



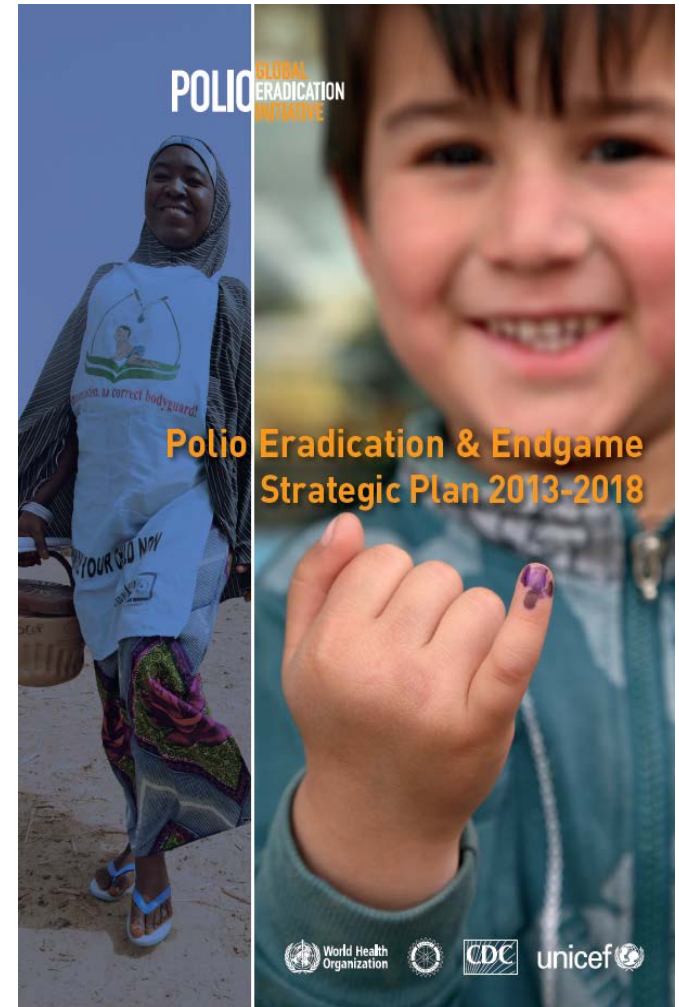
Progress with IPV introduction

Polio Partners Group – PPG
16 June 2014

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Polio End Game Strategic Plan 2013-18

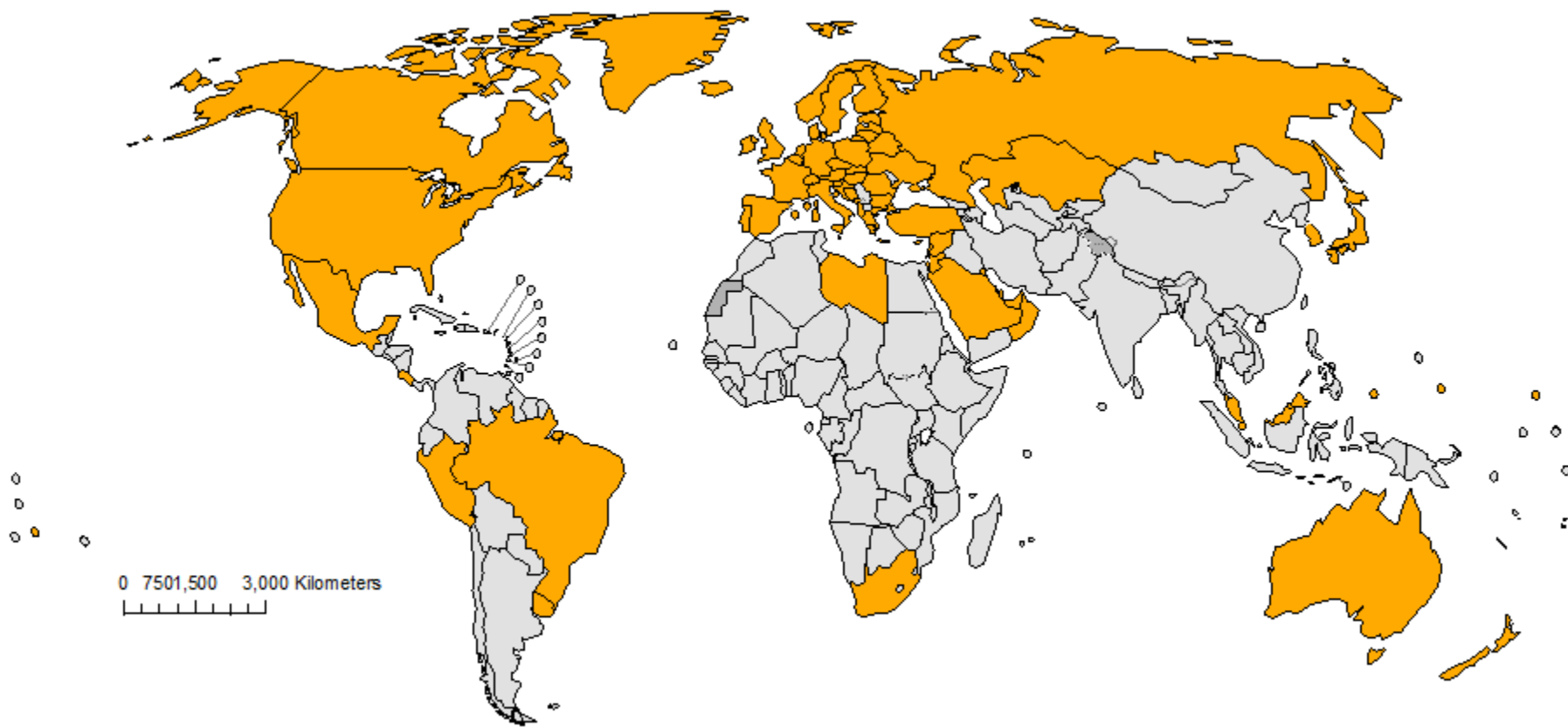
- **Objective 1**
 - Polio virus detection and interruption
- **Objective 2**
 - *Introduce at least one dose of IPV, withdraw OPV, starting with OPV type 2, strengthen RI in 10 priority countries*
- **Objective 3**
 - Containment and certification
- **Objective 4**
 - Legacy planning



