



## Polio post-certification strategy

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On Behalf o the GPEI



# Polio Eradication and Endgame Strategy



1. Poliovirus detection & interruption
2. OPV2 withdrawal, IPV introduction, immunization system strengthening
3. Containment & global certification
4. Transition Planning

## Objectives:

- *Mainstream polio-essential functions to sustain global eradication*
- Support country transition planning
- Capture lessons learned

Focus of the *Post-Certification Strategy*

# Post-certification Strategy (PCS)

**Purpose:** *High-level guidance for maintaining a polio-free world after global certification of wild poliovirus eradication.*

## Polio Post-Certification Strategy

A risk mitigation strategy  
for a polio-free world




- Functions required to sustain polio eradication
  - Future risks jeopardizing eradication
  - Mitigating strategies
- Global/regional requirements and general country expectations
  - Does not provide detailed national guidance
- Recommendations independent of future ownership
  - Governance, implementation, and resource mobilization plans to be developed with future stakeholders and implementers

## PCS Current Status and Next Steps

- During the course of 2017, PCS drafts were shared with stakeholders and updated with their input
- Week of January 22: WHO Executive Board meeting took note of the PCS
  - as part of the overall report on Polio transition
  - urged all Member States *“to take appropriate measures to ensure that their short- and long-term health sector plans reflect the need to sustain the polio-essential functions necessary to ensure a polio-free world.”*
- 29 January : Polio Oversight Board endorsed the PCS to go to the WHA
- February : Consultations with SAGE Polio Working Group
- Today : request for SAGE endorsement
- Week of May 21: WHA

# Overview of External Consultations

<p><b>First Consultation Round (August 2017)</b></p>	<p><b>Participants</b></p> <hr/> <p>Major donors                      Polio Partners Group (PPG) Co-chairs                      Transition Independent Monitoring Board (TIMB) members                      GCC, SAGE chair, SAGE Polio Working Group chair                      Disease modeling agencies (Kid Risk, Imperial College, IDM<sup>1</sup>)                      Gavi, Measles &amp; Rubella &amp; Yellow Fever Initiatives                      GPEI partner agencies, including regional offices                      Smallpox focal points</p>	<p><b>Results</b></p> <hr/> <p>The team received <b>feedback from 50+ respondents</b> from across a wide range of stakeholders.</p>
<p><b>Second Consultation Round (November 2017)</b></p>	<p><b>Participants</b></p> <hr/> <p>All participants from First Consultation Round                        Global groups (IHR EC<sup>2</sup>, GHS<sup>3</sup>, GVAP<sup>4</sup> working group members)                      Non-polio donors (e.g. Sweden, Denmark)                      Full Polio Partners Group                      Polio transition priority countries                      Core NGO group focal points                      Member states and immunization stakeholders</p>	<p><b>Results</b></p> <hr/> <p>Consolidated <b>feedback from 15+ organizations / agencies</b>, including:                      Major Donors, WHO and UNICEF regional offices and regional technical advisory Groups, TIMB member, Gavi, SAGE, GCC</p>

# Assumptions at the time that PCS begins

- 1 **Global eradication of all wild poliovirus will be certified**
  - All regions will have met the expected certification criteria for surveillance and immunity.
- 2 **The likelihood of poliovirus re-emergence will decrease with time, but the severity of the consequences will increase with time**
- 3 **Under the IHR, detection of any poliovirus must be notified to WHO**
  - Detection includes wild poliovirus, vaccine-derived poliovirus, or Sabin more than 4 months after last use of mOPV or post-bOPV cessation
  - Depending on the risk of international spread and other factors, the detection could constitute a Public Health Emergency of International Concern (PHEIC) requiring a prompt, globally coordinated response.
- 4 **Future governance, management, coordinating structures and processes will be in place** when this strategy will take effect
  - Each of the PCS functions will have clear ownership identified
  - Planning will start well before certification

# Risks from poliovirus after certification

## Polio Post-Certification Strategy



### Primary Risks

VDPV emergence leading to cVDPV outbreaks

Spread from iVDPV cases to communities

Release of WPV, VDPV, Sabin



# PCS Goals

**Purpose:** Sustain a polio-free world

<p><b><i>Goal 1: Contain Polioviruses</i></b></p>	<ul style="list-style-type: none"> <li>■ Ensure potential sources of poliovirus in laboratory or manufacturing facilities are properly controlled or removed</li> </ul>
<p><b><i>Goal 2: Protect Populations</i></b></p>	<ul style="list-style-type: none"> <li>■ Withdraw the oral live attenuated polio vaccine (OPV) from use and</li> <li>■ Immunize populations with inactivated polio vaccine (IPV) against possible re-emergence of any poliovirus</li> </ul>
<p><b><i>Goal 3: Detect and Respond</i></b></p>	<ul style="list-style-type: none"> <li>■ Promptly detect any poliovirus reintroduction and rapidly respond to prevent transmission</li> </ul>



