

IPV Programme Implementation and Supply Update

Q4 2022 (data as of 9 January 2023)

Outline

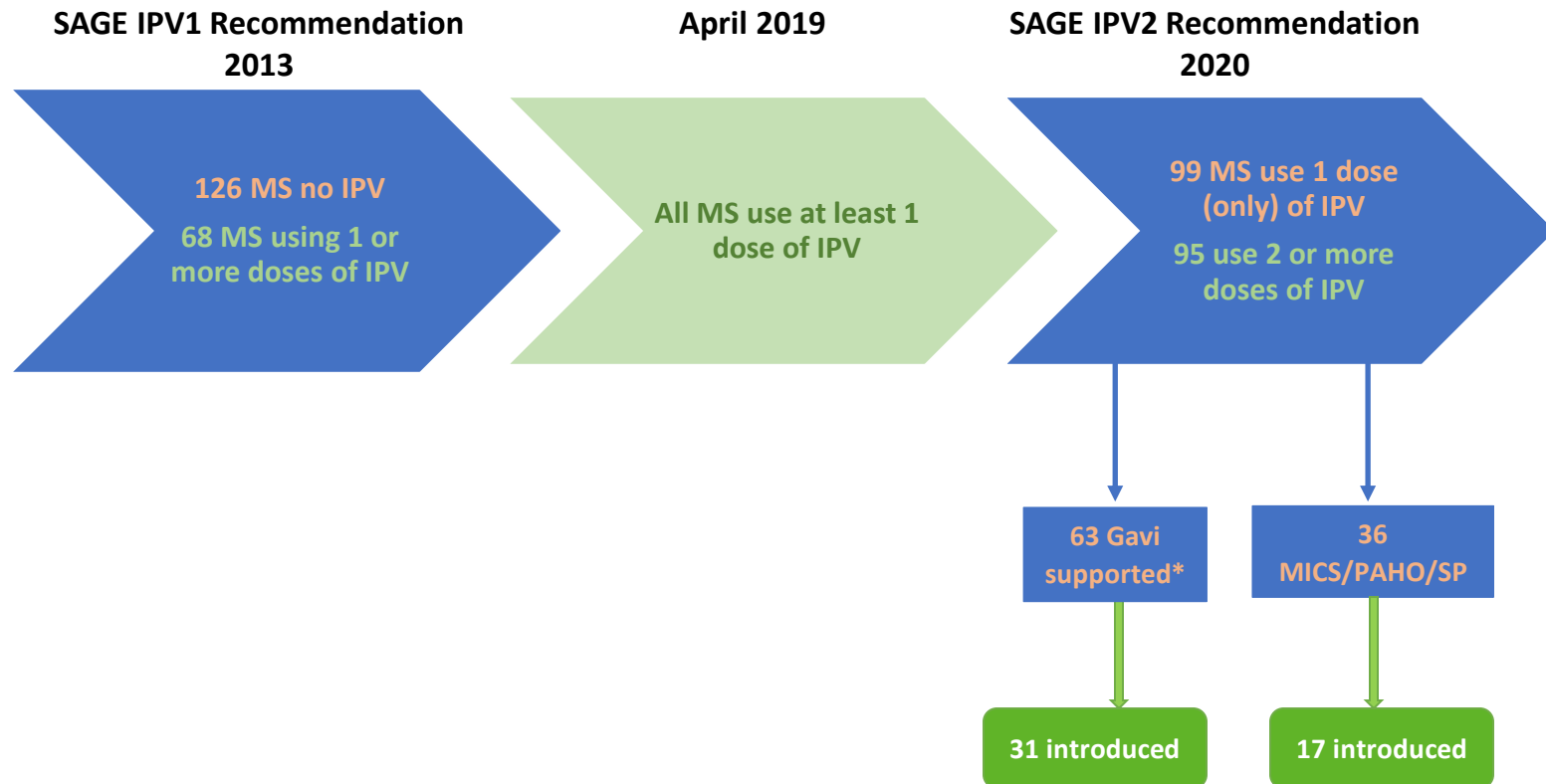
- ***Programme implementation update***
 - Current SAGE recommendation on IPV
 - Implementation update – roll-out of IPV2 and coverage estimates
- ***Update on the IPV supply and demand scenario for 2022-23***
- ***Gavi programme update***
 - Overview of Gavi support
 - Status of missed cohorts catch-up activities
 - Gavi IPV demand forecast until 2030
- ***Take away messages***

