

IPV Programme Implementation Update

Q2 2022

(data as of 22 July 2022)

General Updates / Context

- **SAGE recommended the introduction of a second dose IPV (IPV2) in October 2020**
 - Best immunogenicity with IPV1 at 14 weeks and IPV2 at least 4 months later (possibly at 9 months of age) – full or fractional dose
 - Early-in-life schedule IPV1 at 6 weeks and IPV2 at 14 weeks, 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 levels of coverage with polio vaccines in support of the global commitment to eradicate polio
 - For all countries using OPV in their national programme, WHO recommends 3 doses of bOPV and 2 doses of IPV as the vaccination schedule
 - In polio endemic and high-risk countries, birth dose (OPV0) is recommended
 - IPV can be administered full intramuscularly or fractional intradermally
 - IPV1 should be administered from a minimum of 14 weeks of age (with DTP3/Penta3), with IPV2 given at least 4 months later (possibly coinciding with other vaccines administered at 9 months of age). This schedule provides the highest immunogenicity and may be carried out using full dose IPV (for both Salk IPV and sIPV) or ID fIPV (only Salk IPV) without loss of immunogenicity
 - Alternative early IPV schedule with IPV1 at 6 weeks of age (with DTP1/Penta1), and IPV2 at 14 weeks (with DTP3/Penta3). This alternative schedule offers the advantage of providing early-in-life protection, but a lower total immunogenicity is achieved. If this schedule is chosen, full dose IPV (for both Salk IPV and sIPV) 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 administered beginning at 6 or 8 weeks of age, with a minimum 4-week interval between doses. If the primary series begins at 6 weeks, a booster dose should be given 6 months or more after the third dose. Alternatively, a 2-dose or fractional dose IPV schedule, starting at 14 weeks of age or older, with a second dose 4 months or more later can be considered. This schedule is currently recommended for use after OPV cessation

