

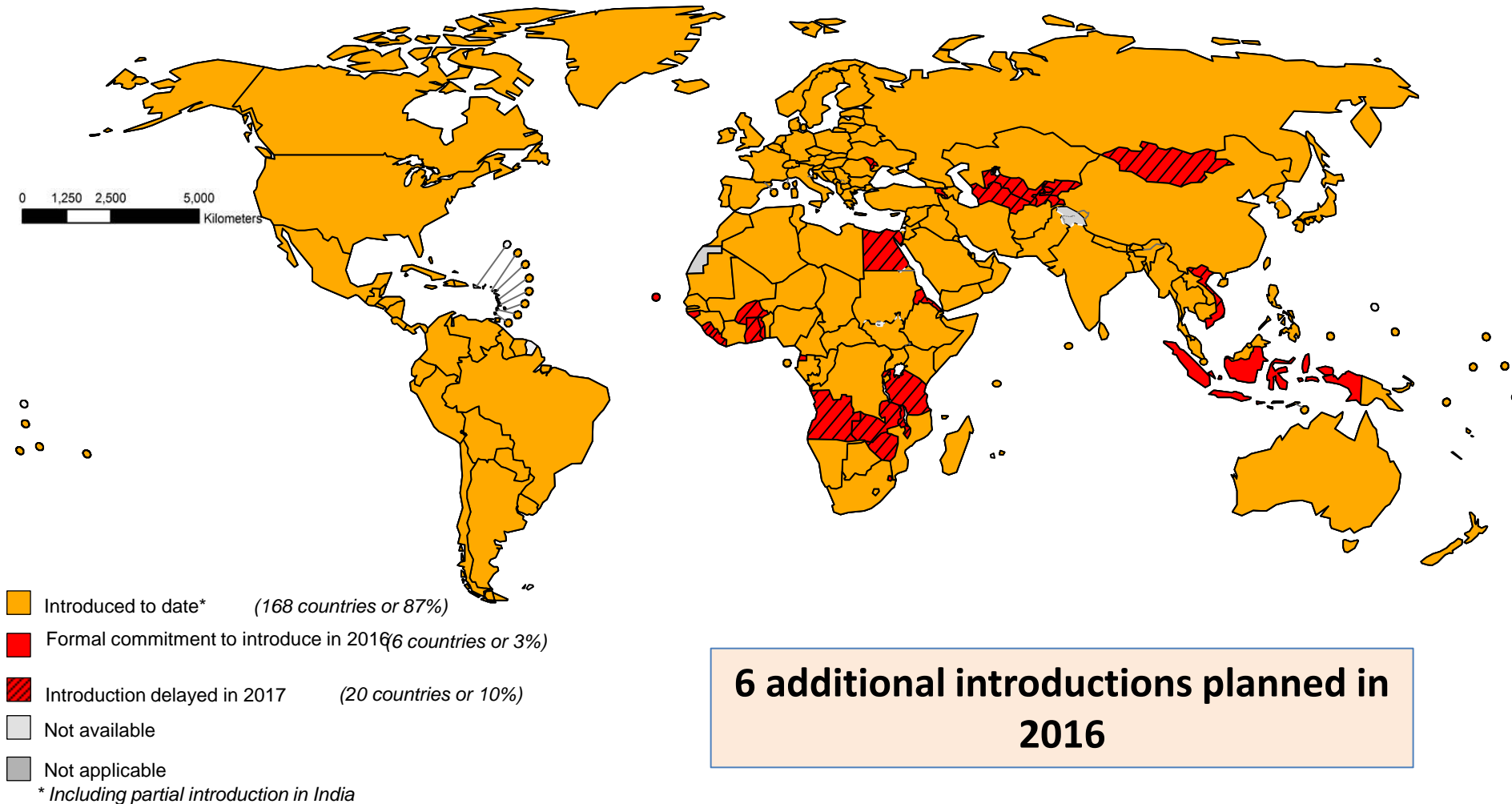


Update on the switch and IPV supply

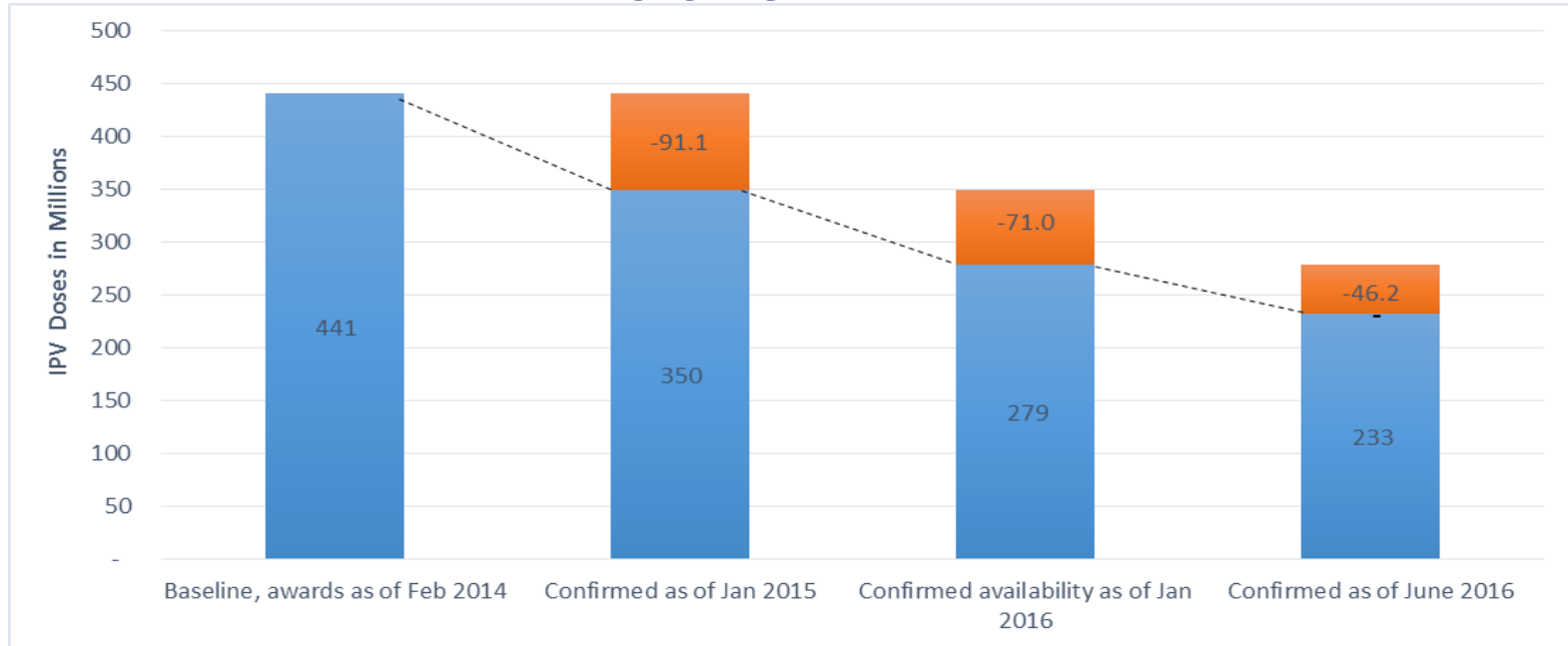
Simona Zipursky *on behalf of the IMG*
Polio Partners' Group | Geneva | June 2016