Programme Implementation update

- **SAGE recommended the introduction of IPV2 in Oct 2020**
 - Best immunogenicity with IPV at 14 wks and at least 4 ms later – full or fractional dose
 - Early-in-life schedule IPV at 6 and 14 wks, could be considered under certain epidemiological circumstances
- **Polio Vaccination Position Paper (24 June 2022)**
 - All children should be fully vaccinated against polio, and every country should achieve and maintain high coverage with polio vaccines in support of the global commitment to eradicate polio
 - For all countries using OPV, WHO recommends a schedule of 3 doses of bOPV and 2 doses of IPV
 - Additional birth dose recommended in polio endemic and high-risk countries
 - IPV can be administered full intramuscularly or fractional intradermally
 - IPV1 should be administered from a minimum of 14 wks, with IPV2 given at least 4 ms later. This provides the highest immunogenicity, either using full or fractional
 - Alternative early IPV schedule with IPV at 6 wks and 14 wks, offers the advantage of early-in-life protection, but with a lower immunogenicity. If this schedule is chosen, full IPV should be used rather than fIPV due to lower immunogenicity of fIPV at early ages
 - For countries using IPV only schedules, WHO recommends a primary 3-dose series of IPV beginning at 6/8 wks of age, with a minimum 4-wk interval between doses.
 - If the primary series begins at 6 wks, a booster dose should be given 6 ms or more after the third dose. Alternatively, a 2-dose or fractional dose IPV schedule, starting at 14 wks of age or older, with a second dose 4 ms or more later can be considered. This schedule is currently recommended for use after OPV cessation

IPV recommendation implementation status

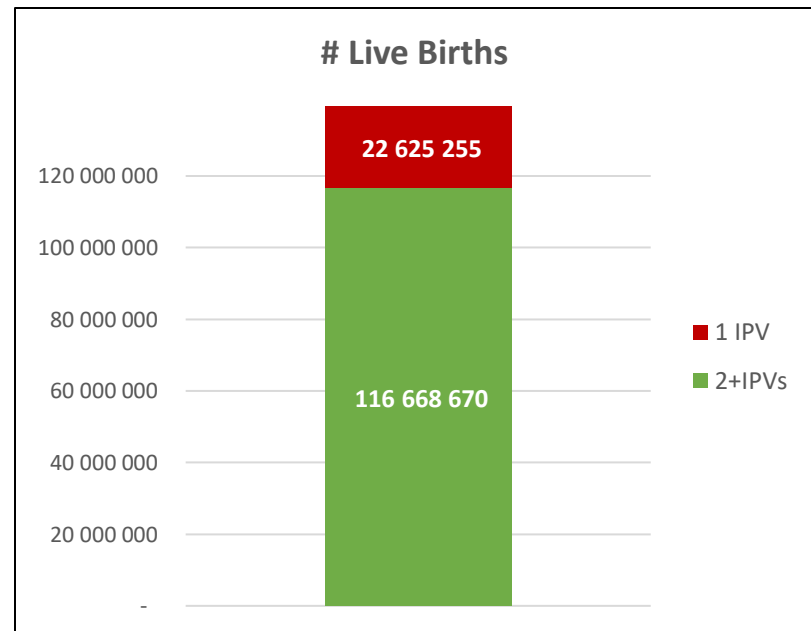
For 194 WHO Member States



** Gavi63 support excludes the 10 Gavi IPV eligible countries that have already adopted a 2-dose schedule with fractional IPV (Bangladesh, Cuba, India, Nepal, Sri Lanka) or introduced a second dose without Gavi support (Guyana, Honduras, Syria) or switched to an aP-Hexavalent product (Armenia and Georgia)*

Data as of 9 January 2023. Source WHO IPV programme tracking

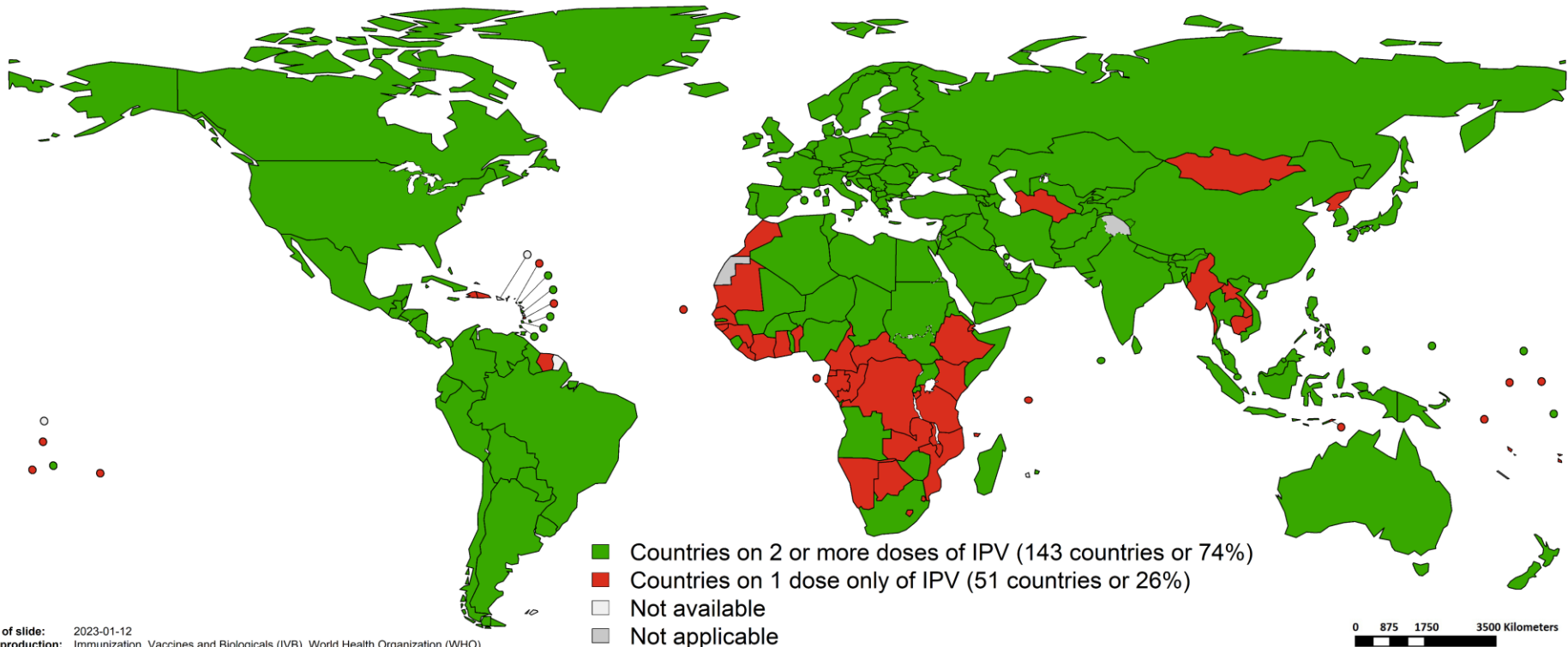
Overview of IPV in immunization schedules



