

### **Post Certification Strategy**

Brent Burkholder, WHO consultant Meeting of the Strategic Advisory Group of Experts on Immunization Geneva, 17 October 2017







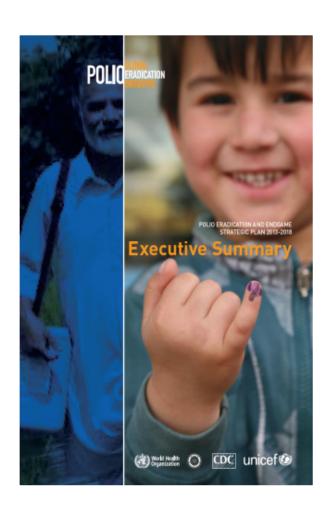












- 1. Poliovirus detection & interruption
- 2. OPV2 withdrawal, IPV introduction, immunization system strengthening
- 3. Containment & global certification
- 4. Transition Planning

### **Objectives:**

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

Focus of the *Post-Certification Strategy* 





### **Objectives of the Post Certification Strategy (PCS)**

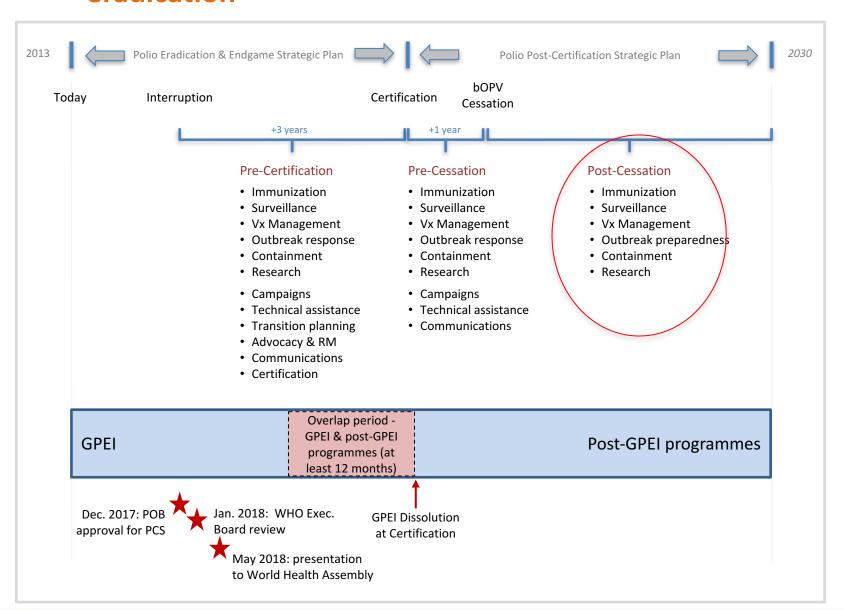
# To provide the <u>high-level guidance</u> for maintaining a polio-free world after global certification of wild poliovirus eradication.

- Identifies potential future risks jeopardizing eradication and defines mitigating measures through broad strategies required at the global, regional, and national levels
- PCS will not provide specifics for implementation or define responsibilities; these will be determined by countries and agencies
- Being developed in consultation with range of global and regional partners, donors, and other stakeholders; reflects recommendations from expert groups and references available guidelines



# Transition of functions needed to achieve and maintain eradication

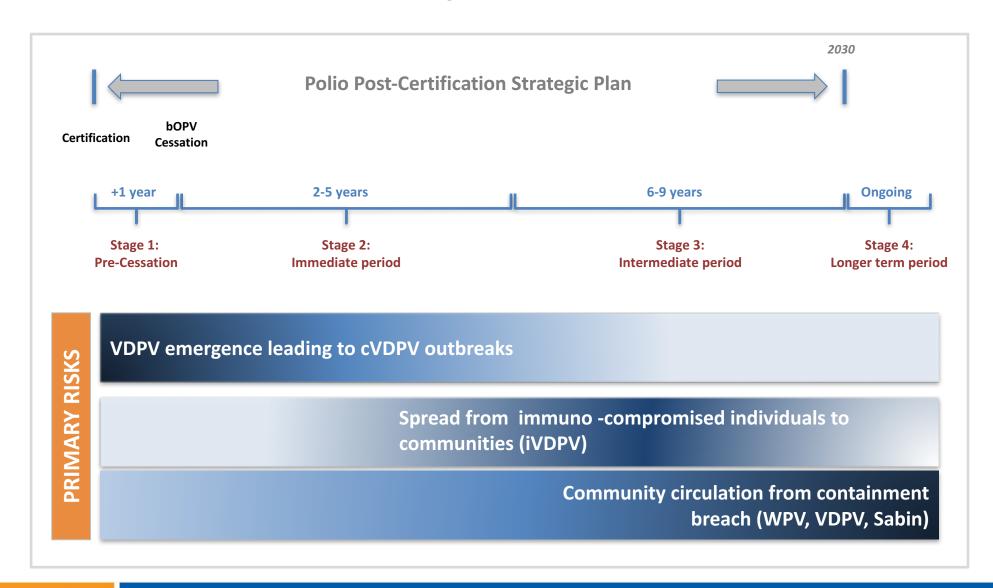








### What are the risks from poliovirus after certification?







### Assumptions at the time that PCS begins

- Global eradication of all WPV will be certified
- Detection of any PV (WPV, VDPV, or Sabin >4 months after last use of OPV) will have to be reported under the IHR (2005) and will lead to the declaration of a National Emergency. Depending on the risk of internal spread, detection could constitute a Public Health Emergency of International Concern (PHEIC)
- Sustaining polio eradication will be a core objective of GVAP 2021-2030