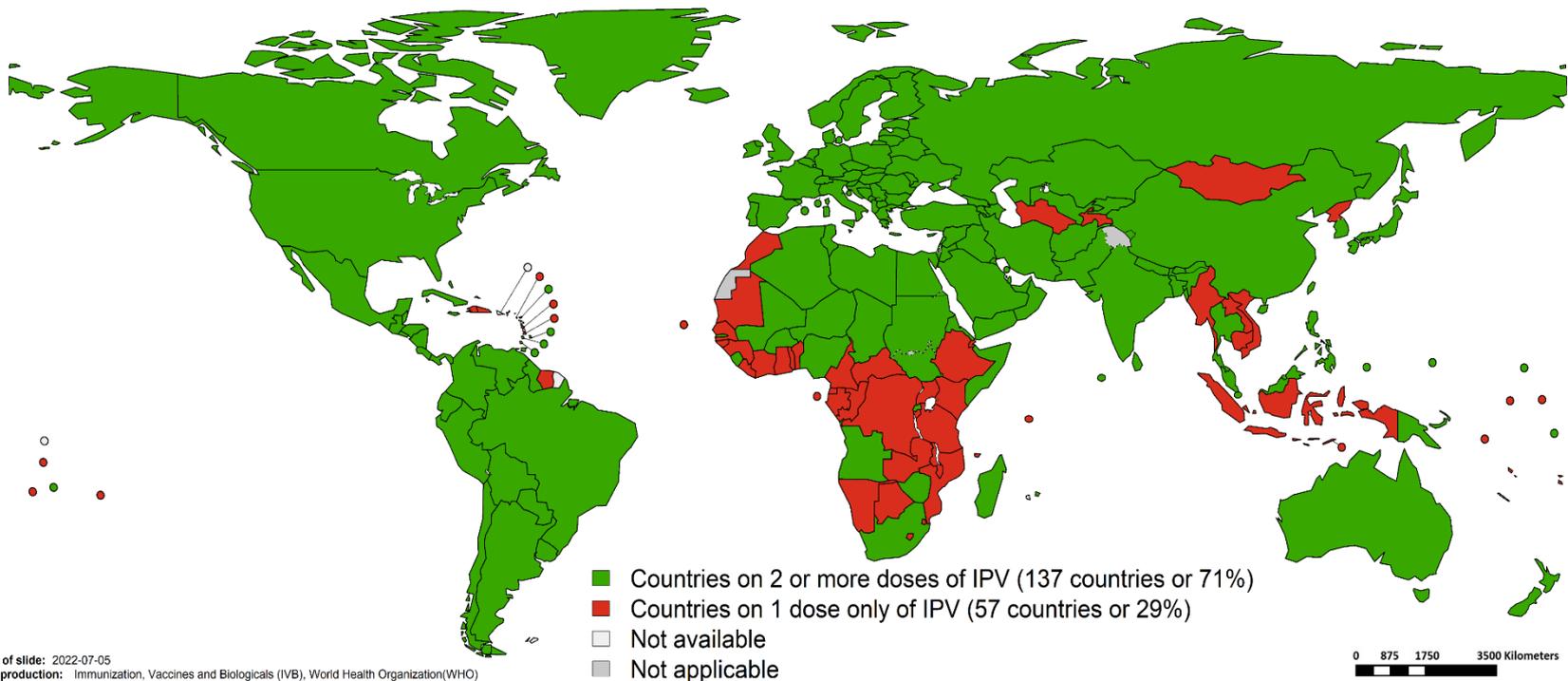
General Updates / Context

- **At the time of the SAGE recommendation in October 2020, 99 countries were administering 1-dose only of IPV (*compared to 126 OPV-only using countries in 2013*)**
 - As of July 2022, 42 of those 99 countries have already introduced IPV2

- **Gavi73* IPV2 support eligible countries**
 - Support for IPV2 introduction starting in January 2021
 - Exceptions from co-financing and eligibility policy apply also to IPV2 (*as for IPV1*)
 - Board review of IPV co-financing in 2022

Gavi73 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)

Overview of IPV use in immunization schedules



Date of slide: 2022-07-05

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

Data source: IVB database

Disclaimer:

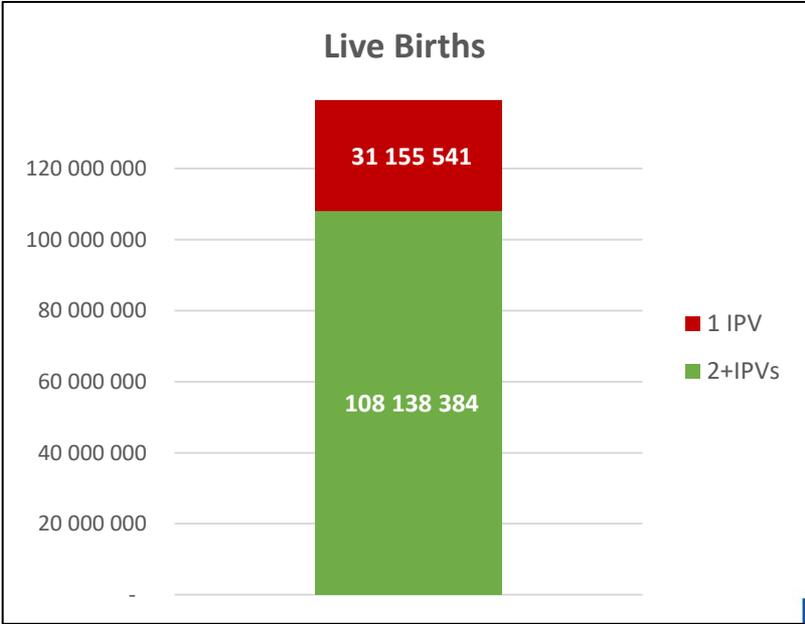
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Overview of IPV use in immunization schedules



194 WHO Member States

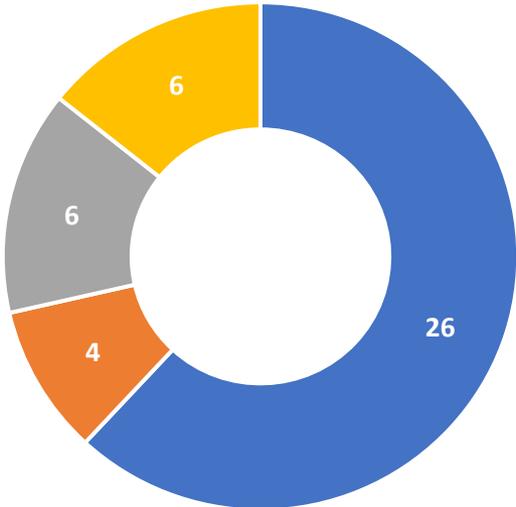


UNDP Pop Reference 2019. LB Cohort for year 2020 = 139M, for 194 Member States

Data as of 7 July 2022



IPV2 introductions since 2021 (42 countries)



