

Polio and routine immunisation

Alan Brooks

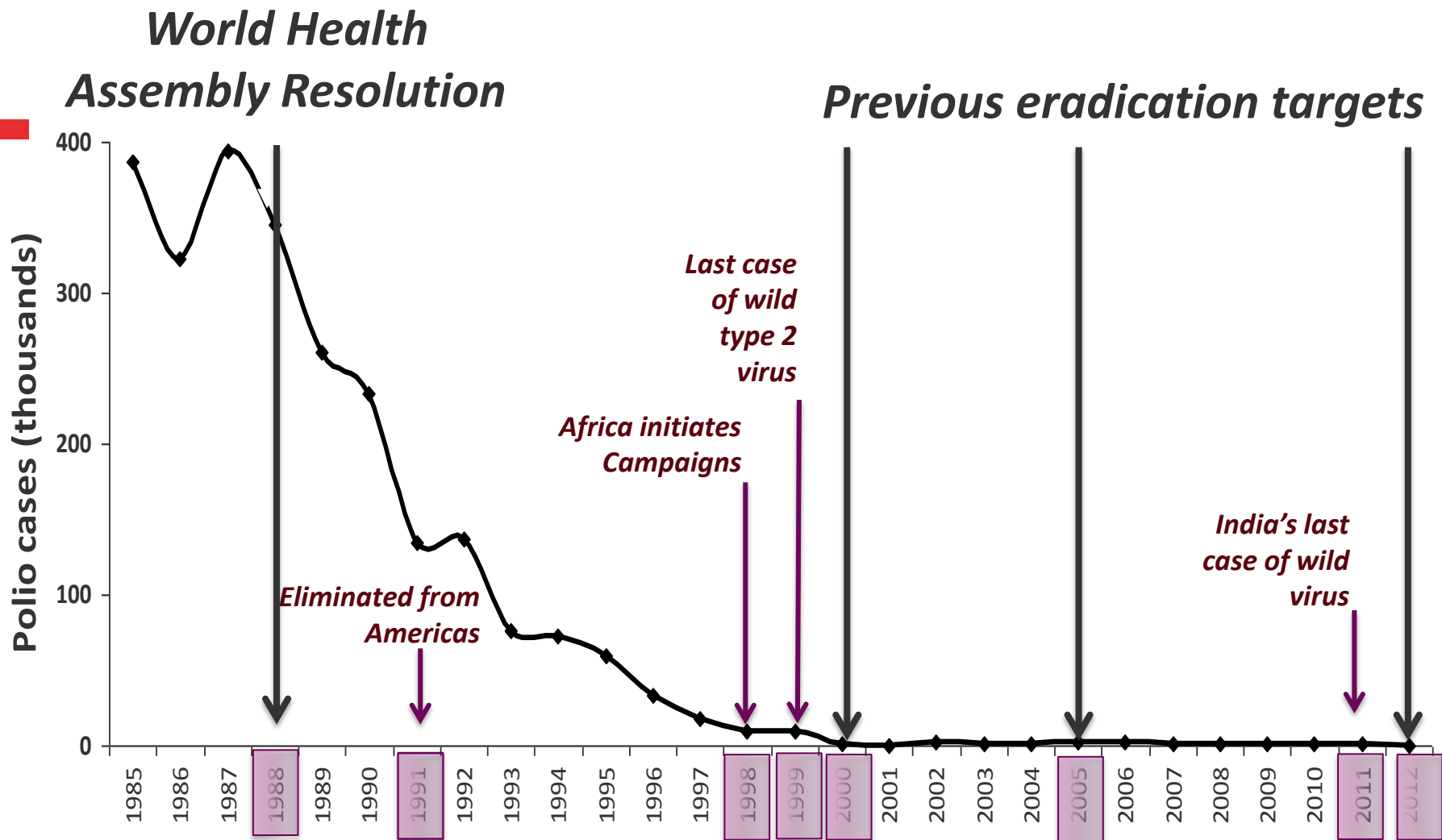
*GAVI Alliance Board meeting
Geneva, Switzerland, 11-12 June 2013*



