Polio & routine immunisation

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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**

- Strengthen routine immunisation
- Last wild polio case: 2013
- Begin phasing out OPV: 2015
- Global certification: 2018
- Stop OPV: 2019

**Prevent**

- Oral polio vaccines (OPV) causing a growing percentage of cases
- Mitigate against risk of outbreaks

**Prepare to phase out OPV**

- Inactivated polio vaccine (IPV) in routine immunisation
- Phasing out OPV

**Achieve**

- Begin phasing in IPV
- Complete IPV

**Complete**

- IPV in routine immunisation

**Strengthen**

- Routine immunisation, IPV, & OPV phasing out

**Global certification, Stop OPV**

- Last OPV use
- Global certification
Aligned coordination and accountability mechanisms

**Leadership alignment**
GAVI CEO ↔ WHO ADG

**Operational integration:**
*Immunisation Systems Mgmt. Group (IMG) & Sub-groups:*
- Communications
- Implementation
- Financing
- Regulatory
- Routine immunisation

**Key:**
- **Oversight**
- **Executive Management**
- **Program Management**

GAVI Alliance Board Meeting
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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