UNDP Pop Reference 2019. LB Cohort for year 2020 = 139M,
for 194 Member States

Data as of 9 January 2023. Source WHO IPV programme tracking

Geographic distribution of IPV in immunization schedules

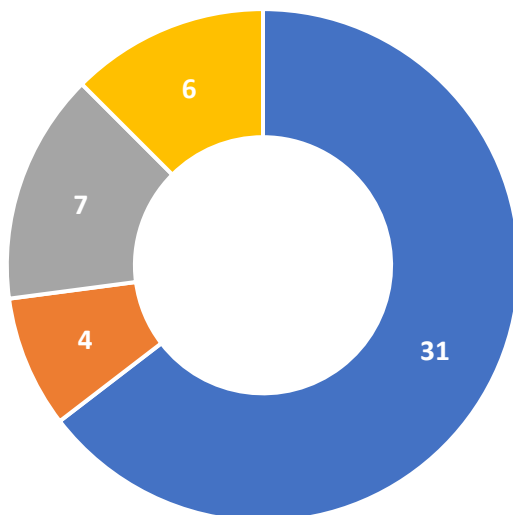


Date of slide: 2023-01-12
Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
Data source: IVB database

Disclaimer:

The boundaries and names shown 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 nor of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
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IPV2 introductions since 2021 (48 countries)



■ Gavi ■ MICs ■ PAHO RF ■ SP

Gavi

ANGOLA
AFGHANISTAN
AZERBAIJAN
BHUTAN
BOLIVIA
BURKINA FASO
CHAD
ERITREA
GAMBIA
INDONESIA
KYRGYZSTAN
MADAGASCAR
MALI
NICARAGUA
NIGER
NIGERIA
PAKISTAN
PAPUA NEW GUINEA
REP MOLDOVA
RWANDA
SIERRA LEONE
SOMALIA
SOUTH SUDAN
SUDAN
TAJIKISTAN
TOGO
UGANDA
UZBEKISTAN
VIET NAM
YEMEN
ZIMBABWE

UNICEF MIC

IRAN
IRAQ
PHILIPPINES
TUVALU

PAHO RF

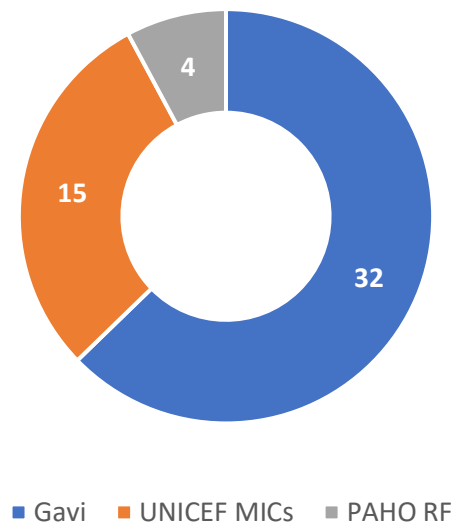
BARBADOS
BELIZE
DOMINICA
GRENADA
JAMAICA
TRINIDAD & TOBAGO
VENEZUELA

Self-Procuring

ALGERIA
CHINA
EGYPT
LIBYA
MALDIVES
THAILAND

Data as of 9 January 2023. Source WHO IPV programme tracking

Countries remaining on 1-dose of IPV (51 countries)



APPROVED (7)

CAMEROON
DJIBOUTI
DRC
MOZAMBIQUE
MYANMAR
SENEGAL
TIMOR-LESTE

APPLIED (7)

CAR
CONGO
CÔTE D'IVOIRE
ETHIOPIA
GHANA
GUINEA
KENYA

FORECASTED (18)

