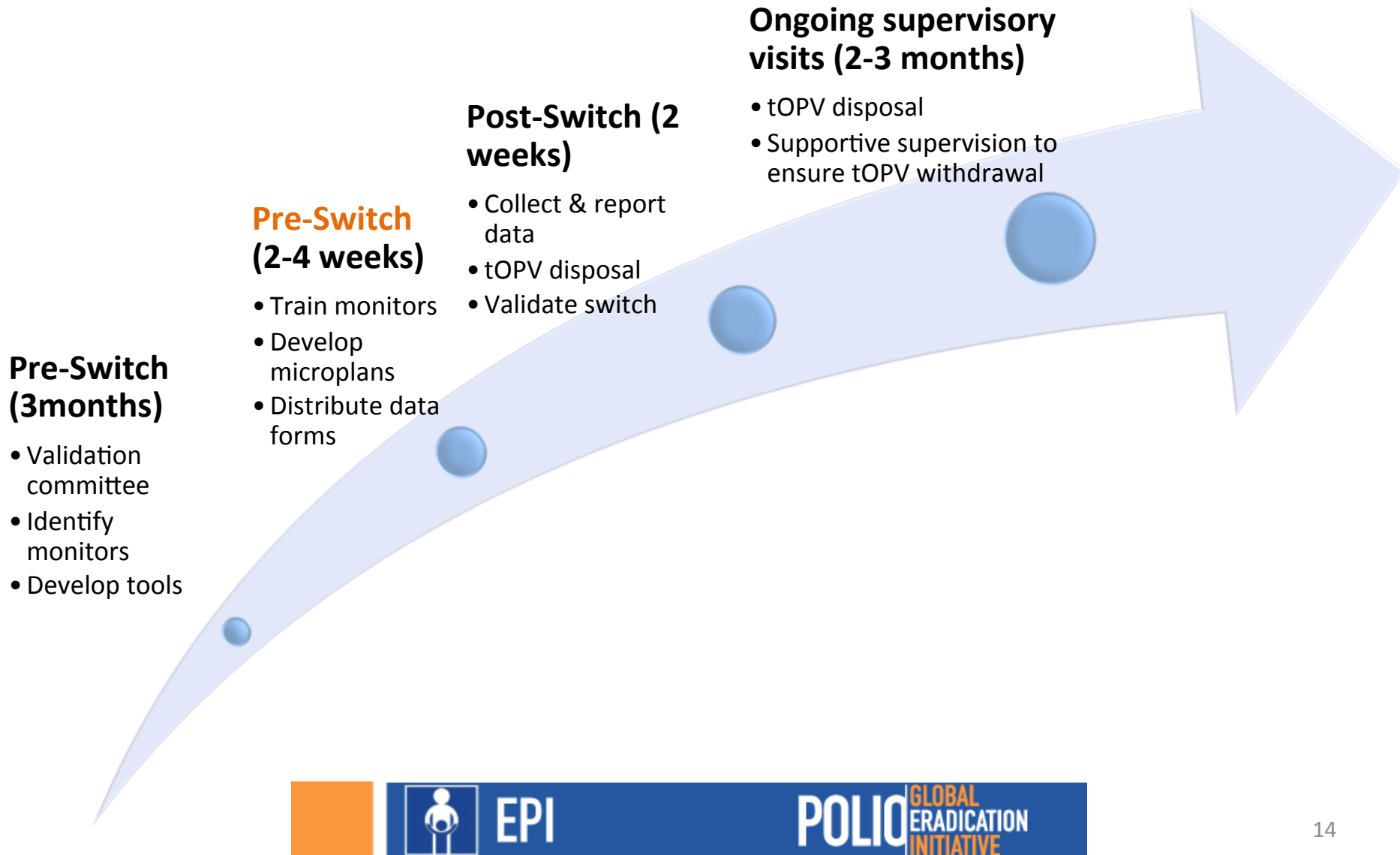
**The 'switch' starts in 5 days**

**Globally synchronized switch window:  
April 17-May 1, 2016**

**Follow the progress at:**

**[www.who.int/immunization/diseases/  
poliomyelitis/endgame\\_objective2/en/](http://www.who.int/immunization/diseases/poliomyelitis/endgame_objective2/en/)**