■ Gavi ■ MICs ■ PAHO RF ■ SP

Gavi

ANGOLA
AFGHANISTAN
AZERBAIJAN
BHUTAN
BOLIVIA
BURKINA FASO
CHAD
ERITREA
GAMBIA
KYRGYZSTAN
MADAGASCAR
MALI
NICARAGUA
NIGER
NIGERIA
PAKISTAN
PNG
REP MOLDOVA
RWANDA
SIERRA LEONE
SOMALIA
SOUTH SUDAN
SUDAN
UZBEKISTAN
YEMEN
ZIMBABWE

UNICEF MIC

IRAN
IRAQ
PHILIPPINES
TUVALU

PAHO RF

BARBADOS
BELIZE
GRENADA
JAMAICA
TRINIDAD & TOBAGO
VENEZUELA

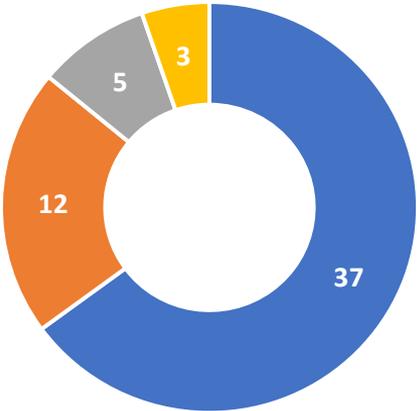
Self-Procuring

ALGERIA
CHINA
EGYPT
LIBYA
MALDIVES
THAILAND

Data as of 7 July 2022



Countries remaining on 1 IPV (57 countries)



■ Gavi ■ UNICEF MICs ■ PAHO RF ■ SPs

APPROVED (10)

CAMEROON
DJIBOUTI
DRC
MOZAMBIQUE
MYANMAR
TAJIKISTAN
TIMOR-LESTE
TOGO
UGANDA
VIET NAM

APPLIED (8)

CAR
CONGO
CÔTE D'IVOIRE
GHANA
GUINEA
INDONESIA
KENYA
SENEGAL

FORECASTED (19)

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

UNICEF MIC (12)

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

PAHO RF (5)

