

POLIO POST-CERTIFICATION STRATEGY

Summary overview

8 August 2017

Introduction

This PowerPoint is intended to provide a summary overview of the **polio Post-Certification Strategy (PCS) 2021-2030**, at its current stage of development.

The strategy is intended to provide a comprehensive strategy to define, at a global level, the technical standards that will be needed in order to sustain a polio-free world after global certification of wild poliovirus eradication.

In the second half of 2017, the PCS draft will be gradually refined based on consultations with a wide range of global and regional partners, scientific experts, donors, and other stakeholders.

Once final, the PCS will be presented to the World Health Assembly in May 2018.

Polio Eradication and Endgame Strategy



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*

What is transition planning?

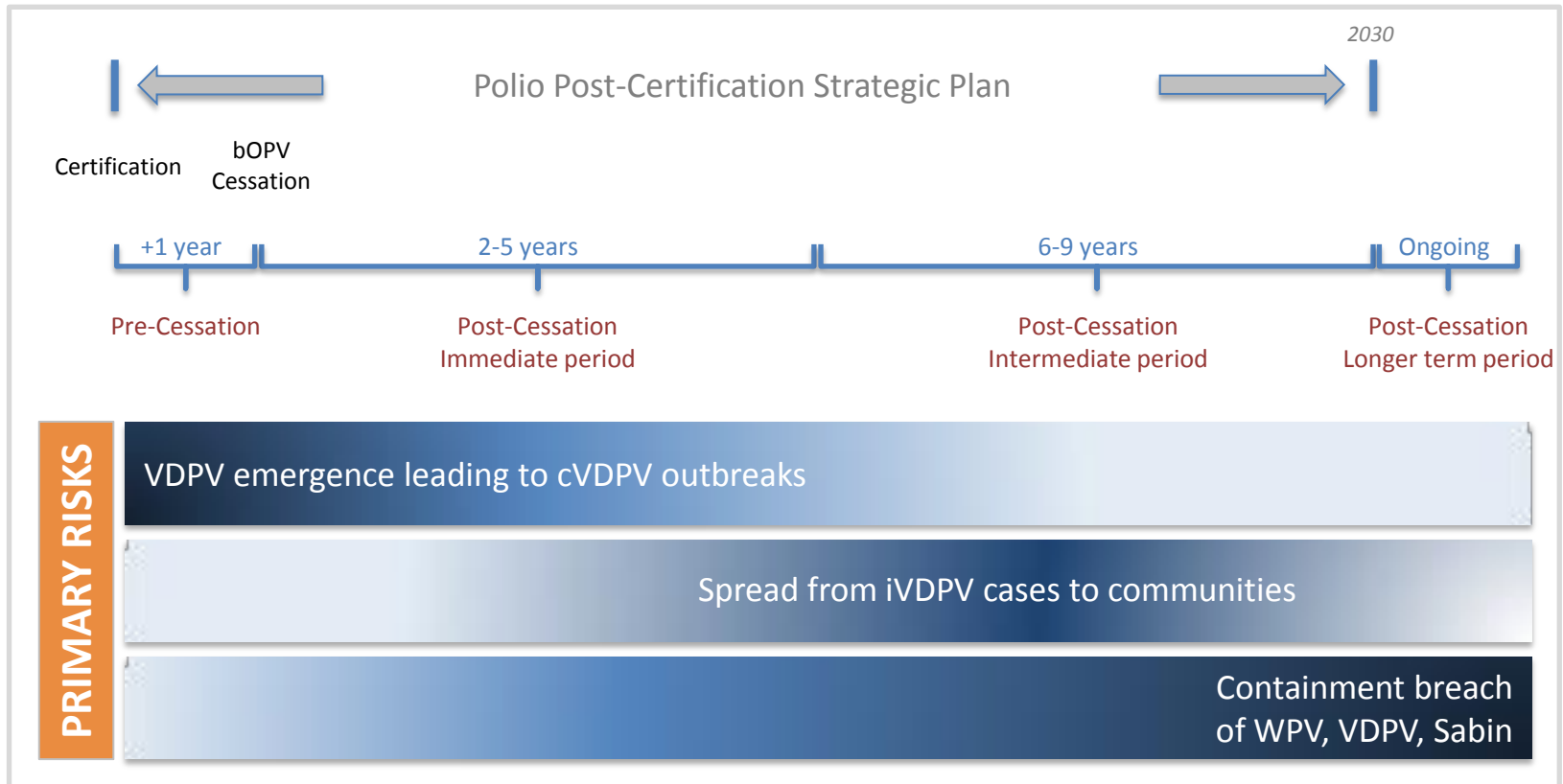
- **Transition planning is a part of preparing for a polio-free world.**
- As we come closer to achieving eradication, the Global Polio Eradication Initiative (GPEI) will begin to wind down its operations, and will come to a close at the time of global certification of polio eradication.
- Over three decades of operation, GPEI has built significant infrastructure, knowledge and expertise, and learned valuable lessons. Some of this key knowledge, infrastructure and functions of GPEI will be transitioned into ongoing health systems.
- **At the same time, the PCS is being developed to provide the high-level guidance for maintaining a polio-free world after global certification of wild poliovirus eradication.**
- The PCS will not provide specifics for implementation or define responsibilities; these will be determined by countries.