# Timeline of activities



# Resources available

- Switch planning roadmap
- Process tracking sheet
- Monitoring tools:
  - General checklist
  - Daily data collection
  - National data aggregation
- Validation:
  - Protocol for guidance
  - National report template
- Waste disposal guide
- Webinars can be arranged

The screenshot shows a WHO website page with the following content:

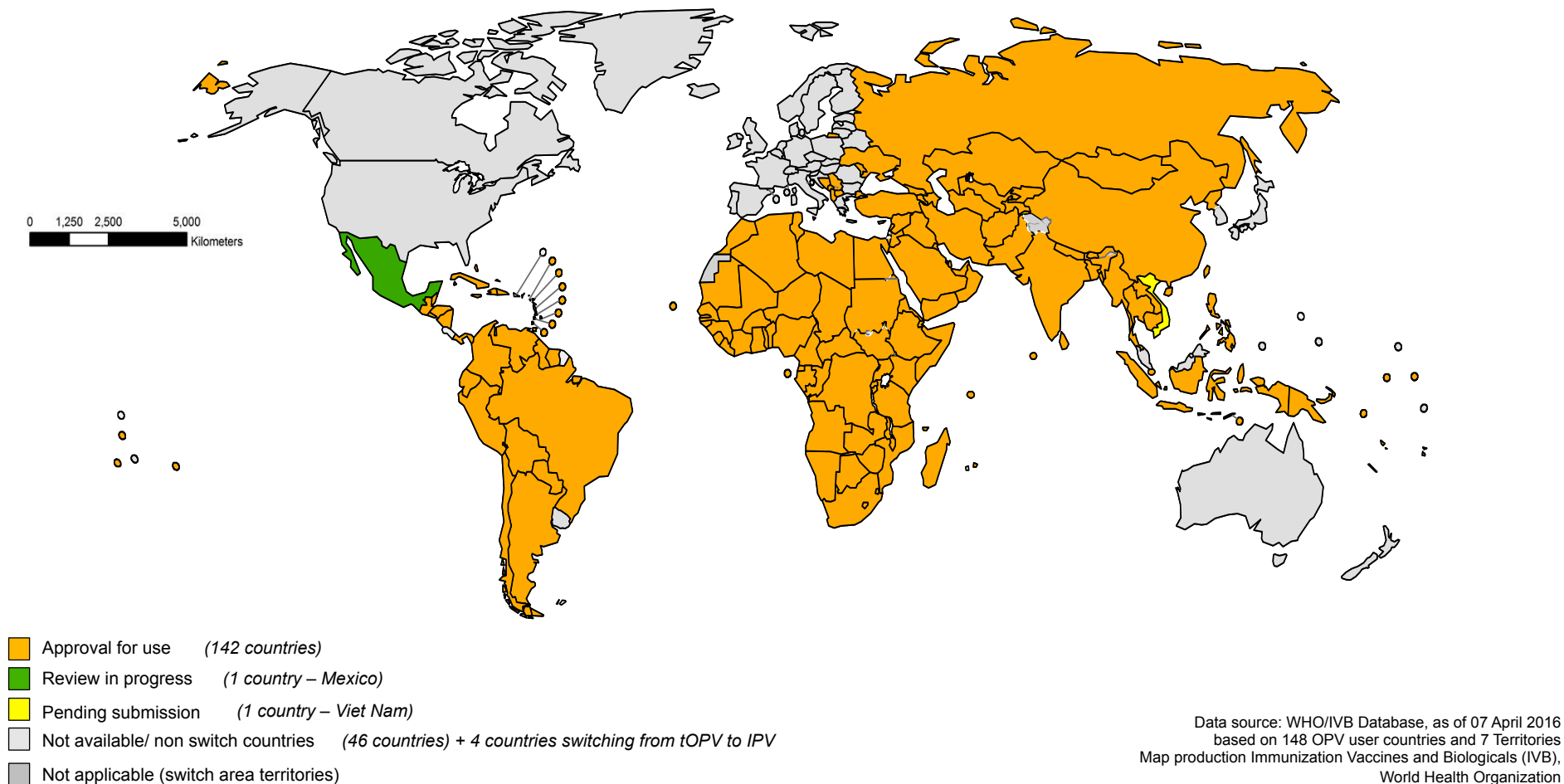
- Immunization, Vaccines and Biologicals** (Page Header)
- IPV Introduction, OPV Withdrawal and Routine Immunization Strengthening** (Main Title)
- Recent News** (Section):
  - IPV Introduction, OPV Withdrawal and Routine Immunization Strengthening
  - UNICEF awards IPV tender
  - New polio vaccine Position Paper
- Click the links below for more information:**
  - ABOUT THE ENDGAME PLAN**: An overview of objective 2 on the introduction of IPV, strengthening routine immunization services, and stepwise withdrawal of OPV.
  - RATIONALE AND EVIDENCE BASE**: For more detail on the science behind the Endgame Plan, this section includes references to a range of literature and peer-reviewed articles.
  - IPV INTRODUCTION AND ROUTINE IMMUNIZATION STRENGTHENING**: This section provides resources on IPV introduction and immunization strengthening:
    - Policy recommendations and guidance on planning for IPV introduction
    - Materials to support implementation, including logistics, training and communications
    - Case studies from countries that have introduced IPV
  - REPLACING TRIVALENT OPV WITH BIVALENT OPV**
- GLOBAL POLIO ERADICATION INITIATIVE** (Logo): The Global Polio Eradication Initiative
- Status updates on country planning for IPV introduction**: WHO, UNICEF, and partners, are in regular dialogue with countries to support effective preparations for IPV. Click below for a summary per country of the status of planning and introductions updated monthly.