# Goal 1: Contain Polioviruses

Objective(s)	Major Activities
<p><b>Achieve and sustain containment of polioviruses in laboratories, vaccine manufacturing and other facilities</b></p>	<ul style="list-style-type: none"> <li>• Support reduction of the global number of facilities storing and handling poliovirus</li> <li>• Implement and monitor long-term containment of poliovirus in facilities with appropriate safeguards</li> </ul>

# Goal 1: Summary of expectations

- **Global level**

- ✓ Establish Global Action Plan (GAPIII) to minimize risks of poliovirus release from vaccine manufacturers or laboratories (including those with potentially infectious materials)
- ✓ Global oversight to confirm containment/certification milestones achieved

- **Regional level**

- ✓ Certification Commissions to oversee progress

- **Country level**

- ✓ Establish National Authority for Containment (NAC) to certify Polio Essential Facilities (PEF) if necessary
- ✓ Implement GAPIII guidelines

# Goal 2: Protect Populations

Objective(s)	Major Activities
<b>Protect populations from VDPV and VAPP by effectively preparing and implementing the globally synchronized withdrawal of bOPV</b>	<ul style="list-style-type: none"><li>• Develop and implement plans (including pre-cessation SIAs) to withdraw bOPV from all use</li></ul>
<b>Provide access to safe, effective vaccines for long-term protection from poliovirus for global populations</b>	<ul style="list-style-type: none"><li>• Implement future immunization policy to protect population against poliovirus</li><li>• Support the availability of affordable IPV and its effective, efficient delivery to facilitate high immunization coverage</li></ul>

# Goal 2: Summary of expectations

- **Global level:**
  - ✓ GVAP 2.0 sets global coverage targets.
  - ✓ SAGE makes global polio vaccine and immunization policy;
  - ✓ Collaboration of Gavi, GPEI agencies , and other stakeholders to achieve availability of affordable supply of IPV
- **Regional Level**
  - ✓ Regional TAGs sets regional targets, provides regional guidance and monitors progress
- **Country Level**
  - ✓ bOPV using countries: conduct pre-cessation SIAs if required; withdraw bOPV as part of globally synchronized plan and validate removal
  - ✓ Sustain protection with IPV—particularly for high-risk countries and populations

# Goal 3: Detect and Respond

Main Objectives	Major Activities
<b>Promptly detect any poliovirus in a human or in the environment through a sensitive surveillance system</b>	<ul style="list-style-type: none"><li>• Redefine poliovirus surveillance paradigm</li><li>• Sustain adequate and technically qualified laboratory and surveillance infrastructure (including human capacity) and information systems</li></ul>
<b>Develop and maintain adequate global and regional capacity and resources to support national efforts to rapidly and effectively contain any detected poliovirus and stop any poliovirus transmission</b>	<ul style="list-style-type: none"><li>• Identify future outbreak risks, develop preparedness plans and response strategies</li><li>• Sustain trained human capacity and create, maintain, and manage adequate stockpiles of polio vaccine and antivirals to appropriately respond</li></ul>