Elements of the transition process

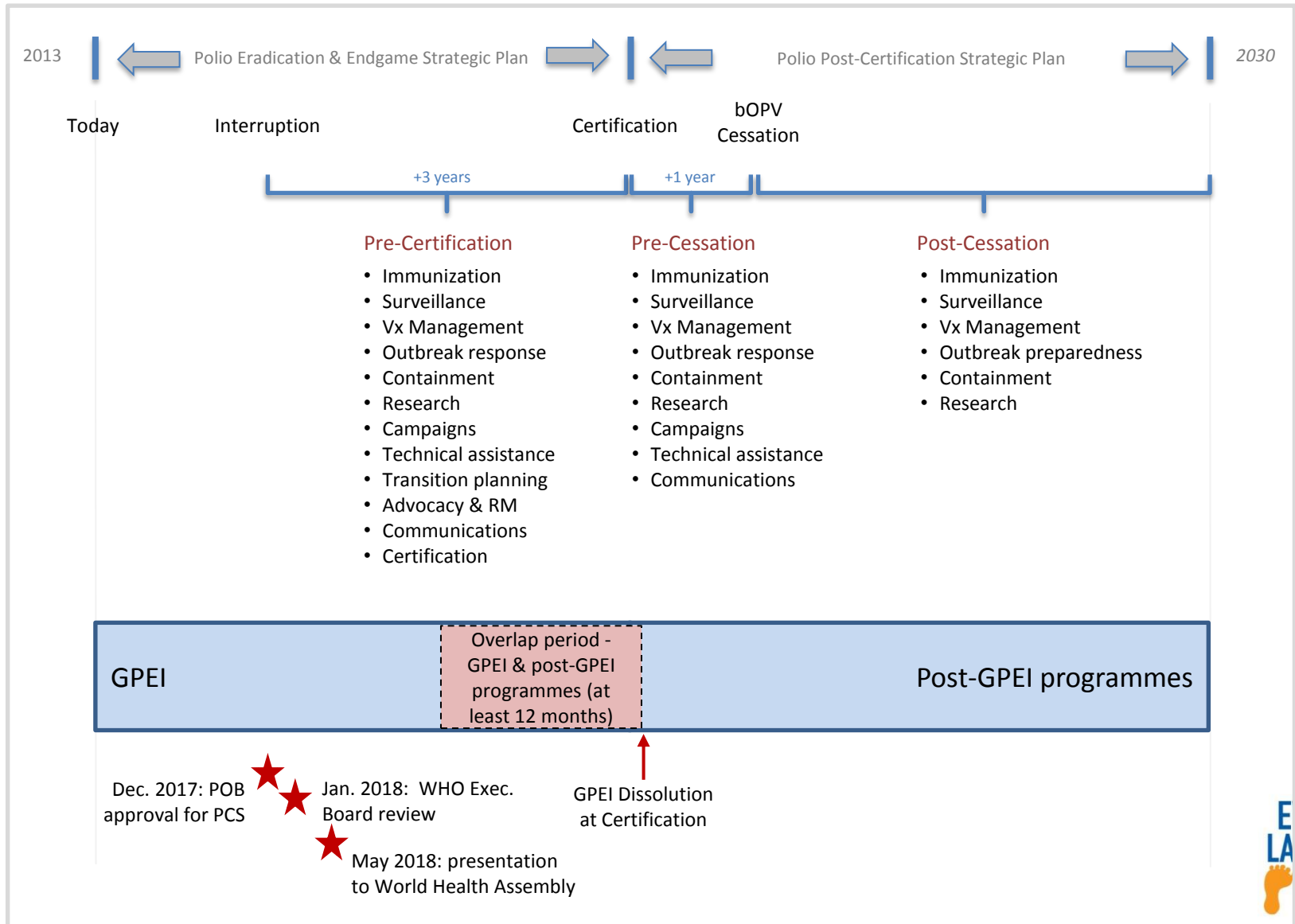
GPEI-supported elements of the polio transition process