The role of IPV

- **Reduce risks** of an outbreak after type 2 OPV vaccine withdrawal
- **Help stop outbreaks quickly** if type 2 virus is reintroduced
- **Boost immunity** against polio types 1 & 3 to protect populations and hasten eradication



Countries using IPV vaccine to date



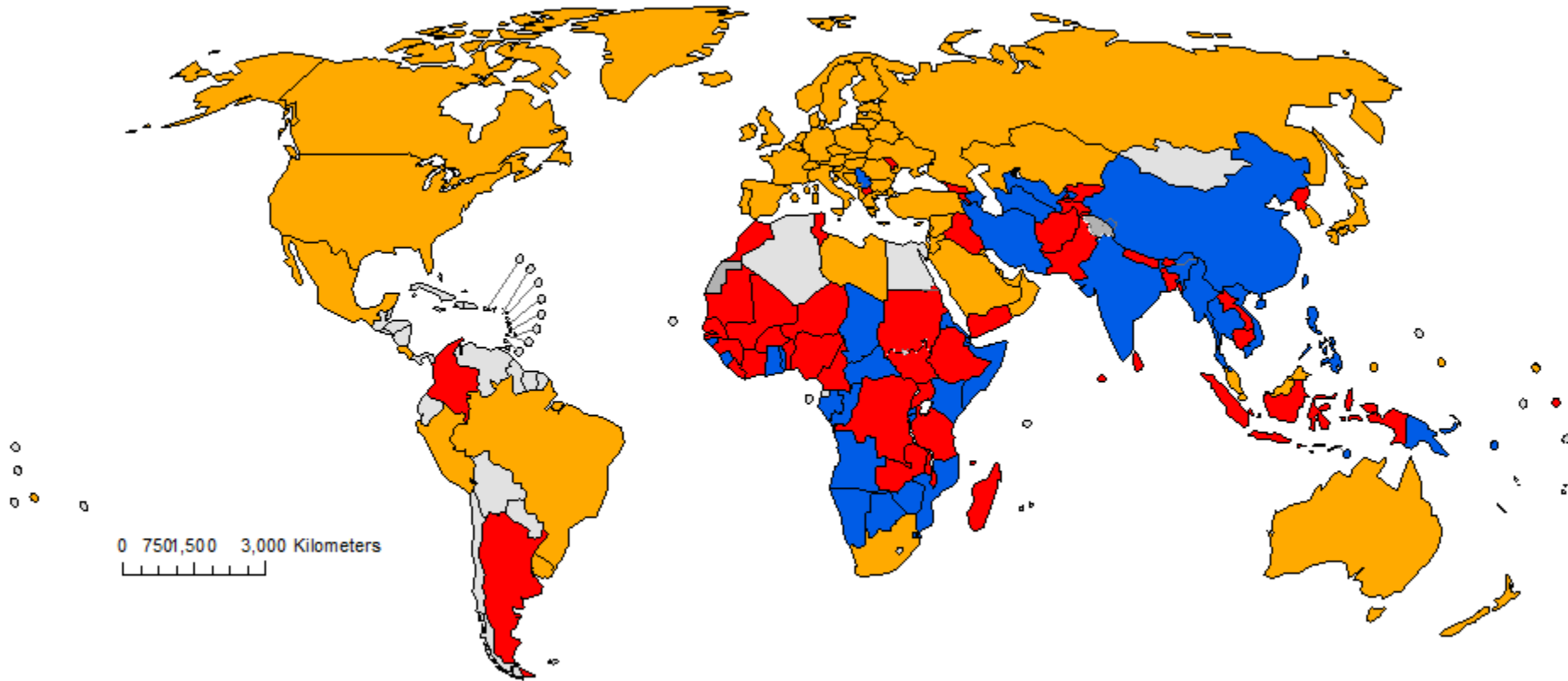
Data Source: WHO/IVB Database, as at 02 June 2014