Current IPV introduction status

100/126 have introduced to date



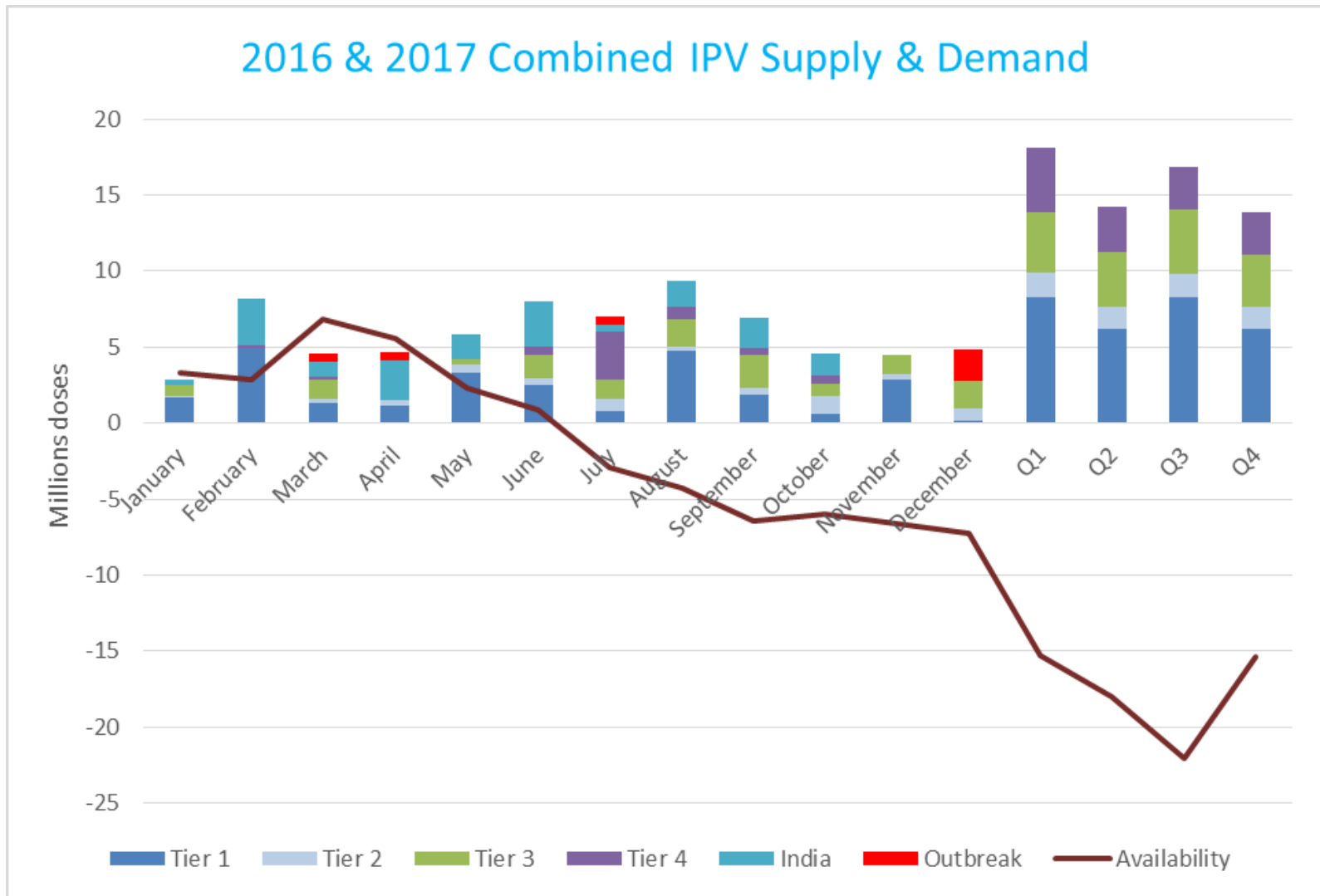
The IPV supply is constrained



- Chronic challenges due to problems with scale-up and manufacturing processes
- About **40% less IPV available than what was awarded through the initial UNICEF tender in 2014**
- The **IPV supply constraints are expected to remain dynamic until at least 2018** and will continue to be closely monitored by UNICEF and WHO

IPV supply situation (1, 5 + 10 dose)

April 2016, prior to adjustments



Principles for managing the IPV supply

The Polio Oversight Board, which is made up of the heads of agencies of GPEI partners agreed to the following:

- 1. Ensure adequate IPV supply to meet current and future needs of Afghanistan, Pakistan to ensure interruption of WPV transmission**
- 2. Sustain use of IPV in routine immunization programme in highest risk (tier 1 and Tier 2) countries**
- 3. Ensure sufficient quantities of IPV are available for outbreak response post-Switch.**
- 4. Provide clarity to tier 3 and 4 countries regarding supply availability so they can plan, avoiding ad-hoc delays**

~45 countries (22% of birth cohort) delayed to Q4/2017

Delayed introductions

Tier 3	Tier 4
Angola	Ghana
Burkina Faso	Malawi
Eritrea	Rwanda
Liberia	Tanzania
Sierra Leone	Togo
Egypt	Zimbabwe
Turkmenistan*	Zambia
Tajikistan	Kyrgyzstan*
Vietnam	Moldova*
	Uzbekistan
	Mongolia