BENIN
BURUNDI
CAMBODIA
COMOROS
DPR KOREA
GUINEA-BISSAU
HAITI
KIRIBATI
LAO PDR
LESOTHO
LIBERIA
MALAWI
MAURITANIA
MONGOLIA
SAO TOME & P
SOLOMON IS
TANZANIA
ZAMBIA

UNICEF MIC (15)

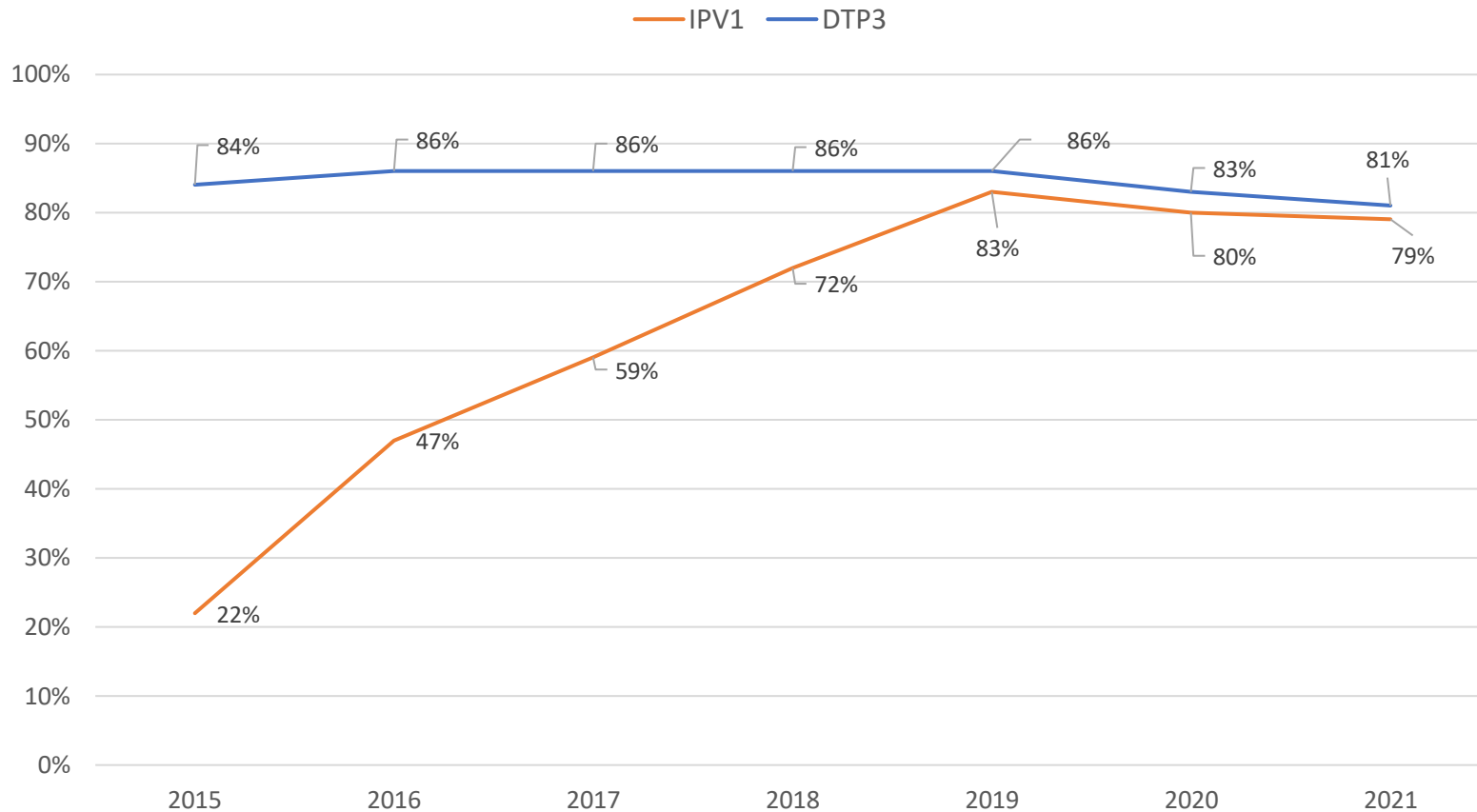
BOTSWANA
CAPE VERDE
COOK ISLANDS
EQ GUINEA
ESWATINI
FIJI
GABON
MOROCCO
NAMIBIA
NAURU
SAMOA
SEYCHELLES
TONGA
TURKMENISTAN
VANUATU

PAHO RF (4)

