**FRAMEWORK FOR INITIAL USE OF nOPV2 UNDER EUL**

This framework will determine the location and method of the initial uses of nOPV2 under EUL. This will operate for approximately 3 months from the first time nOPV2 is used under EUL. It is likely to comprise 1-3 full outbreak responses, or approximately less than 10 million doses.

### Why an initial use period?

WHO Emergency Use Listing (EUL) would grant use of nOPV2 under specific guidance and with requirements for post-deployment monitoring, which would be applicable for the duration that nOPV2 is used under EUL. As nOPV2 has not been used on a large scale or in outbreak response previously, we propose that there should be additional criteria for the initial uses of nOPV2 under EUL. This will be important to ensure close monitoring for any unanticipated events and that these can be quickly and effectively addressed to minimize risk and impact on broader immunization activities, including polio.

### Essential criteria for first use under EUL:

1. VDPV2 detection (as per current Standard Operating Procedures).
2. Capacity to acquire and distribute the vaccine in a timely manner (e.g. suitable country vaccine approval and import processes, non-restrictive pharmaceutical GMO legislation).
3. Capacity to conduct post-deployment surveillance (in addition to any post-deployment monitoring requirements from EUL) including:
   - AFP surveillance
   - Environmental surveillance (established or the capacity to deploy before use)
   - AEFI surveillance (and ability to determine if AEFIs are related to the vaccine)
4. Country capacity to respond to an unanticipated finding
5. A time-period of at least 12 weeks from mOPV2 use in the area.

### Other considerations for first use under EUL:

- A time-period of at least 6 weeks from OPV1/3 campaigns in the area.
- Understanding of vaccine acceptance amongst the population in the country/area.
- Known access or security issues that would prevent adequate coverage.

### Method for first use under EUL:

- The first uses under EUL should be an outbreak response with nOPV2 alone.
- There must be sufficient vaccine to conduct the full required number of rounds with nOPV2 alone.
- IPV use may be considered subsequently, after first two rounds of nOPV2.