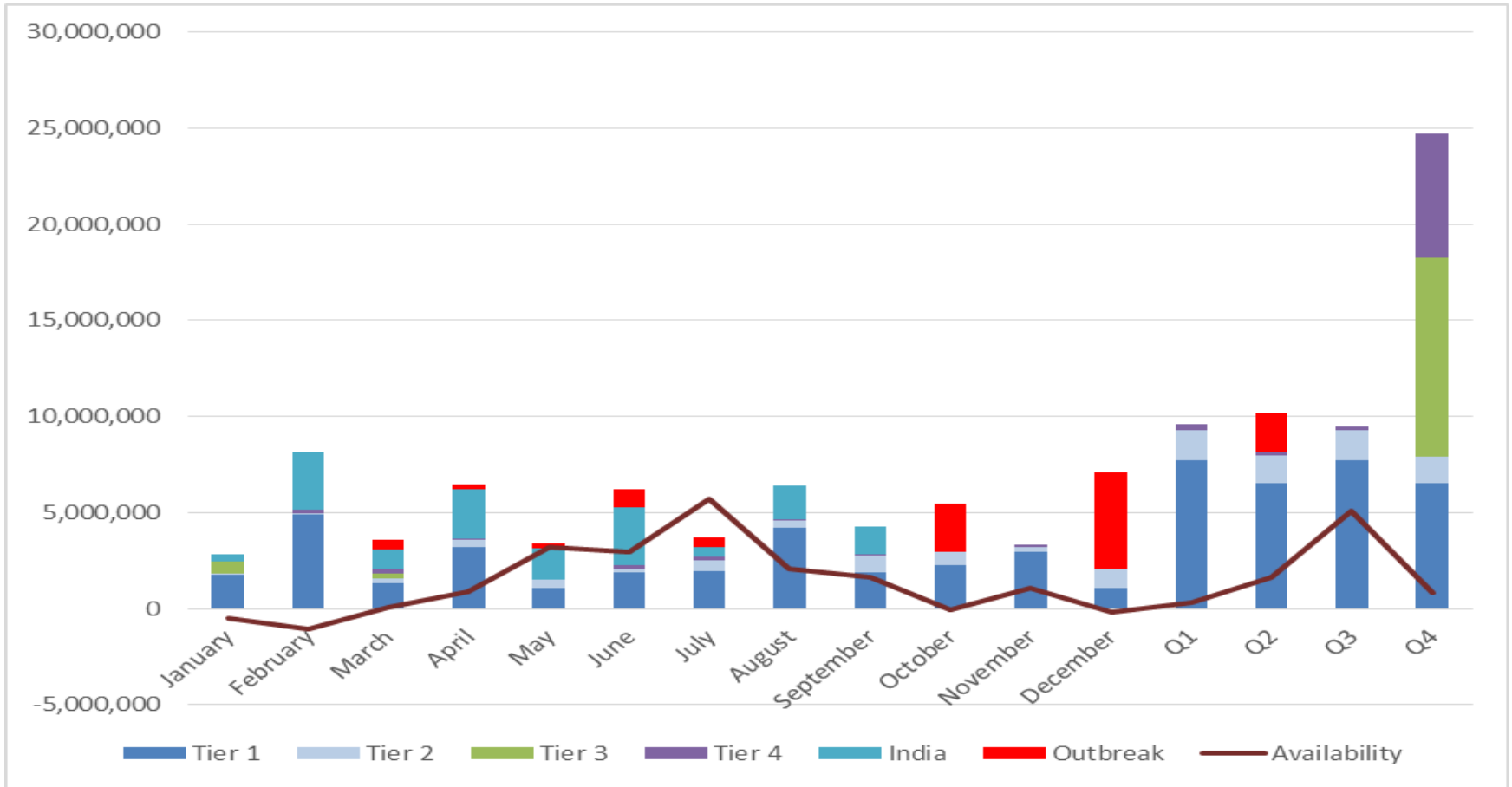
Delayed resupply

Tier 3	Tier 4
Burundi	Cape Verde
Cote d'Ivoire	Comoros
Guinea Bissau	Gambia
Senegal	Lesotho
Sudan	Morocco
Iran	Sao Tome
Bangladesh	Swaziland
Nepal	Djibouti
	DPRK
	Bhutan
	Maldives
	Namibia
	Seychelles
	Sri Lanka

* one dose presentation

** Pacific islands includes supply to 14 countries/territories: Of which 8 are provided IPV through UNICEF procurement: Cook Islands, Fiji, Kiribati, Nauru, Samoa, Solomon Islands, Tonga, and Vanuatu. Three countries (Niue, Tokelau, Tuvalu) have switched to full IPV schedule, whilst three countries (Republic of Marshall Islands, Federated States of Micronesia and Palau) receive IPV supplies through United States of America.

IPV supply situation, after adjustments are made (June 2016)

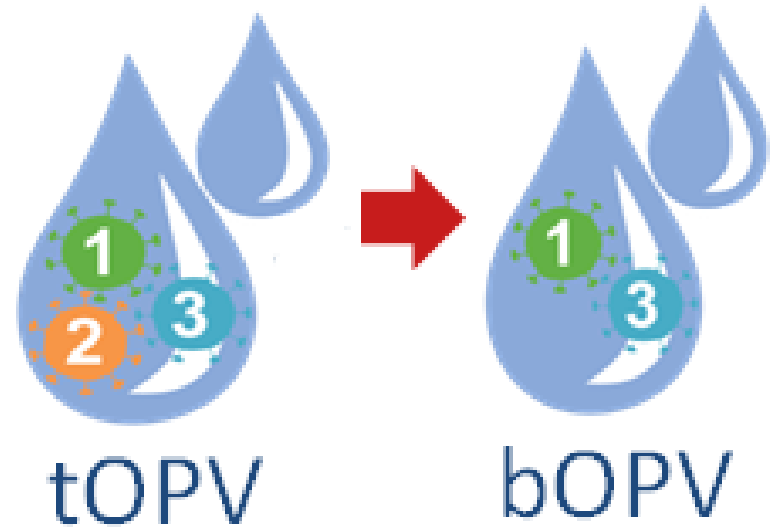


Ensuring risks to countries are mitigated

- **Population immunity against type 2 is high in the countries that are delayed (strong RI programs)**
- **IPV's role is to prime populations in case of emergence of type 2 vaccine-derived polioviruses**
- **Surveillance will be in place to identify both type 2 cases or environmental isolates**
- **A type 2 outbreak response protocol, for the launch of a response within 14 days has been developed**
- **A global stockpile of mOPV2 as well as an IPV outbreak response reserve are available**