**All guidance and materials:**

[who.int/immunization/diseases/poliomyelitis/endgame\\_objective2/en/](http://who.int/immunization/diseases/poliomyelitis/endgame_objective2/en/)

# bOPV registration status for routine immunization

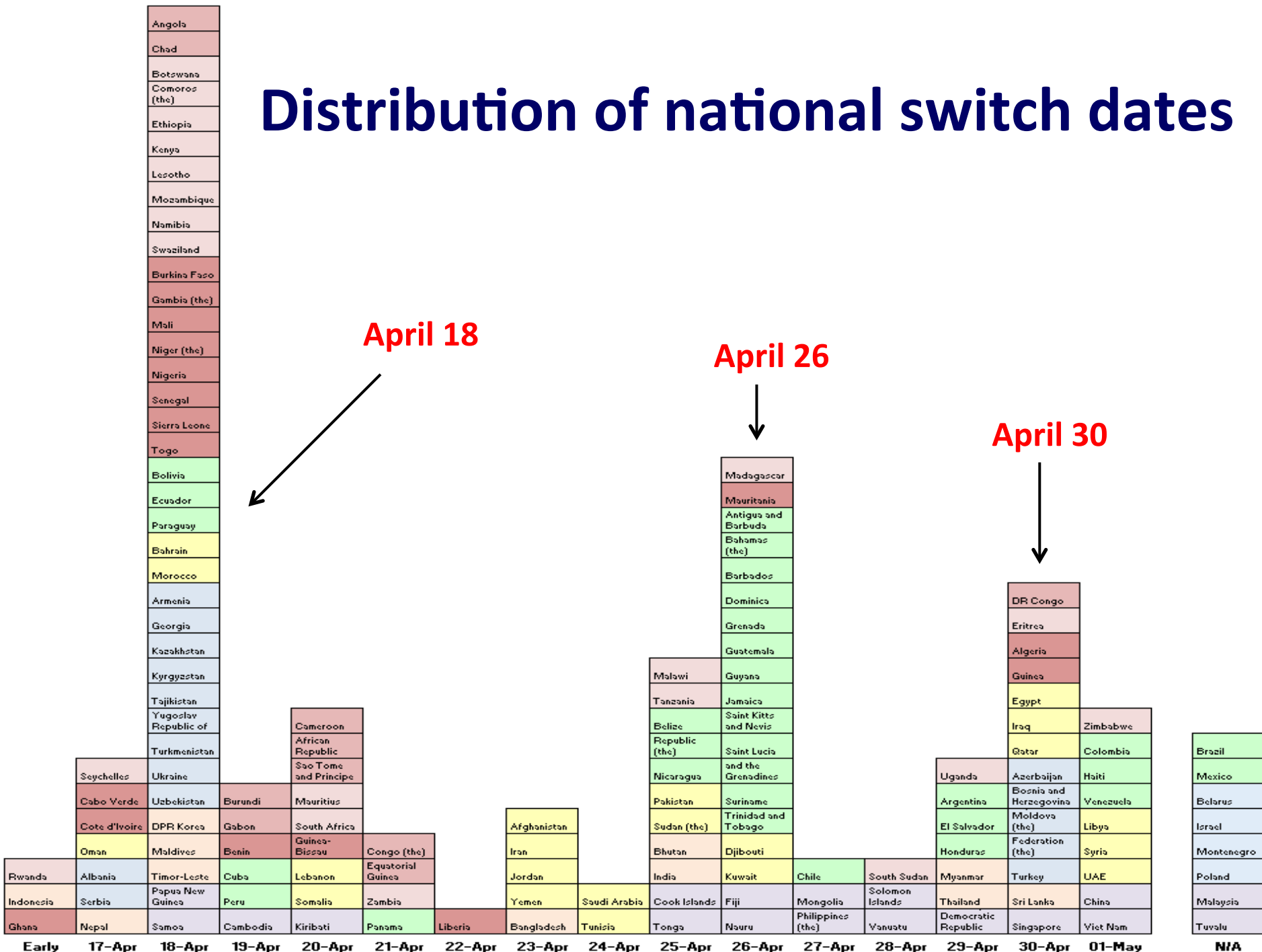
Approved for use in 142/144 countries



# Countries are prepared for the switch

- **Switch plans are completed**
  - 155 countries/territories have developed switch plans, and agreed with withdraw tOPV by 1 May
- **Financial support disbursed**
  - **\$19,270,288 USD** to selected countries (66) to support implementation. 43 high risk-low income
- **bOPV has been delivered to 139 countries**
  - 11 countries still have procurement underway, with no major issues anticipated
- **Global deployment of support**
  - In addition to regional staff and consultants, 40 observers from GPEI partner agencies will go to 24 priority countries

