

Polio & routine immunisation

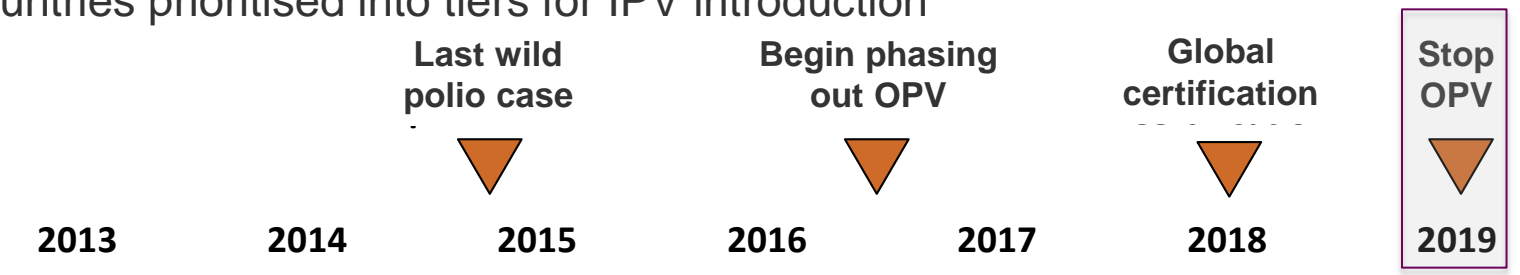
Alan Brooks

*GAVI Alliance Board meeting
Phnom Penh, Cambodia
21-22 November 2013*

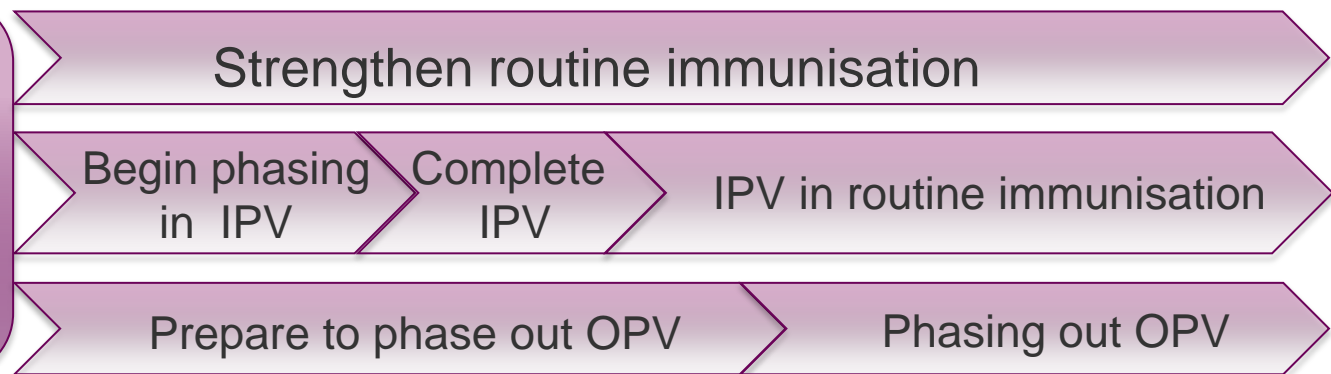


Polio Eradication and Endgame Strategic Plan (2013-2018)