The 'Switch'

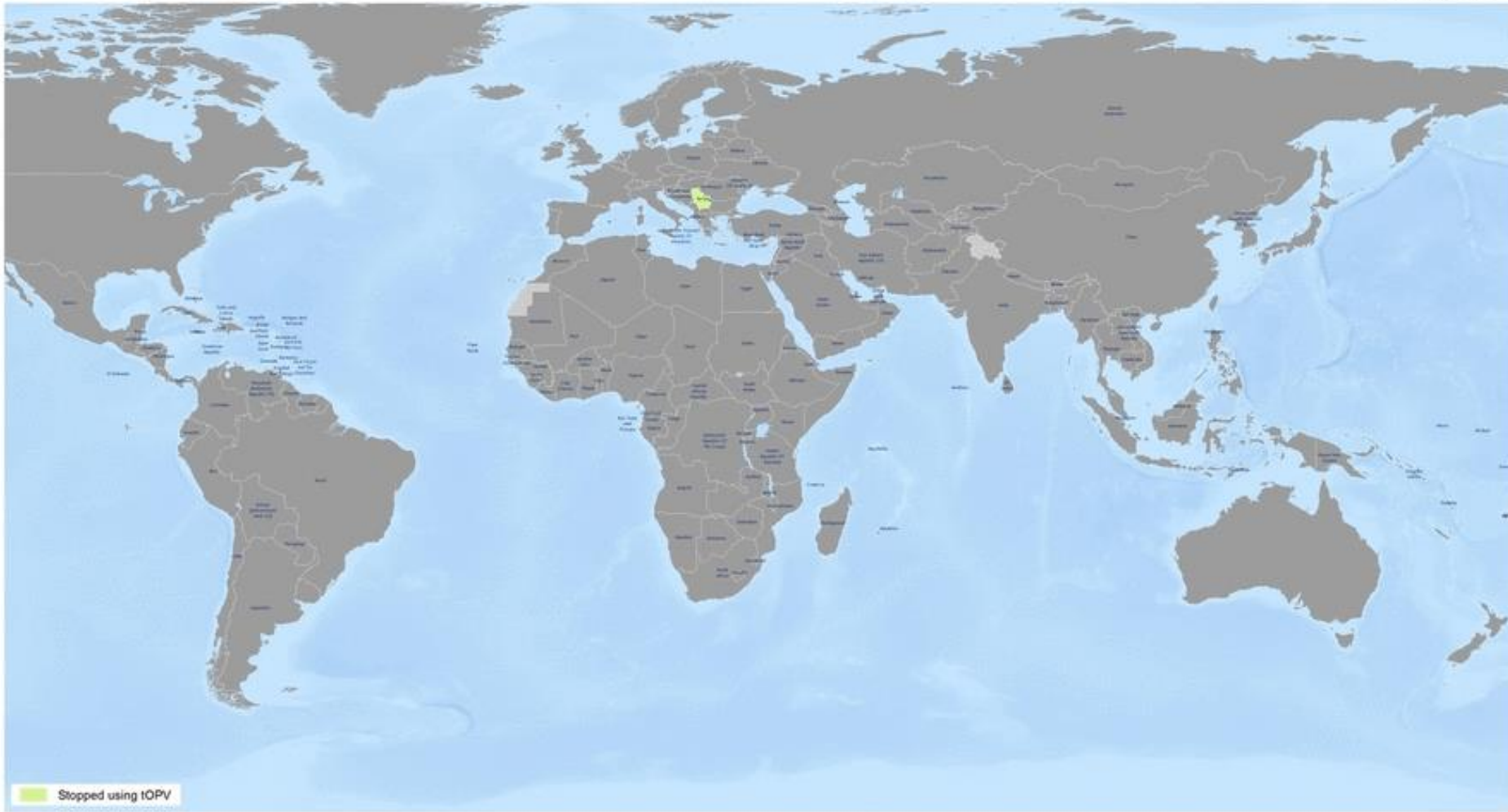
- Three type of Wild Polio Viruses-- Type 2 last seen in 1999
 - Type 2 Certified as 'eradicated' in September 2015