DOMINICAN REP
SAINT KITTS&NEVIS
SAINT LUCIA
SURINAME

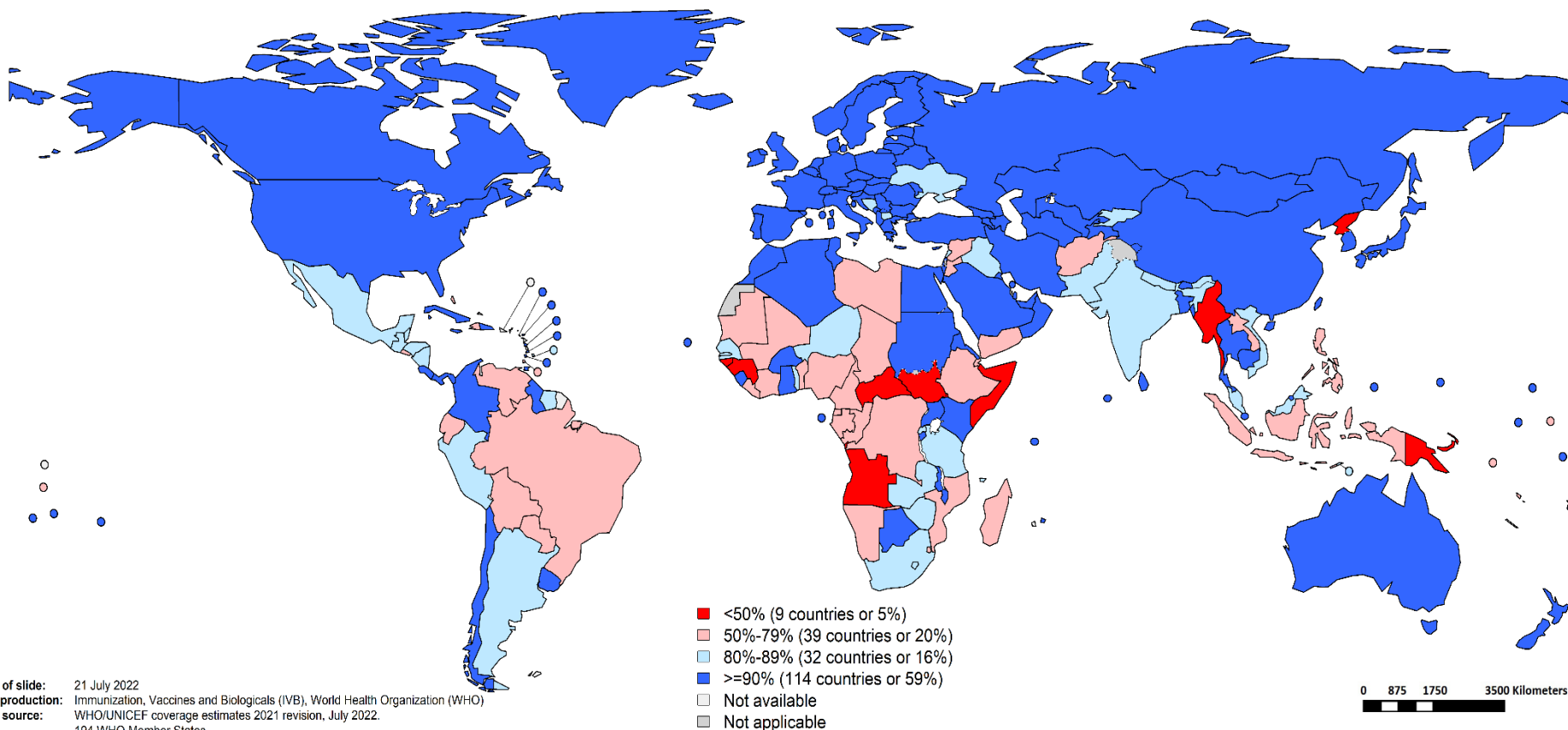
Data as of 9 January 2023. Source WHO IPV programme tracking

IPV1 Global coverage estimates 2016-2021



Data source: WHO and UNICEF estimates of immunization coverage: 2021 revision, 15 July 2022

Immunization coverage with IPV1 in infants, 2021



Date of slide: 21 July 2022

Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)