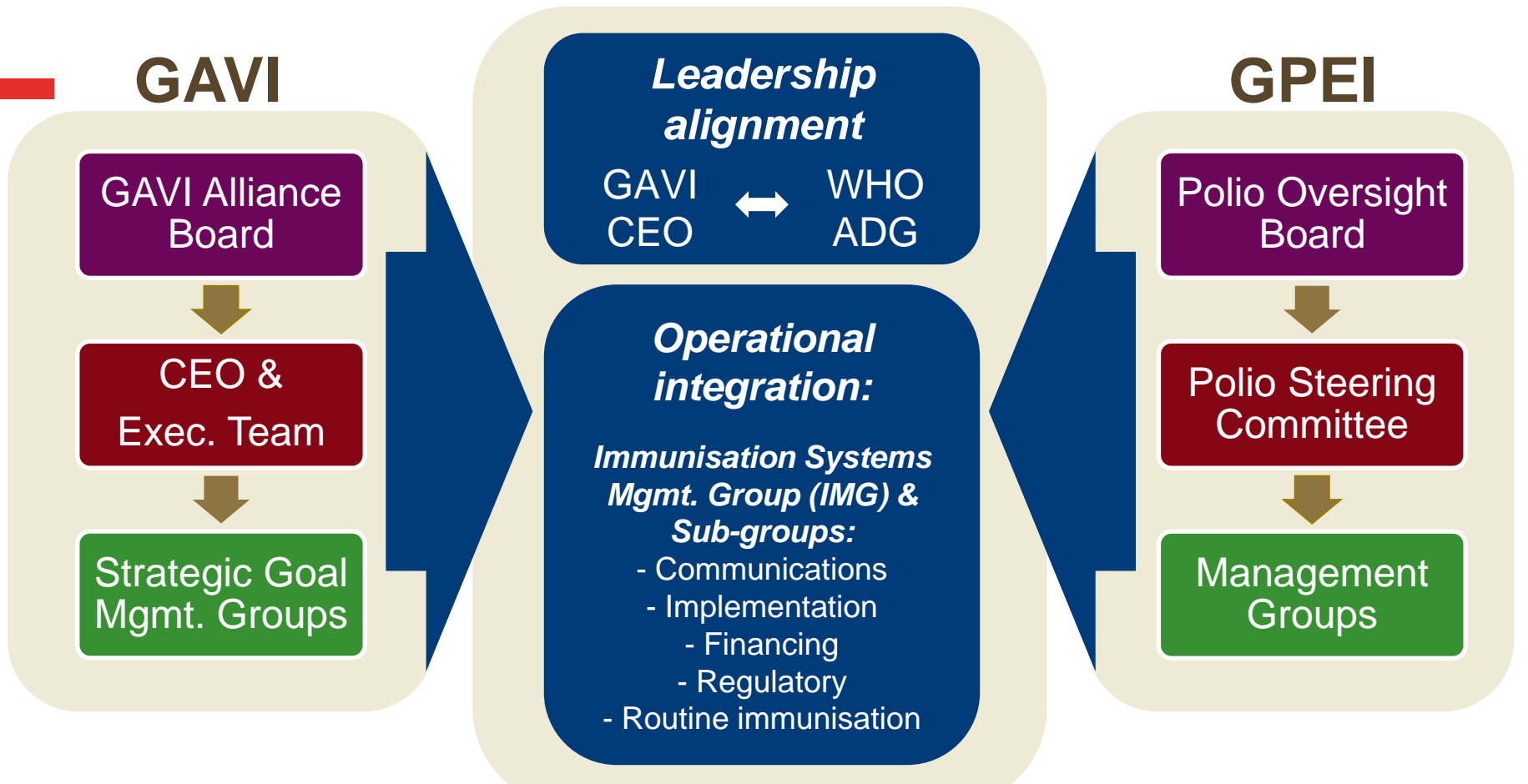
- Oral polio vaccines (OPV) causing a growing percentage of cases
- Inactivated polio vaccine (IPV) in routine immunisation could help
 - Prevent polio cases caused by oral polio vaccine
 - Mitigate against risk of outbreaks
- Countries prioritised into tiers for IPV introduction