- **Global withdrawal of OPV type 2**
 - Occurred April 17-May 1, 2016
 - All 155 countries/territories using trivalent OPV switched to bivalent OPV in a synchronized manner

Switch progress over time

Global map showing when countries stopped using tOPV



Map Scale (A3) 1:80,000,000

1 cm = 800 km

Coordinate System: GCS WGS 1984
Datum: WGS 1984
Units: Degree

Data Source:

Dato and Admin. Boundaries: World Health Organization
Base Map: GBCO

This map does not include the following islands
due to constraints in the zoom extent:
Kiribati, Samoa, Tonga and Cook Islands

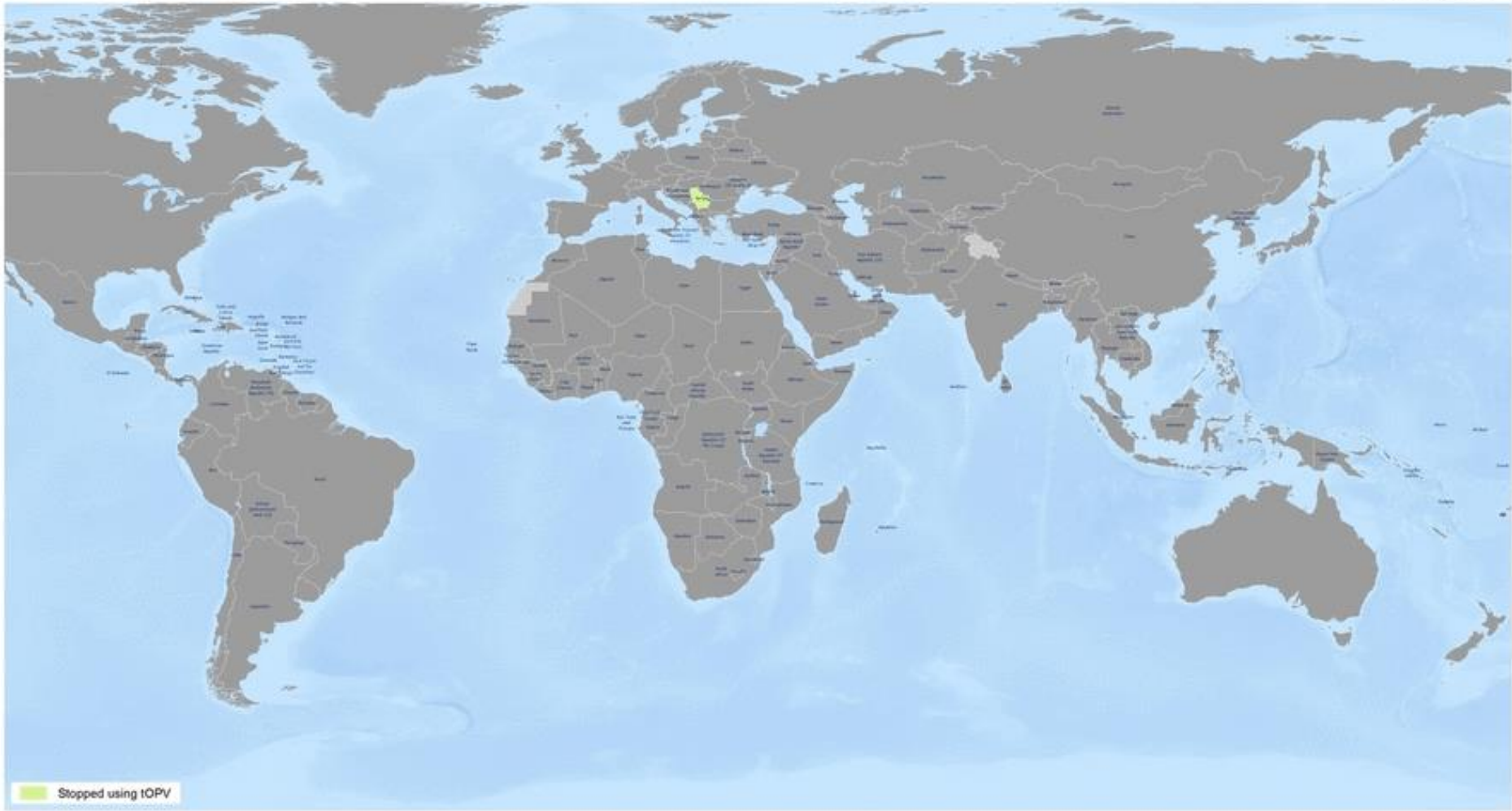
25 March, 2016

 Disputed Areas
 Disputed Borders

The boundaries and names shown and the information 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 and dashed lines on maps represent approximate borders lines for which there may not yet be full agreement.