| GLOBAL / REGIONAL | FUNCTIONS NEEDED TO MAINTAIN ERADICATION | FUNCTIONS THAT WILL NO LONGER BE NEEDED | FUNCTIONS TO TRANSFER TO NON-POLIO EFFORTS |
|-------------------|--|--|--|
| | <p>Responsible: GPEI, via the Polio Post-certification Strategy (PCS).</p> <p>Timeframe: Before closure of GPEI</p> | <p>Responsible: GPEI core partner agencies</p> <p>Timeframe: 2017-2020</p> | <p>Responsible: GPEI core partner agencies' non-polio divisions and other health initiatives</p> <p>Timeframe: Being initiated</p> |
| | <p>Agency-specific polio transition plans, including non-polio initiatives (owners: each GPEI partner agency and non-polio organisations)</p> | | |
| COUNTRY | <p>Responsible: each Ministry in consultation with partners from all levels</p> <p>Role of GPEI: to facilitate transition planning, with a focus on 16 priority countries</p> <p>Proposed deadline for draft national transition plans: December 2017</p> | | |
| | <p>Country health plans and polio transition plans e.g., National Health Sector Strategic Plan (NHSSP) and comprehensive Multi-Year Plan (cMYP)</p> | | |

What are the risks for poliovirus after certification?



Transition of essential functions



Post-Certification Strategy 2021-2030: Goals

Purpose: Sustain a polio-free world

| | |
|--|--|
| <p>Goal 1: Contain Poliovirus Sources</p> | <ul style="list-style-type: none"> Ensure potential sources of poliovirus are properly controlled or removed |
| <p>Goal 2: Protect Populations</p> | <ul style="list-style-type: none"> 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 |
| <p>Goal 3: Detect and Respond</p> | <ul style="list-style-type: none"> Promptly detect any poliovirus reintroduction and rapidly respond to prevent transmission |

Enabling and Cross-Cutting Areas

- Propose the ongoing polio functions that should be embedded in existing institutions and new approaches for governance and management model, monitoring framework, financial model, research activities, etc.



What does the PCS mean for countries?

All countries should:

- **Maintain awareness of the requirements set out by the PCS to maintain polio eradication, including guidance on:**
 - Containment, which will follow the GAP III guidelines
 - IPV immunization schedule according to SAGE recommendations
 - Possible readiness factors for bOPV withdrawal from SAGE and GCC
 - AFP and environmental surveillance standards by virus and country risk
- Use the PCS **to eventually inform planning for implementation**, and to determine the funding requirements for these activities
- **Continue to work towards the targets of the *Polio Eradication and Endgame Strategic Plan*, e.g.,** consider updating national plans with revised global guidance or make reference to PCS

Goal 1: Containment

Does your country have a polio essential facility (PEF): laboratory and / or polio vaccine manufacturer?

| If YES to question above: | If NO to question above |
|--|--|
| Ensure inventories of all poliovirus (WPV/VDPV & Sabin) are completed and verified | |
| <p><u>Non-PEF facilities:</u> Samples infected or potentially infected with poliovirus should be inactivated or destroyed as per future guidelines. Reports on these activities will be shared with National Polio Containment Coordinators and international bodies</p> | |
| <p>PEF and NAC to ensure with international oversight (GCC-CWG):</p> <ul style="list-style-type: none"> - safeguard measures implemented per GAPIII - PEF has a “certificate of containment” and timely renewal of certificate | |
| Country should ensure IPV use in routine immunization with coverage and duration in compliance with GAPIII (SAGE 2017)* | Country to maintain IPV use in routine immunization at least 10 years after global bOPV withdrawal (SAGE 2017) |

NAC = National Authority in Containment, GCC-WG=Global Certification Commission –Containment Working Group

* If PEF includes WPV, country should provide ≥ 3 doses of IPV with $> 90\%$ coverage;
 If PEF includes only Sabin or other PV, country should have at least 2 doses of IPV with coverage $\geq \text{DPT3}$



Goal 2: Protect

Is your country currently using bOPV in routine immunization (RI)?

| If YES to question above: | If No to question above: |
|---|--|
| Prior to global certification, follow forthcoming GPEI guidelines to plan and implement withdrawal of bOPV under a globally synchronized operation | Continue current RI use of other inactivated poliovirus-containing vaccine (e.g., IPV, hexavalent) |
| After bOPV withdrawal, include at least 2 (full or fractional) doses of IPV in RI schedule, at or after 14 weeks and the second dose ≥ 4 months after the first dose | |

Goal 3: Detect and Respond

Is your country classified as high-risk?

| If YES to question above: | If No to question above: |
|--|--|
| <p>Implement surveillance with capacity to detect single poliovirus emergence or low-intensity transmission</p> <ul style="list-style-type: none">- Utilize AFP and environmental methods- Expected standards will depend on level of risk and change over time | <p>Implement surveillance system with capacity to detect cluster of poliovirus or high-intensity transmission</p> <ul style="list-style-type: none">- Utilize mix of approaches appropriate to your country- Expected standards will depend on level of risk and change over time |
| <p>Maintain general outbreak response capacity per IHR guidelines plus polio-experienced staff at regional or national level through immediate cessation period</p> | <p>Maintain general outbreak response capacity per IHR guidelines</p> |

PCS Outreach

- Questions about the PCS can be directed to:
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THANK YOU