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

Date of slide: 2 June 2014

 Introduced to date (72 countries or 37%)
 Not Introduced to date (122 countries or 63%)




...and those with plans to introduce by 2015



Data Source: WHO/IVB Database, as at 09 June 2014

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

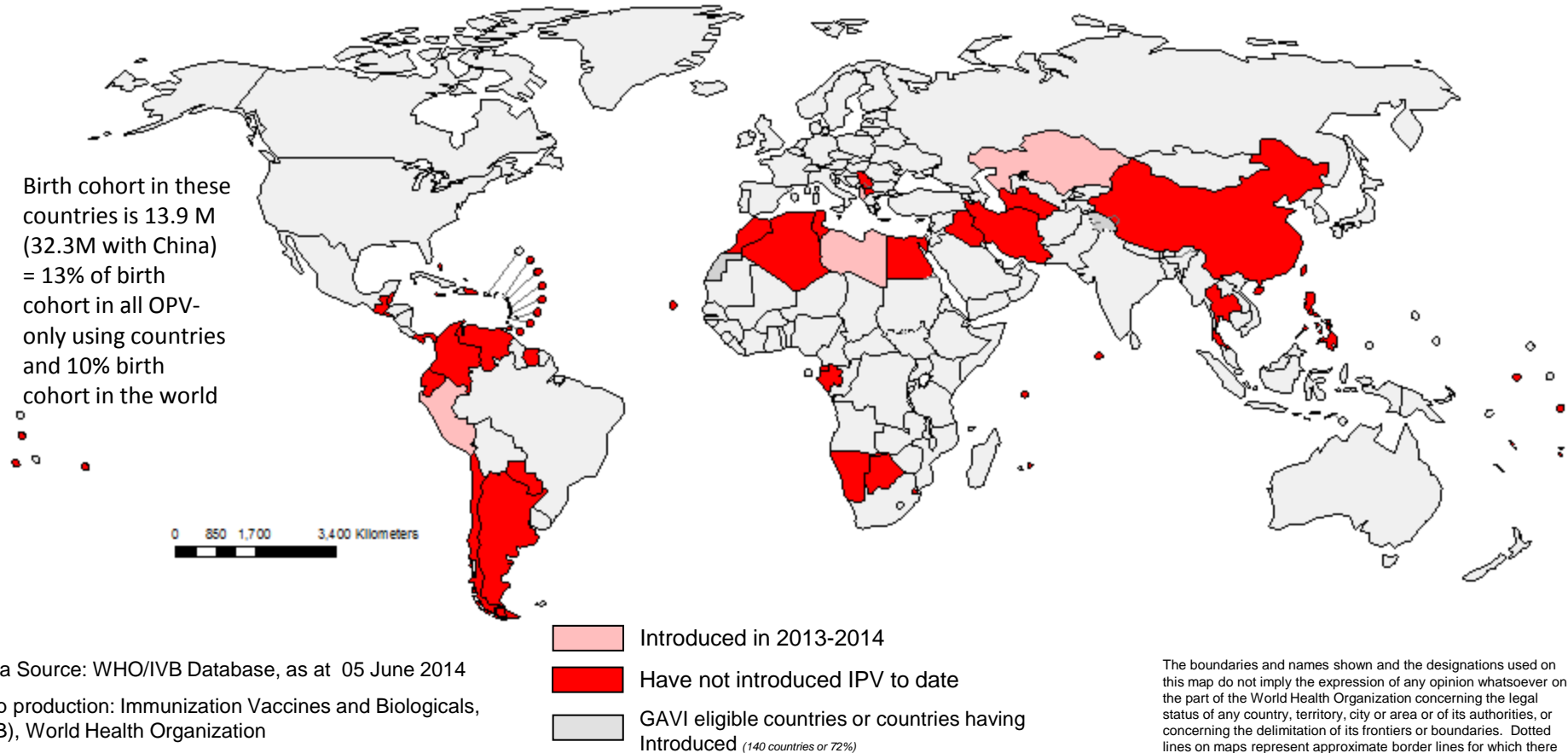
Date of slide: 10 June 2014

-  Introduced to date (72 countries or 37%)
-  Formal commitment to Introduce in 2014-2015 (46 countries or 24%)
-  Intent to Introduce 2014-2016 (34 countries or 18%)
-  Not Available/No Plans (42 countries or 22%)

Despite progress, risks remain

- **Ensuring intent translates to action.** *High level advocacy must continue.*
- **Aggressive timelines** -2015 will bring an unprecedented number of new vaccine introductions.
- **Competing priorities at country level**– including other new vaccine introductions. *IPV should be used to maximize synergies and not derail existing efforts .*
- **Slow progress in non-GAVI countries which currently use only OPV**– only 20% have either introduced or developed a plan to introduce vs. 84% of GAVI countries.

Of the 54 Non-GAVI Countries, only 4 have IPV Vaccine in their Routine Immunization Schedule (June 2014)



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 Source: WHO/IVB Database, as at 05 June 2014

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

Date of slide: 5 June 2014

*The total non-GAVI OPV only countries as of 01JAN13 was 54. Kazakhstan and Peru introduced in 2013; Libya and Albania introduced in 2014.

Introduction in non-GAVI countries is critical

- Without these countries introducing, **Type 2 OPV withdrawal will be at risk**
- Risks of outbreaks are highest in Tier 1, 2 and 3 countries – **6 of these countries are MICs (excl. China)**
- Lack of introduction in these MICs **increases risk of outbreaks**—including importation to neighboring countries where ability to respond is limited— e.g. Angola, DRC

Why do non-GAVI countries need support?

- A **large share of the world's poor lives in these countries** (est. 16%; 70% world's poor live in MICs)
- These countries are **lagging behind in introduction of new vaccines** (e.g. PCV introduced in countries representing 18% birth cohort versus 24% in GAVI countries)