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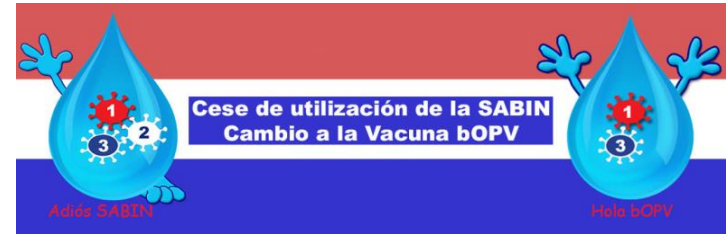
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The Switch: An Update

Indicator	Status
Countries no longer using tOPV in RI	155/155 (100%)
Independent monitoring has started	152/152* (100%)
National Validation Committee has received switch monitoring data	151/152* (99%) <i>(Libya)</i>
WHO Regional Office has received the National Validation Report	150/155 (97%) <i>(China, Iraq, Kuwait, Libya, Philippines)</i>

*Three countries moved to an IPV only schedule before the switch and thus did not need complete monitoring or validation activities for tOPV removal. Israel, Malaysia, Poland.

Creative launches and materials



Official switch launch event and online “countdown” to switch - **Paraguay**

Vaccine parade during Vaccination Week in the Americas - **Guatemala**



Switch handbooks for HWs
– **Indonesia, Philippines**



Using social media and apps

Use of social media –

Philippines



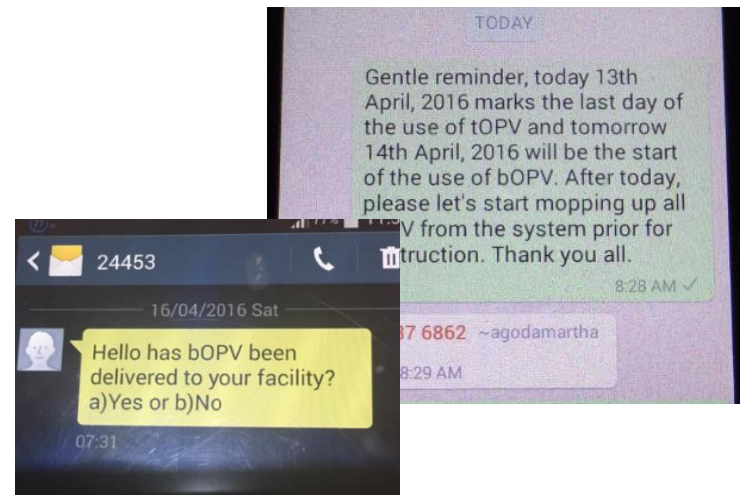
It is the Philippines' turn to 'switch' today!

On its National Switch Day, the country joins the rest of the world in replacing the trivalent Oral Polio Vaccine with the bivalent type (tOPV to bOPV).

This global vaccine change has been happening in over 150 countries in a two-week period since mid-April 2016. For the Philippines, the National Switch Day is also the highlight of the country's celebration of the World Immunization Week. ... See More



Monitoring mobile application – **Jordan, Lebanon, Tunisia** (developed by UNICEF MENA)



Use of SMS/WhatsApp reminders – **Nigeria, Ghana, Kenya** (and others)

Safely disposing tOPV



Boiling in large drums and burying - **Nigeria**



Encapsulation and burial using safety boxes – **Madagascar** (above) and in concrete drums - **Myanmar** (right)



Country designed switch stickers and disposal bags – **Jamaica, Nigeria, Philippines, China, Pakistan** (and others)