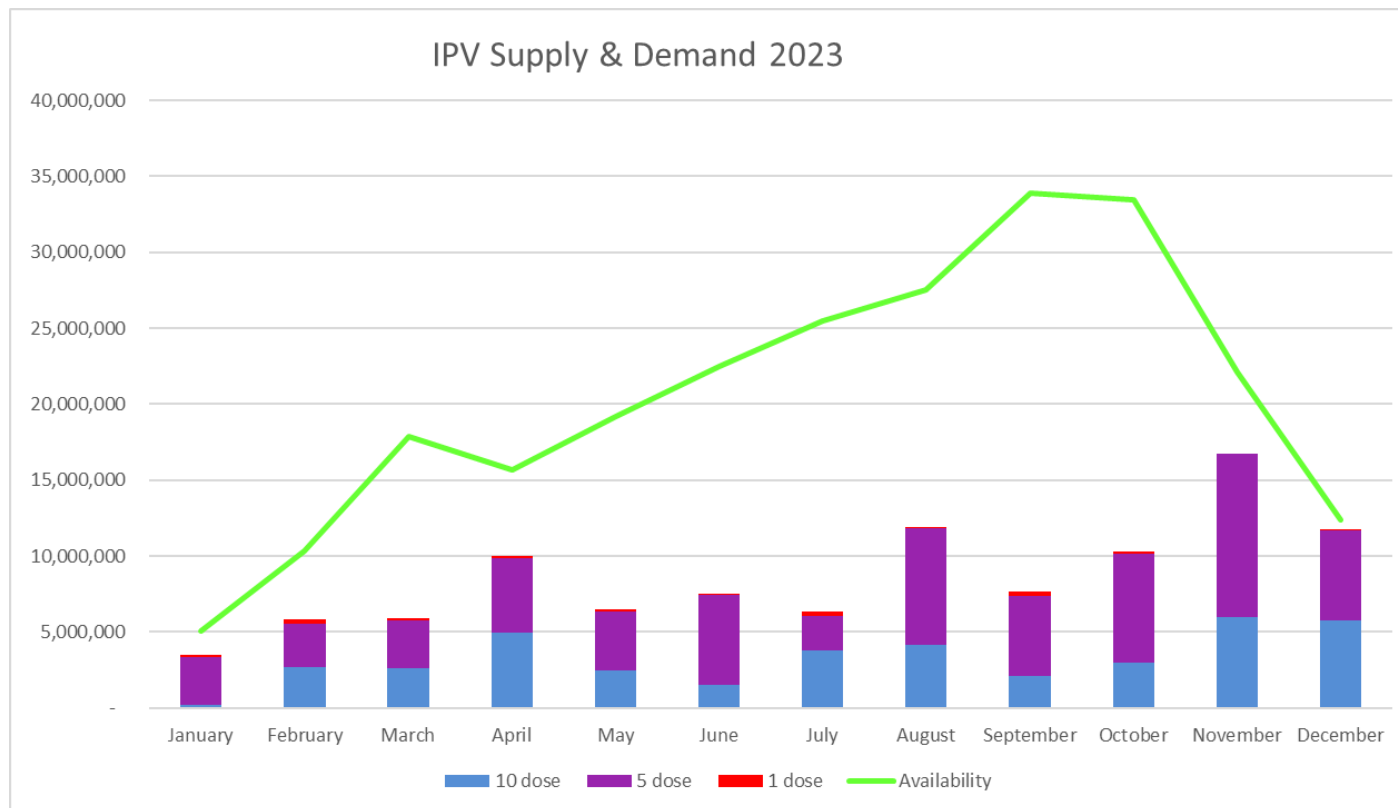
Data source: WHO/UNICEF coverage estimates 2021 revision, July 2022.
194 WHO Member States.

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Supply Update

IPV SUPPLY AND DEMAND FOR 2023



5 manufacturers supplying to UNICEF

- Sanofi (France)
- Sanofi Healthcare (India)
- Bilthoven (Netherlands)
- AJ Vaccines (Denmark)
- LG Chem (Korea)

Supply and demand

- Awards have been made based on **all countries** introducing IPV second dose by 2023
- Demand forecast includes Gavi supported countries (based on current allocation) and MIC – No forecast for IPV use in outbreak response
- COVID continues to have an impact on IPV demand
- Current projection is that UNICEF will utilise between 90 to 95% of quantities on LTA in 2023

Gavi programme Update

Overview of Gavi support for IPV

IPV first dose (IPV1) in 73 Gavi IPV eligible countries*

- Exceptions from co-financing and eligibility policy until OPV cessation
- 1 full or 2 fractional doses of IPV
- Board review of IPV support approach in Dec 2022

IPV second dose (IPV2) in 73 Gavi IPV eligible countries

- Exceptions from co-financing and eligibility policy apply also to IPV2
- Support for IPV2 introduction and schedule changes

IPV catch-up in 33 Gavi IPV eligible countries

- Targeting children missed due to global supply constraints (2016-19)
- Encouraging catch-up vaccination integration with other activities

* Excluding Ukraine (self-financed), Armenia and Georgia (aP-Hexavalent) and India (separate decision)