### **Post-Certification Strategy 2021-2030: Goals**

Purpose: Sustain a polio-free world

**Goal 1: Contain Poliovirus Sources** 

 Ensure potential sources of poliovirus are properly controlled or removed

**Goal 2: Protect Populations** 

 Withdraw the oral live attenuated polio vaccine (OPV) from use and immunize populations with inactivated polio vaccine (IPV) against possible re-emergence of any poliovirus

Goal 3: Detect and Respond

 Promptly detect any poliovirus reintroduction and rapidly respond to prevent transmission

#### **Enabling and Cross-Cutting Areas**

- Since GPEI will dissolve at the time of Certification, PCS implementation planning, including developing financial costs and necessary structures, will be developed by the future owners who will be responsible for the implementation of the PCS
- This strategic document focuses on the technical standards to be achieved for each goal
- The work started on the financial model, governance structures and indicators will be handed over to the future owners.





### **Goal 1: Contain Poliovirus Sources**

Main Objective	Major Activities
Achieve and sustain containment of polioviruses in laboratories, vaccine manufacturing and other facilities	<ul> <li>Support reduction of the global number of facilities storing poliovirus</li> <li>Monitor and sustain long-term poliovirus containment in facilities with appropriate safeguards</li> </ul>





## **Goal 1-summary**

- Based on strategies outlined by Global Action Plan (GAPIII) to minimize risks of PV release from vaccine manufacturers or laboratories (including those with potentially infectious materials)
- Close consultation with GCC, CAG, and SAGE required to define parameters/timing between containment and certification
- Interface between containment and other PCS goals (e.g. implications for stockpile management, diagnostics, research)



## **Goal 2: Protect Populations**

Main Objectives	Major Activities
To protect populations from VAPP and VDPV by effectively preparing and implementing the globally synchronized withdrawal of bOPV	<ul> <li>Develop and implement plans (including pre-cessation SIAs) to withdraw bOPV from routine programmes and SIA</li> </ul>
To provide access to safe, effective vaccines for long-term protection from poliovirus for global populations	<ul> <li>Implement future immunization policy to protect population against poliovirus</li> <li>Support the availability of affordable IPV vaccine and for its effective, efficient delivery to facilitate high immunization coverage</li> </ul>



## **Goal 2-summary**



- SAGE to recommend readiness criteria for bOPV withdrawal
- SAGE may provide further refinements to future IPV immunization policy (April 2017) re role of hexavalent, implications for PEF-containing countries, etc.
  - Assure clarity with any potential revisions to GAPIII
- Achieving availability of affordable supply of IPV requires close collaboration of Gavi, GPEI, and other stakeholders
- Sustaining protection—particularly for high-risk countries/populations-requires strengthening RI as envisioned by GVAP and synergies with other VPD initiatives (e.g. MRI)



## **Goal 3: Detect and Respond**

Main Objectives	Major Activities
To promptly detect any poliovirus in a human or in the environment through a sensitive surveillance system	<ul> <li>Redefine poliovirus surveillance paradigm</li> <li>Sustain adequate and technically qualified laboratory and surveillance infrastructure (including human capacity) and information systems</li> </ul>
To develop and maintain adequate global and regional capacity and resources to support national efforts to rapidly and effectively contain any new poliovirus detection from a containment breach or other source or stop any new poliovirus transmission	<ul> <li>Identify future outbreak risks, develop response strategies and preparedness plans, and sustain trained human capacity to appropriately implement these strategies and plans</li> <li>Create, maintain, and manage an adequate stockpile of polio vaccine and antivirals for an appropriate response</li> </ul>





## **Goal 3-summary**

- Redefined PV surveillance paradigm w/ risk-based approach reflecting need for higher sensitivity in some areas and new systems to identify iVDPV excretors
- Vision that AFP surveillance will be integrated with VPD or communicable disease surveillance; include in "EPI Information System"
- Based on strategies to provide early warning and response (EWAR) through mix of indicator-based and event-based surveillance strategies;
- Core response strategies driven by WHO Emergency Response Framework, but relies on SAGE recommendations for specific vaccination responses to detection of PV
- Future polio responses will require stockpiles of OPV/IPV and supply of polio anti-viral drugs (PAVDS); development of nOPV?

## **Next steps**



- By end 2017: Finalize draft PCS for POB approval
- January 2018: Present to EB
- February and April 2018: Review by SAGE Polio WG and SAGE
- May 2018: Present to WHA

PCS is a 'living document' and expect further revisions with ownership from new stakeholders prior to certification

