Global Polio Eradication Initiative
Polio Oversight Board Meeting
September 25, 2015

Note: Gavi requirements of $122.2 million are not included in this slide
Agenda Item #6 Topics

- Progress milestones
- ‘Containment’ of polioviruses in facilities
- IPV supply and prioritization for use
Progress Milestones since last POB

• All WPV outbreaks stopped
• No WPV in Nigeria and Africa > 1 year
• IPV introduction: 85% by end 2015, rest 2016
• WHA resolution 68.3
• Global Certification Commission declares eradication of WPV2
• SAGE WG reaffirms April 2016 for tOPV-bOPV switch
Containment of polioviruses in facilities
(Objective 3 of GPEI Strategic Plan)

- Global Action Plan for containment (GAP III)
- To mitigate risk of release & transmission from poliovirus (PV) facilities
- A preparatory step for OPV withdrawal
- A requirement for final global certification of polio eradication
- Overseen by Regional & Global Commissions
Phase I: *Reduce number of facilities*

Destruction of stocks will reduce number of facilities & risk of release

![Diagram showing risk of reintroduction](image-url)
Phase I: Reduce the number of facilities containing type 2 poliovirus

By end-2015: **WPV2**:

- Identify WPV2 infectious and potentially infectious materials in all labs
- Destroy, transfer or contain WPV2

By July 2016: **OPV2**:

- Identify OPV2 infectious and potentially infectious materials in all labs
- Destroy, transfer or contain OPV2/Sabin2
Phase I: global progress (WPV2)

- AMRO, EURO, SEARO, WPRO (polio-free certified regions)
  - All countries completed inventories in the past \(\rightarrow\) **WPV2 updates due by end-Sept (SEARO, WPRO) and end-Nov (EURO) and end-Jan (AMRO)**
  - Considering PV-essential facilities designations: **42 estimated**

- AFRO & EMRO
  - 15/47 (AFRO) and 18/21 (EMRO) countries completed inventory in the past
  - **WPV2 inventories due at end-November**
  - **Essential facility designations due at end-November**
    - Considering PV-essential facilities designations: **1**
GPEI Strategies for completion of Phase I

Communications: a major drive immediately after SAGE to inform & engage all key actors – editorials, news media etc.

Advocacy: high level engagement with countries at risk of lagging and to encourage destruction of PV stocks - letter from DG, Regional Committees, Executive Board

Capacity: additional human resources at HQ & Regions to support country implementation (EURO, AFRO)

Monitoring: closely track progress

Champions: engagement with National Certification Committees & Containment Coordinators in countries

Adapt: expand these actions in 2016 for Sabin2 requirements
Phase II: Ensure appropriate containment

- **PV-essential facilities:**
  - Poliovirus vaccine production facilities
  - Research facilities
  - Facilities housing PV repositories

Risk of reintroduction as Phase II progresses

- Facilities with PV2 materials before implementation of GAPIII
- Facilities with PV2 materials after implementation of GAPIII
Phase II: Full implementation will take time to complete (2-3 years)

1. National Authorities for containment:
   - such authorities need to be identified & designated
   - countries need to develop regulations aligned with GAP III
   - agree to containment certification process

2. Facilities:
   - A number of facilities not yet prepared to implement - investments & structural changes require resources & time

3. Interim Risk Management Measures:
   - Interim measures developed to manage risks until full implementation
GPEI Strategies for completing Phase II

• Advocacy with all sectors of governments that host PV-essential facilities
  – Designate authority, establish regulations, certify containment

• Containment Certification Scheme
  – Global Commission reviews, accepts or verifies certification

• Global Containment Advisory Group
  – Advises Global Commission, verifies certification on its behalf
  – Hosted by WHO
Mitigating risks in non-PV facilities

Frozen collections that might be contaminated with PV – e.g. Rotavirus or Flu labs – destruction not an option

- Ongoing communications outreach
- Specific guidelines on risk mitigation that allow:
  - Storage
  - Research work
  - Handling in strict bio-safety conditions
IPV: Strategies for Use, Constraints in Supply
Strategic Uses of IPV

Introduction in routine immunization programs
• mitigate the risk of type 2 polio after OPV2 cessation
• enhance immunity to types 1 & 3 polio
• in all (126) OPV using countries
• prioritized based on risk tiers 1 (highest) to 4 (lowest)
Use in mass campaigns

**Endemic Countries:**
– rapidly raise immunity among children with limited opportunities to vaccinate - inaccessible or intermittently accessible
– stop final chains of transmission when high coverage can be achieved
– not recommended for areas with low OPV coverage due to operational gaps

**Outbreaks:**
– Rapidly raise immunity to stop outbreaks
Managing Short IPV Supply

- Both manufacturers with GPEI tender prices unable to supply amounts committed
- Scale up problems, already maximum capacity
- GPEI applying a clear prioritization scheme
- 17 tier 3 & 4 countries delayed till Q1 & 8 till Q3
- 1.2 m set aside for outbreaks
Managing Short IPV Supply - 2

• Further shortage will cause stock outs in countries, delays in tier 1 & 2 countries and affect buffer for outbreaks

• Campaigns in endemic countries is top priority – **but** IPV must be used per global criteria for endemic countries
POB is requested to

• Write to manufacturers
  – appreciate their partnership
  – confirm April 2016 as the switch date
  – emphasize importance of no further reductions

• Reaffirm GPEI recommendations for IPV use in campaigns

• Advocate that Switch must proceed in April 2016 despite current delays in IPV introduction, as recommended by SAGE WG
Criteria for allocation of IPV

The Strategy Committee endorsed prioritization criteria proposed by IMG and EOMG:

- SIAs in endemic countries (up to 8 million doses)
- IPV stock for outbreak response
- Continued supply to countries that introduced
- Routine introduction in tier 1 and 2 countries
- Routine introduction in tier 3 and 4 countries
- Additional unplanned SIAs