# Distribution of national switch dates

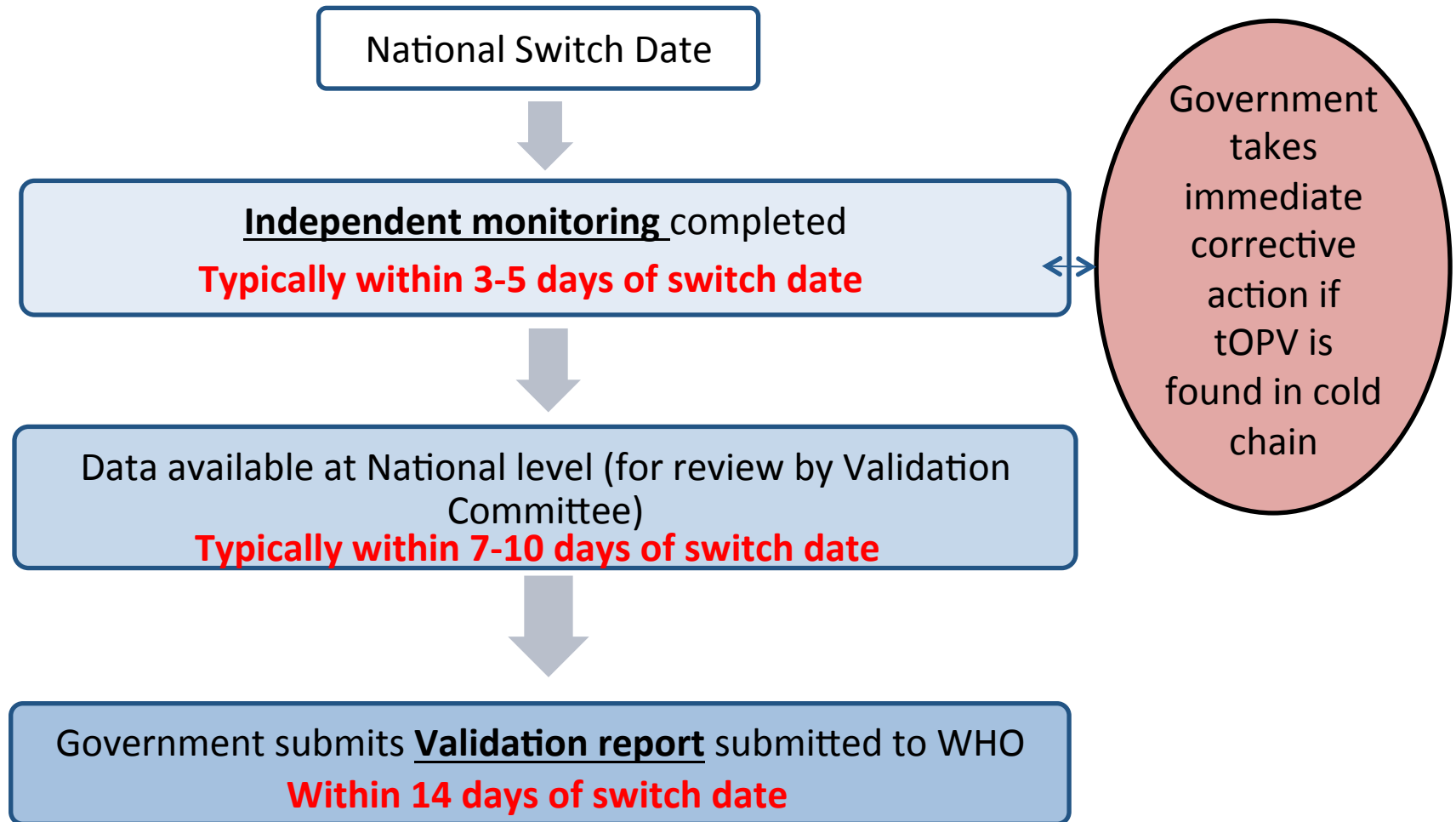


# A few countries have already started...

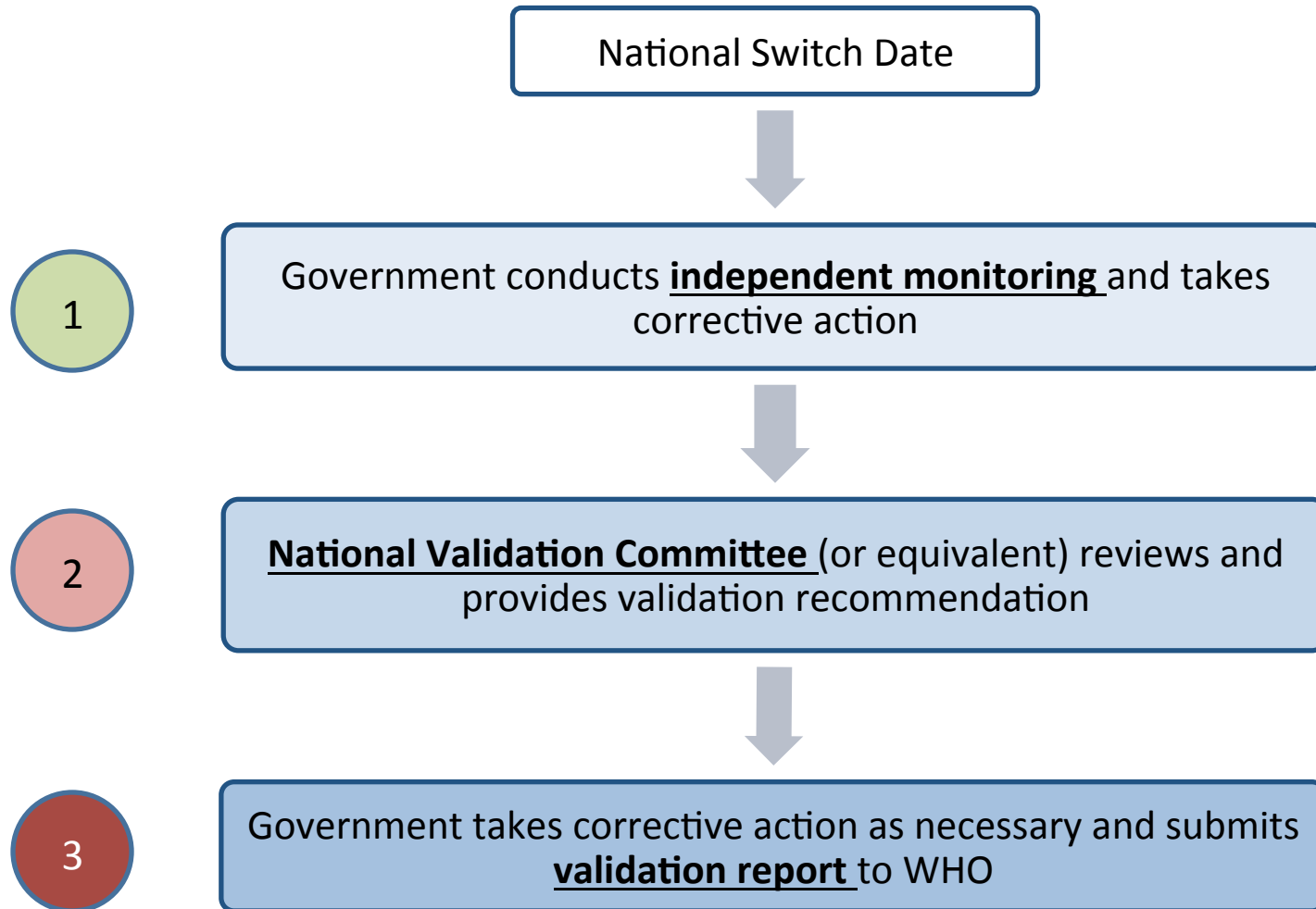


***The switch in progress in Indonesia.***  
*Photos courtesy of WHO Indonesia. 7 April 2016.*

# Ideal Schedule for Independent Monitoring Execution

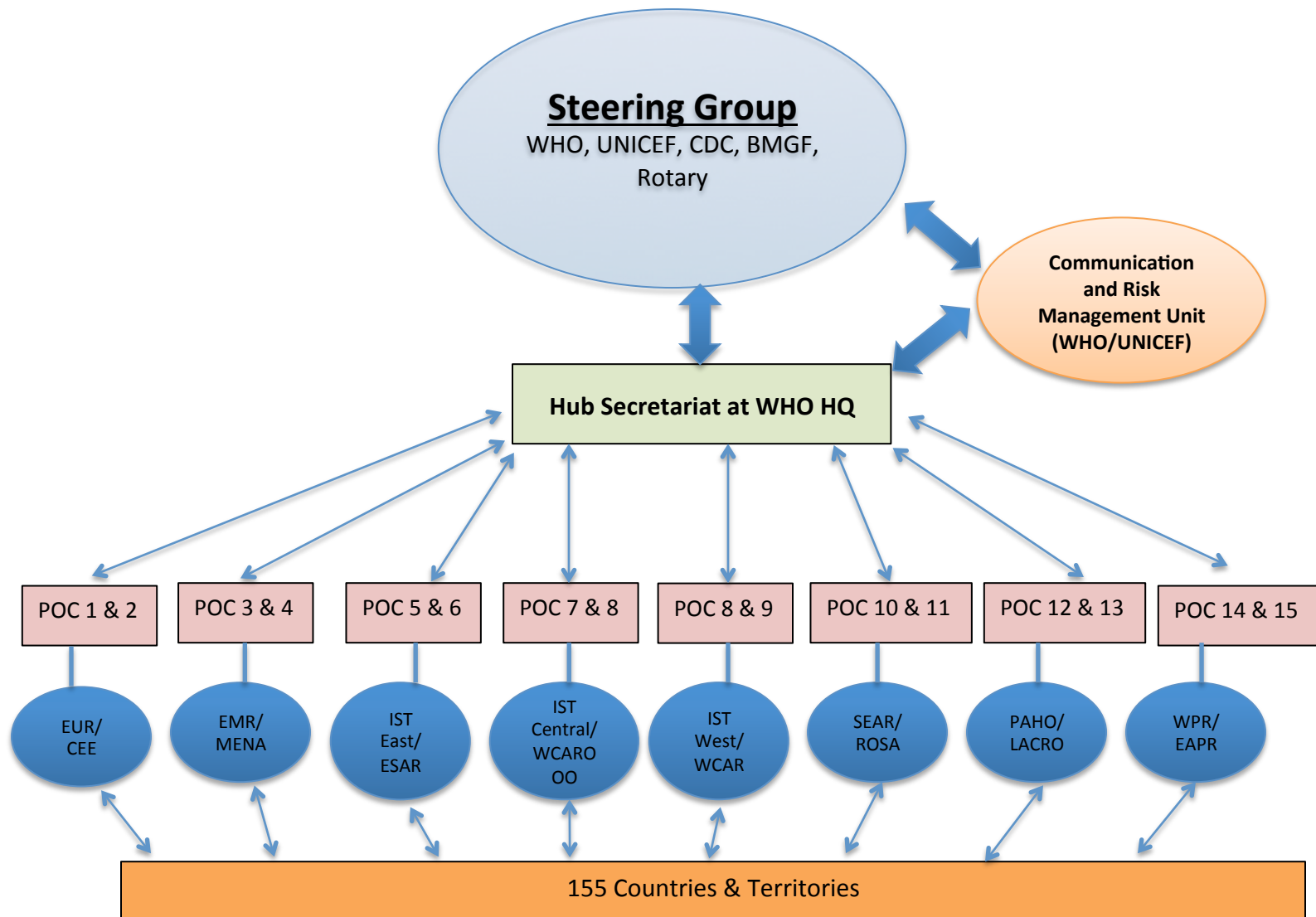


# Three Steps to National Validation



# Central Information and Coordination Hub

April 17-19 May, Geneva

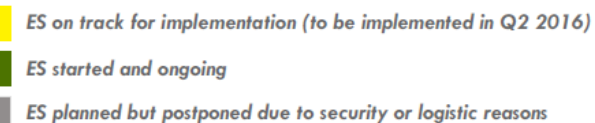


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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, 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.

# Progress and challenges

- Progress since SAGE October 2015
  - Reporting commenced from sites in Niger, Chad and Madagascar
- Challenges
  - Insecurity and conflict in Yemen, Iraq and Syria have prevented implementation in those countries
  - Uncertain when this situation will resolve
  - Expansion discussions underway in Guinea and Myanmar (new Tier 1 countries)