# Goal 3: Summary of expectations **POLIO** GLOBAL ERADICATION INITIATIVE

- **Global / Regional levels:**

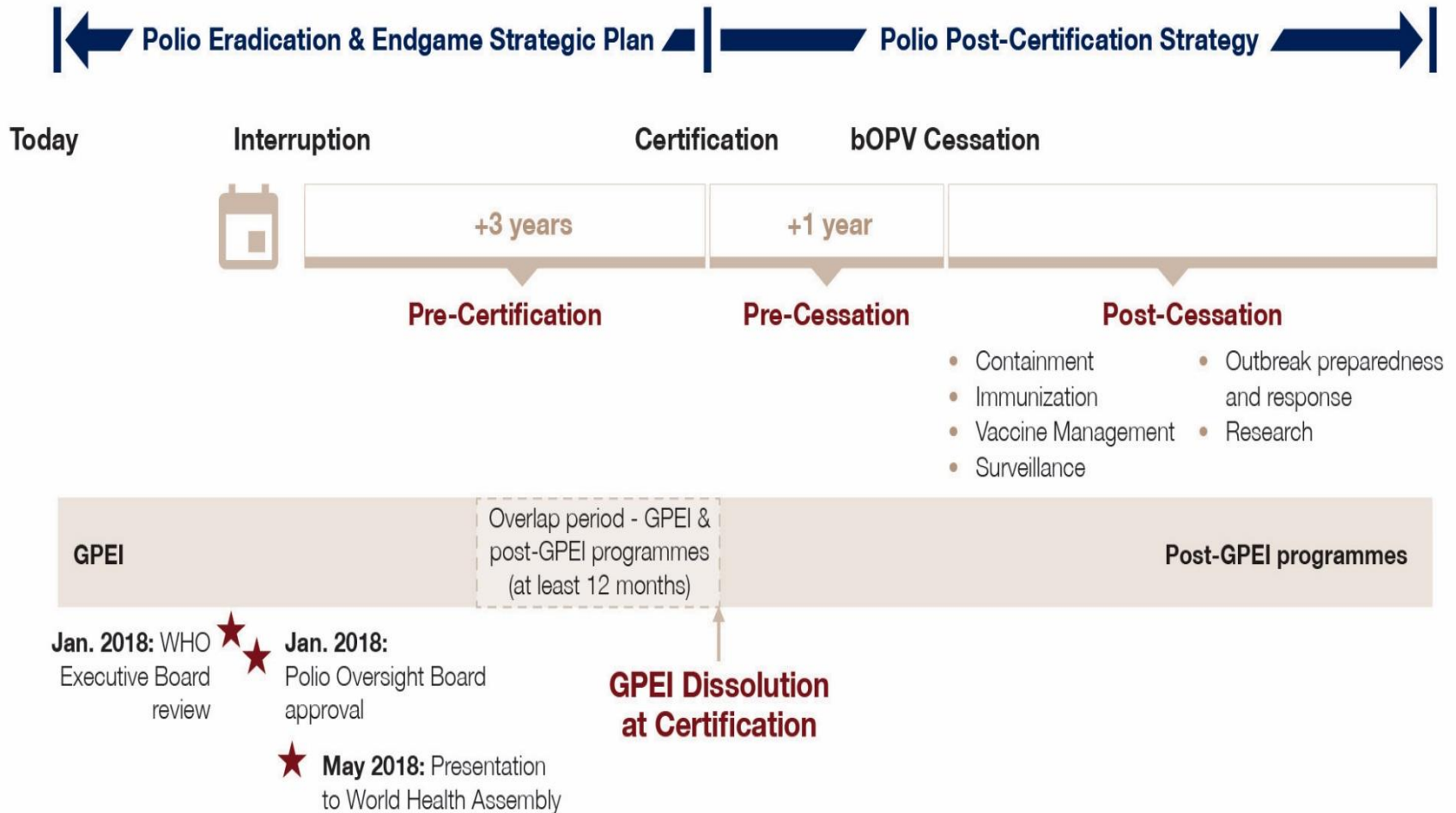
- ✓ Provide TA, guidelines, monitoring, risk forecasting;
- ✓ Support Global Polio Laboratory Network
- ✓ Develop and maintain global stockpile of OPV/IPV and polio anti-viral drugs

- **Country level:**

- ✓ Maintain minimum capacities for detection and response as required by IHR
- ✓ Implement poliovirus specific surveillance w/ risk-based approach reflecting need for higher sensitivity in some areas and new systems to identify iVDPV excretors
- ✓ AFP surveillance will be integrated with VPD or communicable disease surveillance



# PCS Timeline





# PCS implementation

# PCS implementation

- **GPEI will no longer exist as a partnership post-certification**
- Implementation of the post-certification strategy will need to be carried out by a new group of actors.
- In many cases, the responsibilities will fall to
  - the countries themselves
  - the same agencies that currently comprise GPEI—i.e. WHO, UNICEF, CDC, Rotary and BMGF but with different units/departments within these organization, rather than “polio” units.
- **New partners** will have an important role to play to successfully carry out the range of activities outlined in the PCS, at global and country levels.
- **WHO will be launching a process (not led by POL)** to convene those who will need to be engaged in the implementation.