DOMINICA
DOMINICAN REP
SAINT KITTS&NEVIS
SAINT LUCIA
SURINAME

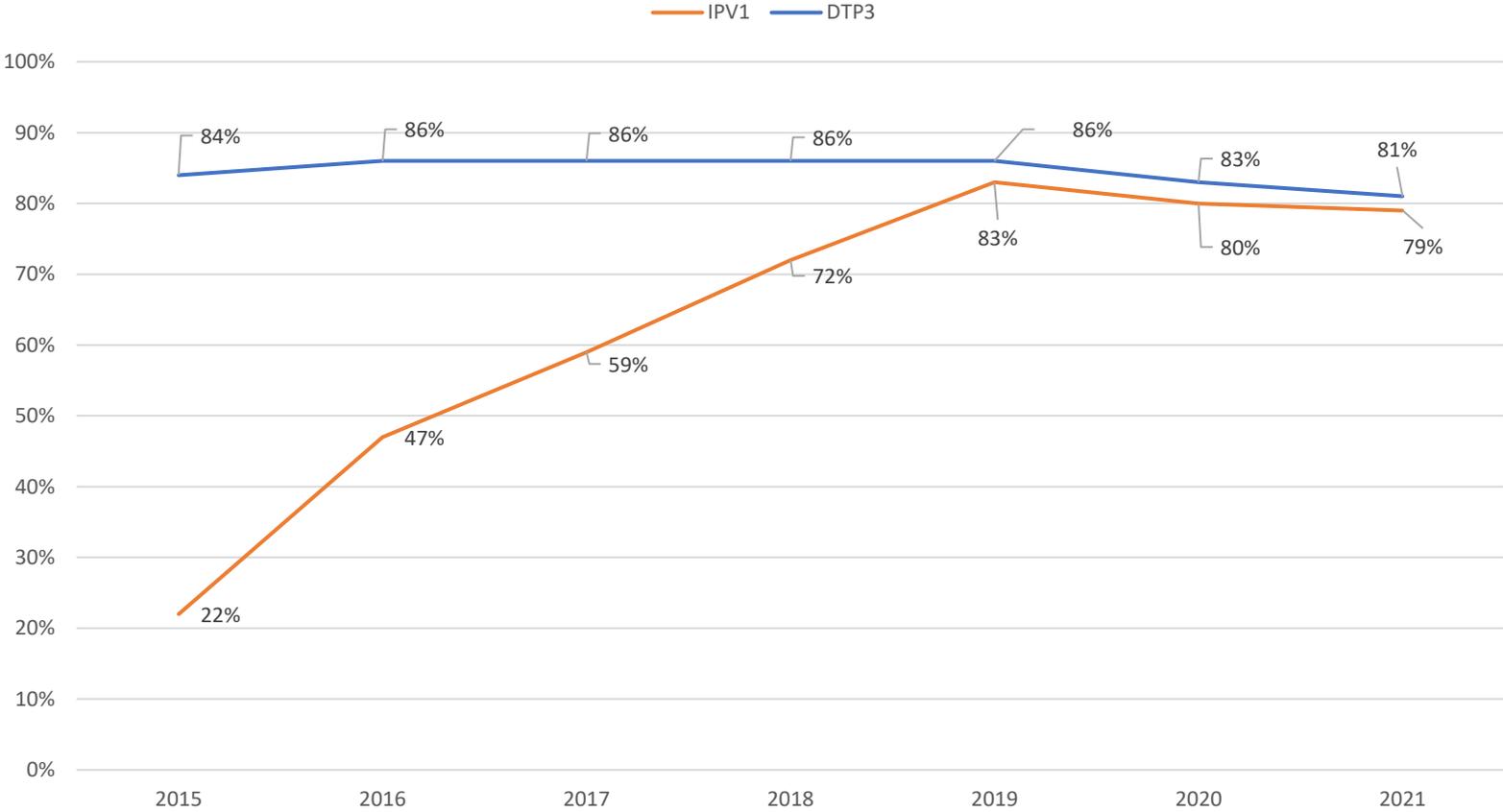
Self-Procuring (3)