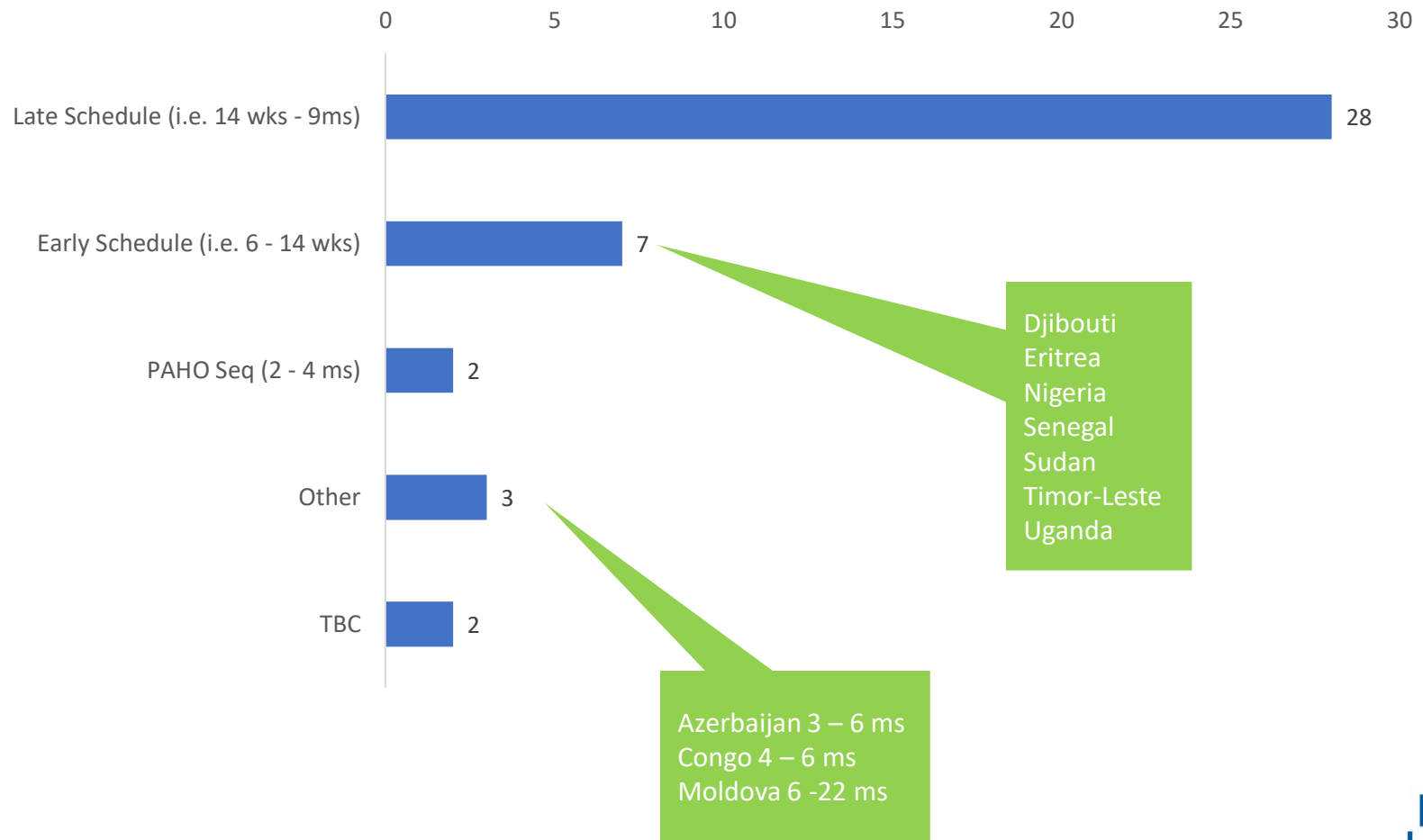
Gavi supported countries without plans for IPV2 implementation

Of the 18 countries without IPV2 introduction plans, some are at high risk under the current epidemiological situation, specially in the African region

Region	Country	Risk
AFR Central	Burundi	Border DR Congo
	Sao Tome and Principe	
AFR East & South	Comoros	
	Lesotho	
	Malawi	WPV1
	Tanzania, United Republic of	Border with Malawi, Kenya and Mozambique
AFR West	Zambia	cVDPV2; border with Malawi and Mozambique
	Benin	cVDPV2
	Guinea-Bissau	cVDPV2
	Liberia	cVDPV2
PAHO	Mauritania	cVDPV2 (ENV)
	Haiti	
	DPR Korea	
	Cambodia	
SEAR	Kiribati	
	Lao People's Democratic Republic	
	Mongolia	
	Solomon Islands	