# Shifting PCS to Future Owners

- **PCS is a risk mitigation strategy** at global / regional level
  - PCS does not assign the functions to specific groups or organizations
- **The ownership of this work by “future owners”** will be key to the success of PCS implementation
  - Future owners will include: Country governments, existing and new partners, technical and scientific advisory groups
  - The document will need to be revised as risks change over time. It should be owned and updated by the “future owners”, for example, prior to certification and after bOPV withdrawal
  - Internal agency planning is a key component of successfully maintaining the momentum.
- **An overlap period** where GPEI resources are still available to support / setup these new functions will need to be carefully planned

# Implementing the Strategy

- Implementation elements (governance and management, financial costs) are not included in the PCS
  - Defining these elements should be led by “future owners” with support from the GPEI partnership.
- A financial model has been developed, but not as part of the document
  - Assumptions and cost estimates will need to be reviewed and updated by “future owners” since implementation structures will impact assumptions and costs
- The GPEI Polio Advocacy and Communications Team (PACT) develop an investment case to support the funding of PCS functions,
  - whether funding comes from domestic country financing, partners, donors, or other sources
- GPEI will ensure funding is available through cessation of OPV
- High level leadership and coordination amongst future owners will be critical to success

# Thank you



Extra Slides for the discussion  
in case needed

# GPEI Partners' plans for PCS Implementation

## BMGF

- The Foundation is **committed to ensuring polio is eradicated and safeguards to maintain a polio-free world are implemented.**
  - Strong programs in vaccine development and vaccine delivery and surveillance can facilitate necessary work.
- In March, meeting with Foundation leadership to get further direction on the functions and forms of engagement the foundation will pursue after certification.



## CDC

- **CDC's Transition Roadmap has two main goals:**
  1. keep the world polio free and
  2. reduce vaccine-preventable deaths and strengthen public health infrastructure
- After eradication, **CDC will sustain efforts to keep the world polio free**, mainstreaming current polio related activities into the existing immunization and health security programs
- **CDC's plan is to focus its work within four functional areas**, specifically in geographies with the most unvaccinated children and vaccine preventable deaths:
  1. Contain polioviruses
  2. Protect populations
  3. Conduct vaccine program implementation research and innovation
  4. Support partnerships advocacy, communications, and community engagement and resource mobilization and share lessons learned with other elimination and eradication efforts

## Rotary

- Rotary proposes to engage a select number of Rotary members in **advocacy efforts to help secure financial and political support post certification in countries which have a significant Rotary presence.**
  - Advocacy efforts would be coordinated with the organizations that have the primary responsibility for implementing the essential functions after polio eradication has been certified and would be appropriately supported by staff at Rotary headquarters.
- Rotary would also **continue having PCS representatives to WHO, UNICEF and CDC, that will have a significant role in the implementation of the post certification essential functions building on the current relationships maintained with these organizations.**
  - Consideration may also be given to appointing a liaison to non-GPEI organizations that may have a future role in implementation key essential functions post certification, such as Gavi.

## UNICEF

- UNICEF has developed an **organization wide joint Polio Transition and Post-Certification Management Plan** which outlines the agency's roles and responsibilities
  - To support implementation of the essential functions required post certification, UNICEF will maintain essential polio assets at global and regional level to continue to pursue proven approaches, focusing on areas of organizational comparative advantage.
- UNICEF will be **accountable** for working with partners to **implement key activities outlined in the Post Certification Strategy, including:**
  - cessation and withdrawal of OPV;
  - management of inactivated polio vaccine (IPV) and OPV stockpiles and vaccine procurement;
  - introduction of an IPV second dose as recommended by the WHO Strategic Advisory Group of Experts (SAGE); and
  - outbreak preparedness and response as required for OPV post-cessation.
- Responsibility for **additional critical deliverables** has already been delegated to the **Vaccine Centre**. These deliverables include:
  - forecasting, demand for, and safeguarding, polio vaccine supplies,
  - positively influencing the global vaccine market for IPV, and
  - developing and implementing procurement and production plans, based on actual demand.

## WHO

- **In close coordination with partners and members, WHO efforts will focus on the implementation of the following functions:**
  - Containment
  - Immunization (immunization policy and OPV withdrawal),
  - Surveillance (including the laboratory network and data management),
  - Outbreak preparedness and response
  - STOP program implementation (with CDC)
  - Vaccine forecasting and stockpiles management
  - Cross-cutting activities that have implications for all of the above-listed essential functions: e.g. Research, Communications and Resource Mobilization
  - Coordination of the implementation efforts across partners
- **WHO is assessing approaches for structuring** these functions within the organization:
  - The “merger” option would integrate polio technical functions back into the Immunization department.
  - The “distributed” option where functions needed to maintain a polio-free world would be hosted by relevant departments with a polio core unit kept to support coordination across the departments, as needed, and to liaise with other polio-partners.
- **Selected functions** could be transitioned starting early 2019