- Immunization systems are strong, but **decision making, planning and procurement processes** are often relatively weak
- The **prices of vaccine** accessed by these countries are often high
- Countries receive **very limited ODA** (average 6 US\$ per capita)

Support options considered

- 3 options considered : Vaccine introduction grant (VIG), procurement support and vaccine subsidy
- **Consulted donors have expressed preference for VIG and limited procurement support**

Type of Support		Key Considerations
Ongoing	Technical support	<ul style="list-style-type: none"> • IMG partners will provide technical support to countries as and when needed
Ongoing	Cold chain support	<ul style="list-style-type: none"> • 20+ countries (GAVI or non-GAVI) to be supported through Rapid Response Fund
NEW	Vaccine introduction grant	<ul style="list-style-type: none"> • GAVI-like one-time introduction grant: \$0.80 per child in birth cohort (or at least \$100K) to support training, data management, etc.
NEW	Initial procurement support	<ul style="list-style-type: none"> • One time support of 12-months funding for IPV procurement including buffer stock

Country eligibility considerations

- Objective, transparent criteria
- 4 options considered below to determine country eligibility
- Proposed way forward is a **focus on LMICs and Tier2-3 countries** (feedback from donors)
- China not considered for support given declared intention to move forward with IPV

Country Group	Justification	Countries & Birth Cohort
LMICs	<ul style="list-style-type: none"> • Focus on poorest non-GAVI countries • World Bank income classifications are objective and transparent 	<ul style="list-style-type: none"> • 10 countries, 5.8M birth cohort
Tier 2 and 3 MIC countries	<ul style="list-style-type: none"> • Focus on risk prioritization – only those at higher risk would be eligible for financial support 	<ul style="list-style-type: none"> • 6 countries, 5.7M birth cohort
GNI below \$6,220	<ul style="list-style-type: none"> • Align with GAVI (richest GAVI country has GNI per capita of \$ 6,220) 	<ul style="list-style-type: none"> • 27 countries, 11.2M (China excluded)
All non-GAVI countries	<ul style="list-style-type: none"> • Since classifications are difficult and may be seen as unfair, open up financial support to all non-GAVI countries 	<ul style="list-style-type: none"> • 49 countries, 13.8M (China excluded)