# Implementation of Environmental Surveillance

## **GPEI working group being formed to:**

- Develop standardized indicators to monitor and track the effectiveness of environmental surveillance (ES)
- Provide guidance and recommendations on management, analysis, and reporting of ES data
- Review human resources and other resource requirements for full integration of ES and AFP surveillance, and ensure sustainability
- Further phase of expansion envisaged to monitor effectiveness of type 2 PV containment and broaden scope of tier 1 countries (e.g. include Guinea, Myanmar)

# Principles of type 2 event and outbreak response strategy

- **Prompt detection** and notification of all type 2 poliovirus (WPV, VDPV, Sabin);
- **Prompt response** to rapidly stop type 2 circulation;
- Use of **mOPV2 from a global stockpile, released only upon DG decision**; access to IPV outbreak response reserve stock if appropriate;
- **Limit exposure to mOPV2** (among those not directly affected by the outbreak);
- Validate the **absence of type 2 in the population and environment** following response;

# Type 2 Outbreak Response Protocol

	Type 2 Protocol
<b>Objective</b>	To provide strategy and guidance for response to a type 2 poliovirus post-switch
<b>Target application</b>	General strategies apply to any country. <b>Type 2 response for countries with prior use of tOPV within 1 year prior to OPV2 cessation.</b>
<b>Time frame</b>	<b>1 May 2016 - 30 April 2017 (12 months post OPV cessation)</b>
<b>Content</b>	Provides policy & research basis + basic operational issues specific for type 2, including requesting mOPV2 vaccine

# The type 2 outbreak response protocol

## Protocol and SOPs to be released by mid-April

*Part of the new revisions to the SOP for Responding to a poliovirus outbreak or event*

### Dissemination plan:

- Publication of protocol on the GPEI website
- Inclusion in outbreak response tool kit, shared through GPEI channels
- Creation of short briefing materials for use in key meetings (TAG, Regional Certification Meetings, EPI meetings...)
- Briefing workshops for country and regional colleagues
- Briefing on protocol to be included for all new 'STOPpers'

**Protocol for notification,  
risk assessment, and  
response following  
detection of poliovirus type  
2 after globally-coordinated  
cessation of serotype 2-  
containing oral polio  
vaccine**

Global Polio Eradication Initiative

Effective 1 May 2016

# Summary

- Countries are prepared for the switch, which will commence in 5 days
- Given SAGE's reaffirmation in October 2015 that the switch should proceed, and all countries should stop using tOPV by May 1<sup>st</sup>, regardless of IPV introduction status, SAGE is requested to ask its Polio Working Group:

**To begin reviewing how to address cohorts born after May 1 2016, where there will IPV introduction in 2017 or extended gaps in supply**

# THANK YOU / MERCI



***For more information:***

[http://www.who.int/immunization/diseases/poliomyelitis/inactivated\\_polio\\_vaccine/en/](http://www.who.int/immunization/diseases/poliomyelitis/inactivated_polio_vaccine/en/)