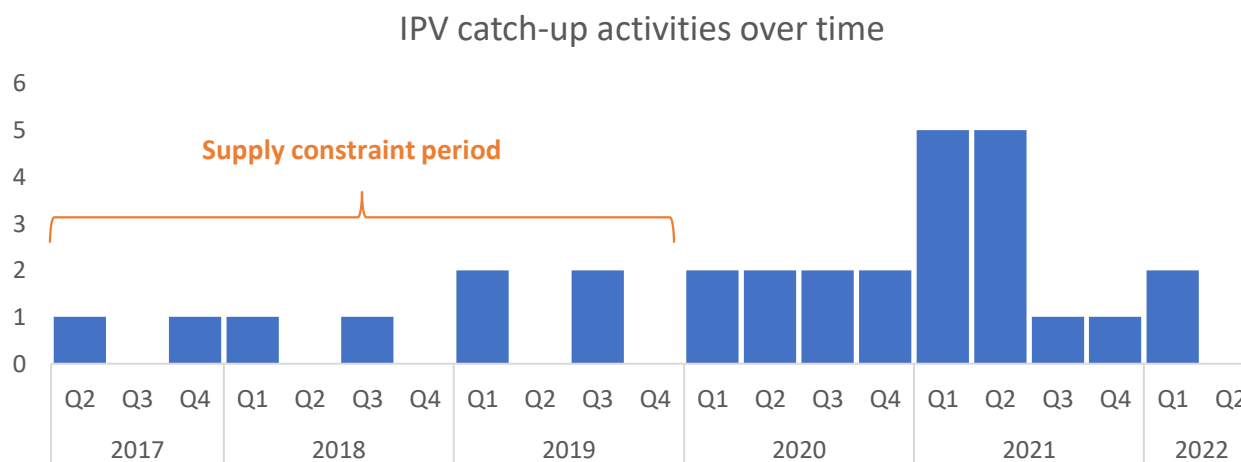
Data as of 7 October 2022

Schedule summary 42 Gavi countries introduced or applied



IPV catch up activities

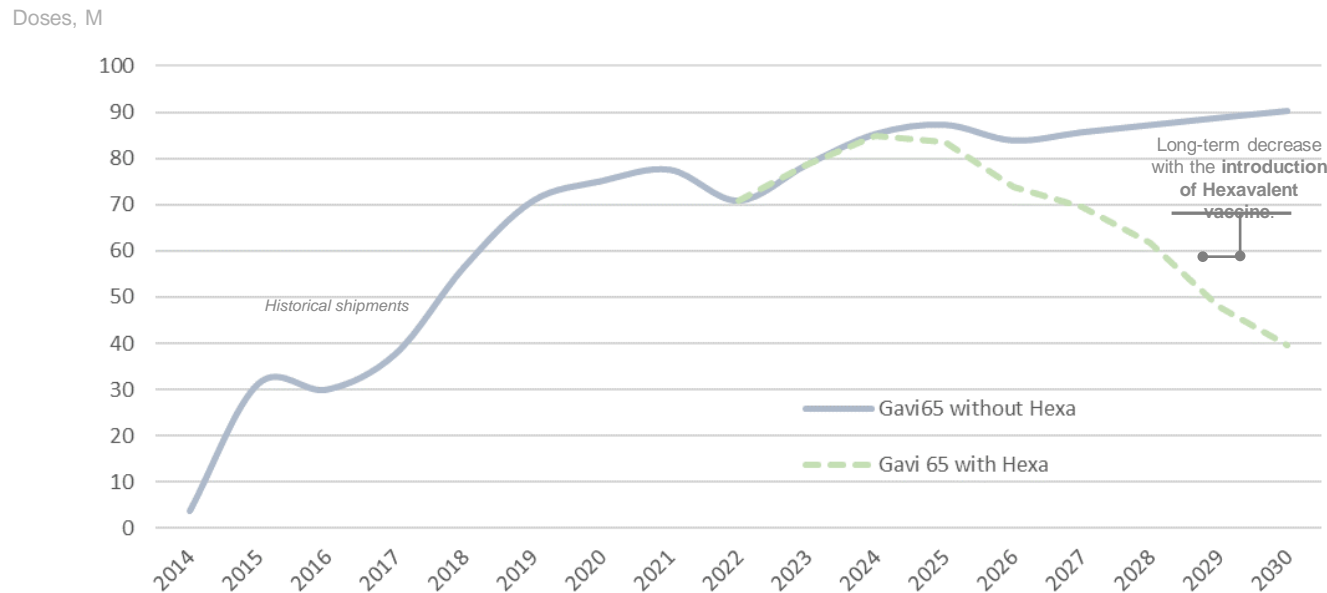
- Between April 2016 and April 2019 over 43 million children were missed in 36 countries due to global supply constraints
- COVID-19 pandemic impacted planned implementation of catch ups in 2020, most of which were delayed to 2021 but have been now implemented and bringing the total of children reached to 40.5 million (95% of the missed cohort)



- 6 countries have yet to vaccinate 2 million missed children, of which 4 have yet to request Gavi support to do so
 - **Applied:** Guinea-Bissau, Nepal; **Planned:** DPRK, Djibouti, Gambia, Lesotho

IPV demand Forecast – Gavi 65* scope

Slight increase in volumes during 2022-25 driven by switch of countries to 2-dose schedule



2nd dose introductions:

- 31 countries have already introduced 2nd dose schedule
- A total of 42 countries are approved for 2-dose schedule by 2023
- All remaining countries assumed to switch to the 2 doses schedule by 2024.

IPV containing wP-Hexavalent vaccine had received the **in-principle approval** from Gavi Board in November 2018 subject to the availability of WHO prequalified products and conditions supporting its successful implementation. Volumes shown in graphic correspond to a Gavi forecasted scenario where Hexa starts to be introduced in certain countries from 2024 onwards

*Notes:

Gavi 65 represents all Gavi 74 except India, Indonesia, Ukraine and six PAHO countries.

Within Gavi 65, Armenia and Georgia have already self-introduced Hexa therefore there are no forecasted IPV volumes for those 2 countries

Take away messages

- **Supply of IPV is sufficient and countries are encouraged to plan and implement IPV2 introduction as soon as possible**
 - As of January 2023, 48/99 countries have introduced IPV2 since 2021
 - A number of high-risk countries remain on 1-dose schedules and should move to a 2-dose schedule, this is particularly relevant for countries at high risk of poliovirus transmission
 - Amidst multiple competing priorities, including COVID-19 response and poliovirus epidemiology, countries are encouraged to prioritize IPV2 introduction into their immunization schedules
- **Appreciating the SAGE recommendation for all countries to complete IPV catch-ups, 4 Gavi eligible countries remain to plan their catch-up**

Thanks