EPI

POLIO

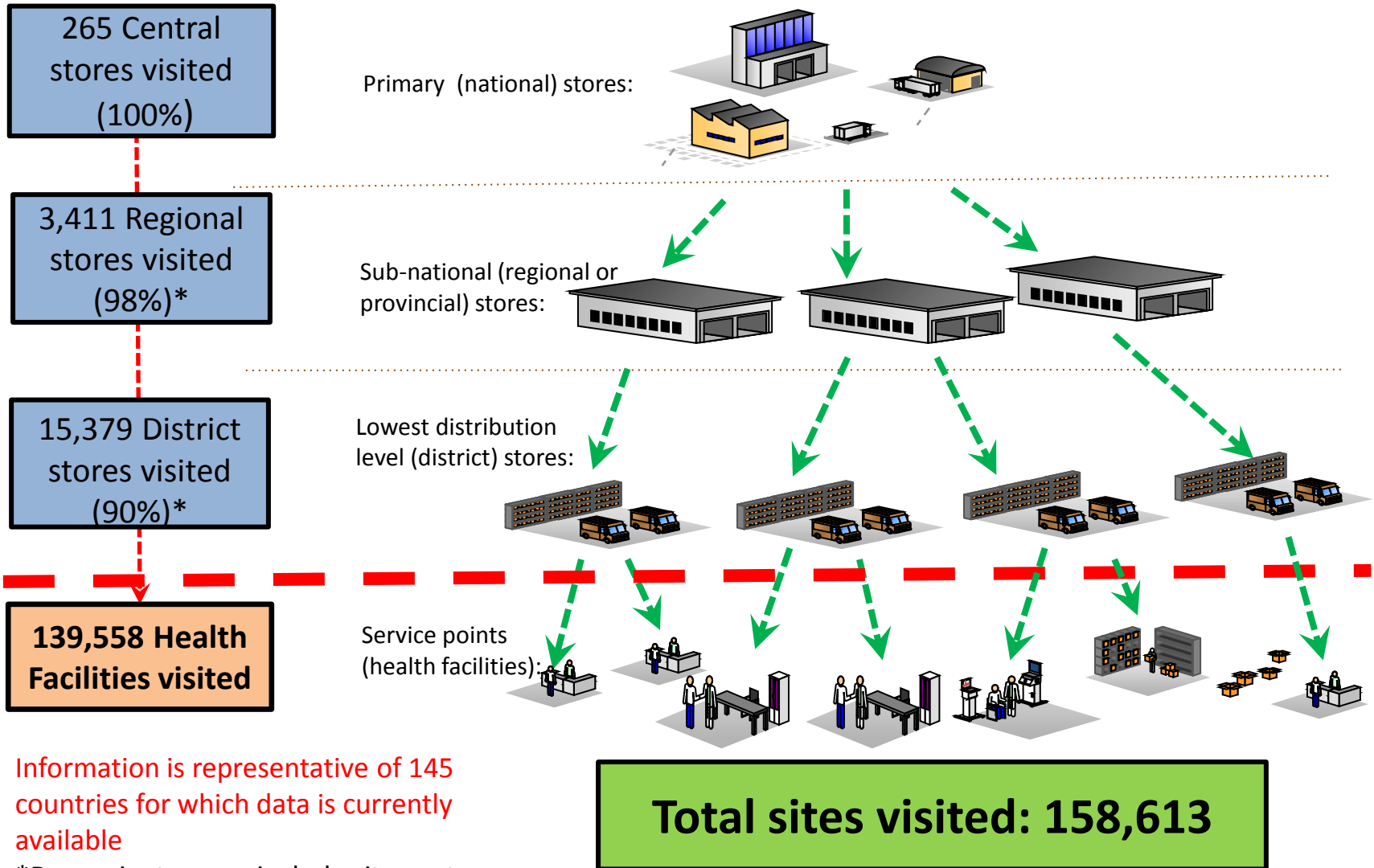
GLOBAL ERADICATION INITIATIVE

Global Monitors

- Deployment of 33 global observers to 21 countries
- Reported high levels of commitment and enthusiasm for the switch
- Smooth execution in nearly all countries visited
- In large/complex countries, 2 weeks window was tight
- Training needs to start earlier
- Cold chain limitations (both in equipment and practices) were noted



Independent Monitoring: Ensuring no tOPV is left behind



Information is representative of 145 countries for which data is currently available

*Denominator may include sites not stocking tOPV

Executing the Switch: Keys to success

1. **Strong partnership, coordination**, and collaboration at all levels, and across all GPEI partners
2. **Clear distribution of roles and responsibilities** among partner agencies at all levels
3. **Country and regional leadership and ownership**
4. **Defined timeframe**: Agreed upon global switch window
5. **Timely dissemination** of information, guidance and situation updates
6. **Dedicated funding** to catalyse country efforts

What's next?

- **Capturing lessons learned to inform full OPV withdrawal**
 - Review and synthesis of findings from national validation reports, trip reports submitted by global “observer/monitors”
 - **A journal supplement (Journal of Infectious Diseases)** will document the lessons learned from the work of the IMG (objective 2)
 - **A photo story** is under development
http://maps.who.int/OPV_switch/
 - **Video stories** being produced by several regional offices

THANK YOU / MERCI



For more information:

http://www.who.int/immunization/diseases/poliomyelitis/inactivated_polio_vaccine/en/

Financial support

- A total of **US\$ 19.4 million** was provided to **67 countries** to assist with switch planning, implementation, monitoring and validation and tOPV disposal activities

Percentage of total national switch budgets supported by GPEI	
< 50%	25 countries
50 - 75%	22 countries
75 - 90%	12 countries
> 90%	3 countries

*note: total national budgets are only known for 62 countries

- Close review and follow up on country budgets and strong encouragement of national financial commitment allowed for a savings of **US\$ 4.3 million** of GPEI funds