NAMIBIA
SEYCHELLES
TURKMENISTAN

Data as of 7 July 2022



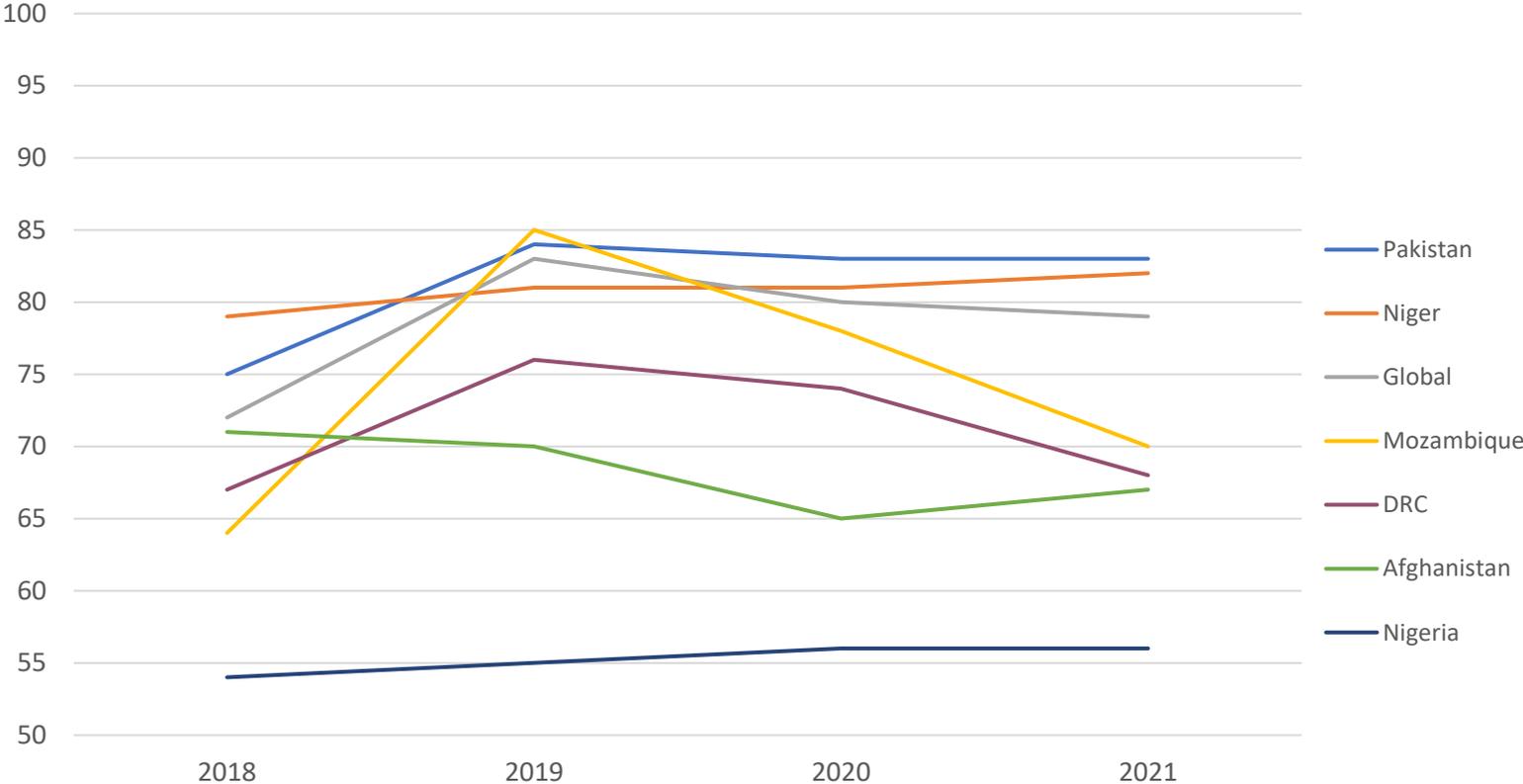
IPV1 Global coverage estimates 2016-2021



