Progress with IPV introduction

Polio Partners Group – PPG
16 June 2014

Michel Zaffran
Co-Chair, Immunization Systems Management Group
Coordinator, EPI/WHO
zaffranm@who.int
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)

Birth cohort in these countries is 13.9 M (32.3M with China) = 13% of birth cohort in all OPV-only using countries and 10% birth cohort in the world.

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

<table>
<thead>
<tr>
<th>Type of Support</th>
<th>Key Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing Technical support</td>
<td>• IMG partners will provide technical support to countries as and when needed</td>
</tr>
<tr>
<td>Ongoing Cold chain support</td>
<td>• 20+ countries (GAVI or non-GAVI) to be supported through Rapid Response Fund</td>
</tr>
<tr>
<td>NEW Vaccine introduction grant</td>
<td>• GAVI-like one-time introduction grant: $0.80 per child in birth cohort (or at least $100K) to support training, data management, etc.</td>
</tr>
<tr>
<td>NEW Initial procurement support</td>
<td>• One time support of 12-months funding for IPV procurement including buffer stock</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Country Group</th>
<th>Justification</th>
<th>Countries &amp; Birth Cohort</th>
</tr>
</thead>
</table>
| **LMICs**     | Focus on poorest non-GAVI countries  
                World Bank income classifications are objective and transparent | 10 countries, 5.8M birth cohort |
| **Tier 2 and 3 MIC countries** | Focus on risk prioritization – only those at higher risk would be eligible for financial support | 6 countries, 5.7M birth cohort |
| **GNI below $6,220** | Align with GAVI (richest GAVI country has GNI per capita of $ 6,220) | 27 countries, 11.2M (China excluded) |
| **All non-GAVI countries** | Since classifications are difficult and may be seen as unfair, open up financial support to all non-GAVI countries | 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

<table>
<thead>
<tr>
<th>Key input groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Countries</td>
</tr>
<tr>
<td>• IMG, including financing sub-group</td>
</tr>
<tr>
<td>• WHO/UNICEF Regional Offices</td>
</tr>
<tr>
<td>• GPEI financing working group</td>
</tr>
<tr>
<td>• Donors</td>
</tr>
<tr>
<td>• SAGE working group on polio</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Developed model to assess country ability-to-pay for IPV</td>
</tr>
<tr>
<td>• Pricing secured through UNICEF tender</td>
</tr>
<tr>
<td>• Collect feedback from non-GAVI countries on barriers to introduction, including financing</td>
</tr>
<tr>
<td>• Create and conduct willingness-to-pay survey amongst non-GAVI countries</td>
</tr>
<tr>
<td>• Develop options for consideration by input groups</td>
</tr>
</tbody>
</table>
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