SUMMARY: Proposed Financial Support to non-GAVI countries

Proposed Eligible countries:

- **All Lower Middle Income Countries** which have not already introduced IPV (10 countries)
- Other **Tier 2 and 3 countries** which have not already introduced IPV (6 countries)
- **Total of 16 countries considered** for support, birth cohort of approximately 8.7 million

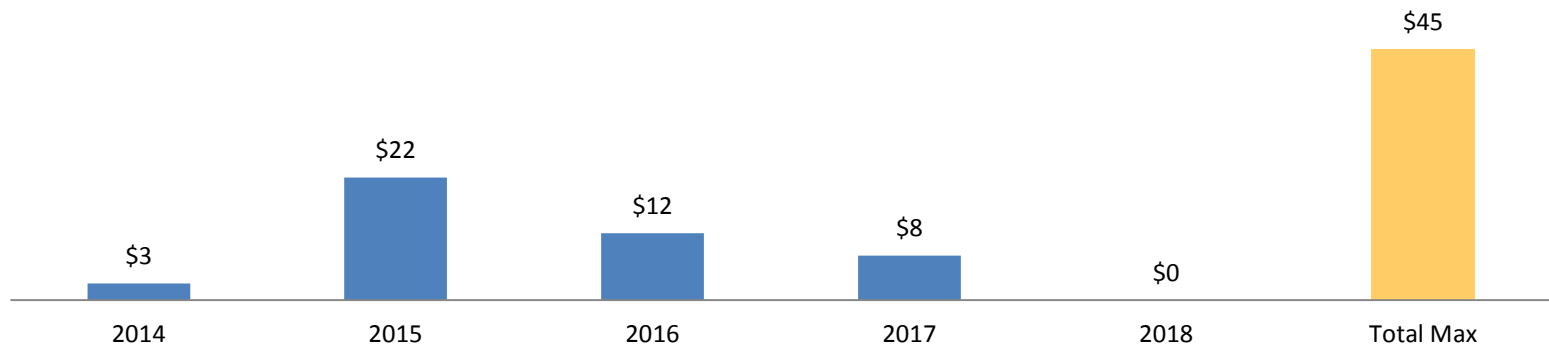
Proposed Support

- Offset **operational costs** of introduction-- \$0.80/child vaccine introduction grant
- **12 months procurement support**– ensure vaccine introduction by Endgame timelines

Financial implications

- Financial envelope required is within existing FRR support budgeted for non-GAVI countries as part of Objective 2
- Costs range from \$35 million to \$45 million
 - Main cost driver is procurement support
 - Final cost depends on vaccine presentation (vial size/wastage)

Maximum Yearly Financial Requirements (Millions)



Next steps

- **POB** : Financing proposal will be presented for endorsement on June 20, 2014
- **Roll out support to countries:**
 - Assessment of country needs (within identified support categories and list of countries)
 - Financial disbursement and procurement support depending on procurement method (UNICEF SD, PAHO, Self)
- Establish **process for monitoring of impact** and reporting
- Identify other non-GAVI countries which may, exceptionally, **require time-limited budget support** to ensure the endgame timelines are not compromised (within approved budget envelope)



Thank You

Merci

Support for non-GAVI countries: key considerations

Key input groups

- Countries
- IMG, including financing sub-group
- WHO/UNICEF Regional Offices
- GPEI financing working group
- Donors
- SAGE working group on polio

Key activities

- Developed model to assess country ability-to-pay for IPV
- Pricing secured through UNICEF tender
- Collect feedback from non-GAVI countries on barriers to introduction, including financing
- Create and conduct willingness-to-pay survey amongst non-GAVI countries
- Develop options for consideration by input groups

Feedback from countries

Partners solicited feedback from countries through regional meetings and through a willingness to pay survey

Issues Raised

- Cost/price/affordability of IPV
- Getting budget for IPV for 2014-early 2015 given missed budget planning cycles
- Affordability of hexavalent vaccine
- No interest in 10 dose vials due to high wastage
- More visibility on availability of IPV (5 dose presentations and Hexavalent)
- Procurement challenges

Help needed

- Lower price of vaccine (subsidy & stimulating competition) – *ACHIEVED THROUGH UNICEF TENDER*
- **Catalytic financial support from donors to meet Endgame timelines**
- Advocacy support for national financing – *SPECIFIC PROJECT SET UP WITH JOHNS HOPKINS*
- Help ensure availability of supply in less than 10 dose presentation – *NEW SUPPLIERS ONLINE END of 2015*
- Provide support to licence IPV– *ONGOING THROUGH WHO*