Background



History of polio eradication



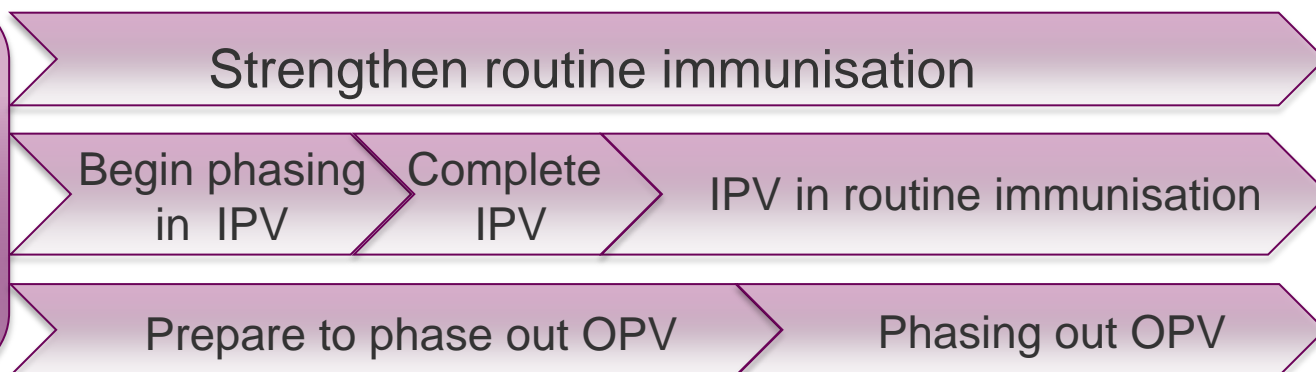
GAVI Alliance Board meeting
11-12 June 2013

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
 - Prevent polio cases caused by oral polio vaccine
 - Help mitigate against risk of outbreaks



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



GAVI's complementary role to the Global Polio Eradication Initiative (GPEI) in the eradication effort

- Inactivated polio vaccine implementation
 - Share lessons from over 130 routine programme new vaccine introductions over 13 years
- Immunisation strategies & support to countries
- Advocacy and communications with consistent messages
- Potential for resource mobilisation through innovative financing instruments
- Ongoing investments through Business Plan

IPV: GAVI Alliance's comparative advantage supporting introduction into routine immunisation

- Proven approach, track record in implementation and established lines of communication
 - GAVI estimates 50-60 introductions (e.g. pneumo) per year through 2015
- Country-driven policies and processes
- Existing investments through the business plan
- Opportunity to coordinate vaccine introductions (and mitigate risk to GAVI programmes)

Costs

Estimated IPV costs (1 dose) (US\$ Millions)

Introduction timing	(2014) 2015	2016-2020	2015-2024
52 countries in 2015 (GPEI official scenario)	90	245	490
10 priority countries in 2015; 42 in 2016	35	250	440

- Includes vaccine procurement, syringes, safety boxes and freight
- Vaccine introduction grants: Additional approximately US\$40 million
- Does not include India

Potential GAVI programme and policy implications

- Issues for GAVI, GPEI, WHO and others to work on prior to November Board, include:

Analyses or new data

- Coordinated IPV plan, including demand forecast
- Contingency plan around Endgame timeline
- Coverage targets to achieve purpose

Policy or processes

- Coverage requirement (eligibility) to apply for IPV
- Application, review, approval, and monitoring
- Co-financing (and default)

PPC Recommendation

- **Request** the Secretariat – recognising the urgency of timing in the polio eradication effort and that considerations for Inactivated Polio Vaccine (IPV) are not consistent with the VIS criteria or timing – to prepare for procurement and implementation of GAVI support for the introduction of IPV in the routine immunisation programmes of GAVI countries as recommended by WHO as a contribution to polio eradication. These preparations and implementation shall take into account forthcoming recommendations from SAGE and be in consultation with Alliance partners. Approval will be subject to sufficient additional funding being available and Board endorsement of moving this forward outside the timing of the VIS process and the Board will note that there may need to be changes to GAVI policies which would need to be approved by the Board or the Executive Committee.

Additional considerations for implementing the PPC recommendation

- Availability of additional funding
- Implementation:
 - Based on country-driven decisions to introduce IPV, that are part of national planning processes
 - Carried out using GAVI's structures, policies and processes in so far as this is possible, recognizing that some exceptions may need to be made
- Mitigating potential risk to achieving GAVI's business plan targets



www.gavialliance.org