**Objective 2:
Routine
immunisation,
IPV, & OPV
phasing out**



Aligned coordination and accountability mechanisms



Key: Oversight Executive Management Program Management

Recommended policy exceptions

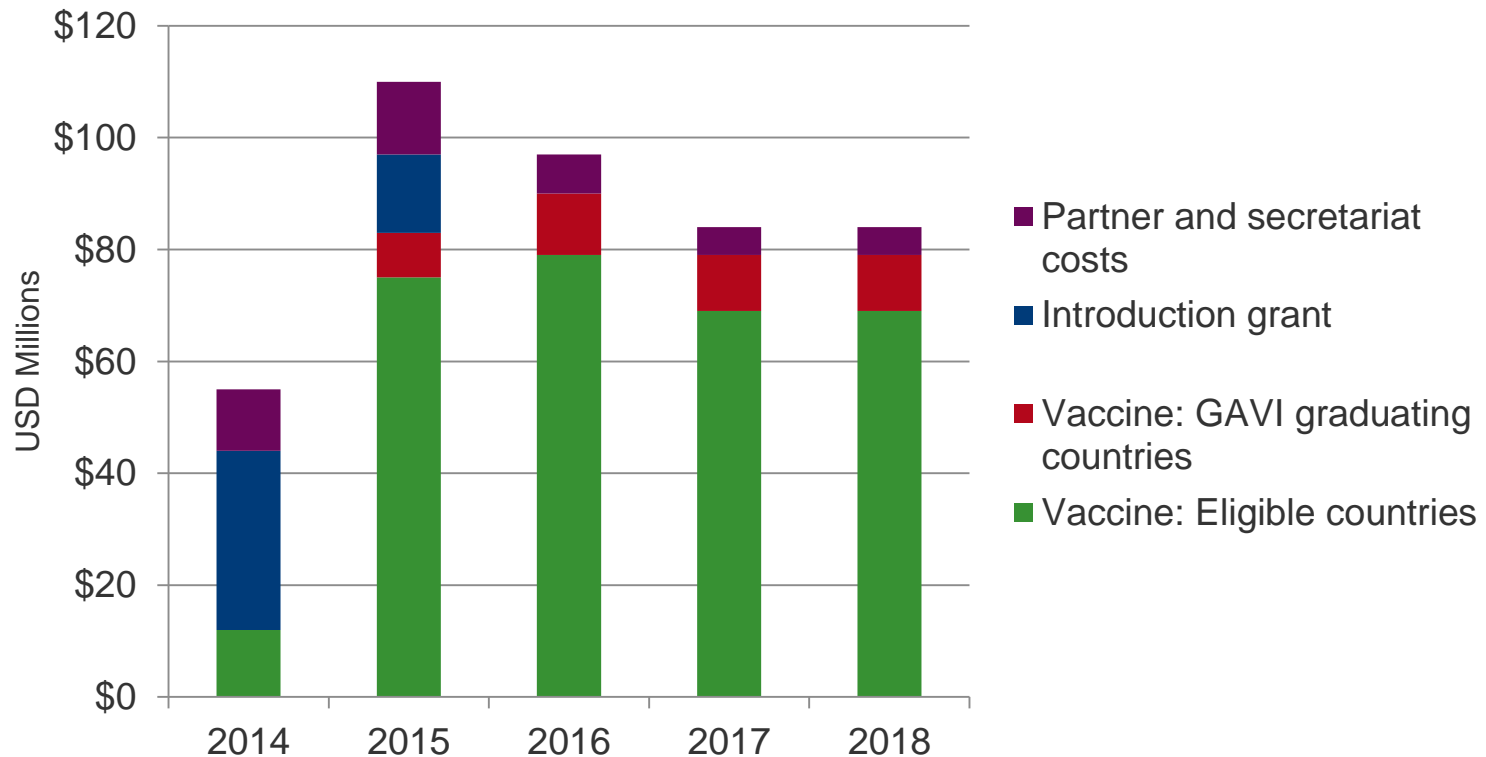
- Unique challenges of Endgame
 - Very rapid uptake
 - IPV use time-limited
 - Limited health impact for any single country, BUT broader global benefit
- Recommended exceptions:
 - Eligibility
 - Strongly encouraged to co-finance
 - Prioritisation

Policy exceptions would be reviewed by the Board in 2018

Country feedback

- WHO Regional Committees
- In-country visits
- GAVI letter to countries
 - Discussions related to IPV
 - Projected IPV implementation dates
 - Licensed IPV in countries
 - Need for technical assistance

Estimated \$430M to cover GAVI countries (2014 - 2018)



- GPEI confirmed to donors that GAVI costs are part of \$5.5B in donor commitments to the Endgame through 2018
 - \$388M for vaccines and introduction costs
 - \$42M for Business Plan costs
- India (not shown) would require additional \$122M through 2018

Risks and mitigation

- Unclear country demand
 - *Country dialogue beginning*
- IPV impact on other vaccine programmes
 - *Country specific analyses & strategies*
- GAVI's systems delay introduction
 - *Tailor systems to IPV*
- Community concerns about polio campaigns
 - *Support IPV in routine immunisation*
- Resource requirements
 - *Analyses of drivers of variances to price and doses; GAVI's support contingent on availability of dedicated funds; Review policy exceptions in 2018*
- Reputational risk if polio not eradicated during Endgame
 - *Communicating that GAVI's role is to strengthen routine immunisation and support introduction of IPV, but not accountable for broader eradication effort*

WHO Strategic Advisory Group of Experts (SAGE) 5-7 November 2013

- **Progress** made in endemic countries
- Alarm that **insecurity and lack of access for vaccinators** in large areas of northwest Pakistan and northeastern states in Nigeria now **constitute the greatest risk to completing polio eradication**; Risk compounded by outbreaks in Horn of Africa and Syria
- SAGE recommendations in relation to IPV introduction:
 - Countries introducing 1 dose of IPV; dose should be at or after **14 weeks of age** [i.e. with pentavalent 3 health visit]
 - Countries have flexibility to consider alternative schedules
 - All endemic countries should **establish IPV plan** by mid-2014 and other high-risk countries by end-2014
- SAGE **endorsed [GPEI's global] strategy** on IPV supply, financing and introduction including the tiering of countries based on the risk of circulating vaccine-derived poliovirus (cVDPV) emergence and spread



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