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

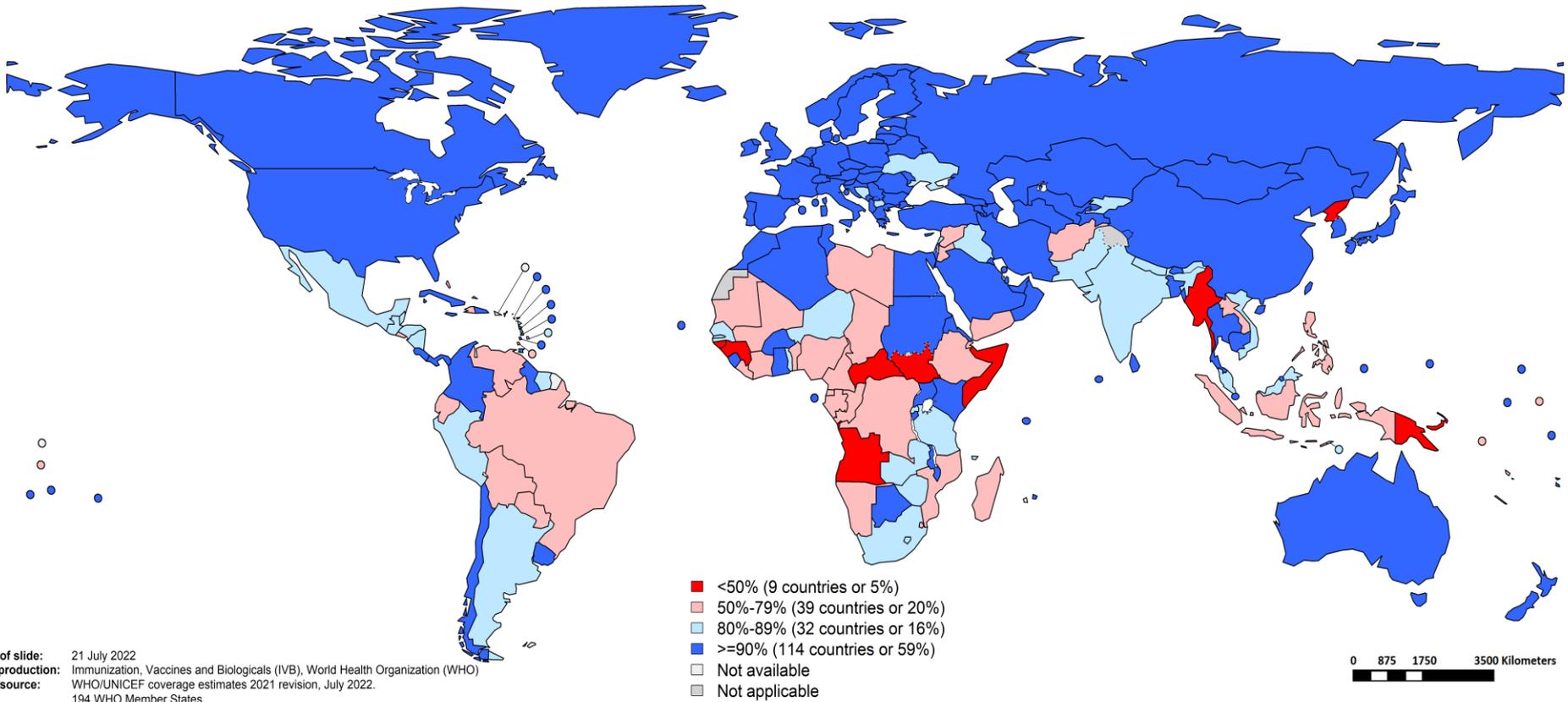


IPV1 coverage estimates 2018-2021 for a sample of high-risk and endemic countries



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

Immunization coverage with IPV1 in infants, 2021

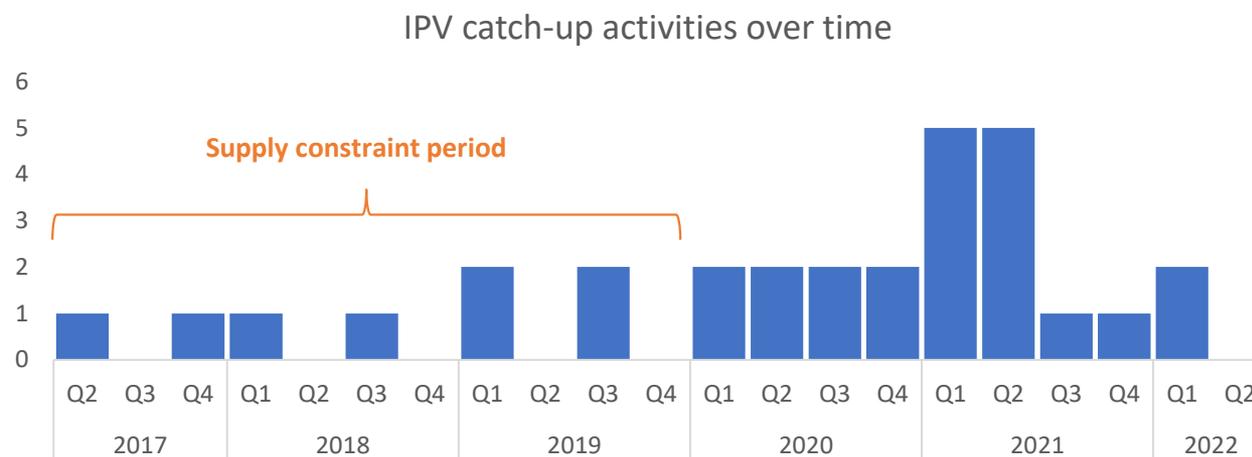


Date of slide: 21 July 2022
Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
Data source: WHO/UNICEF coverage estimates 2021 revision, July 2022.
194 WHO Member States.

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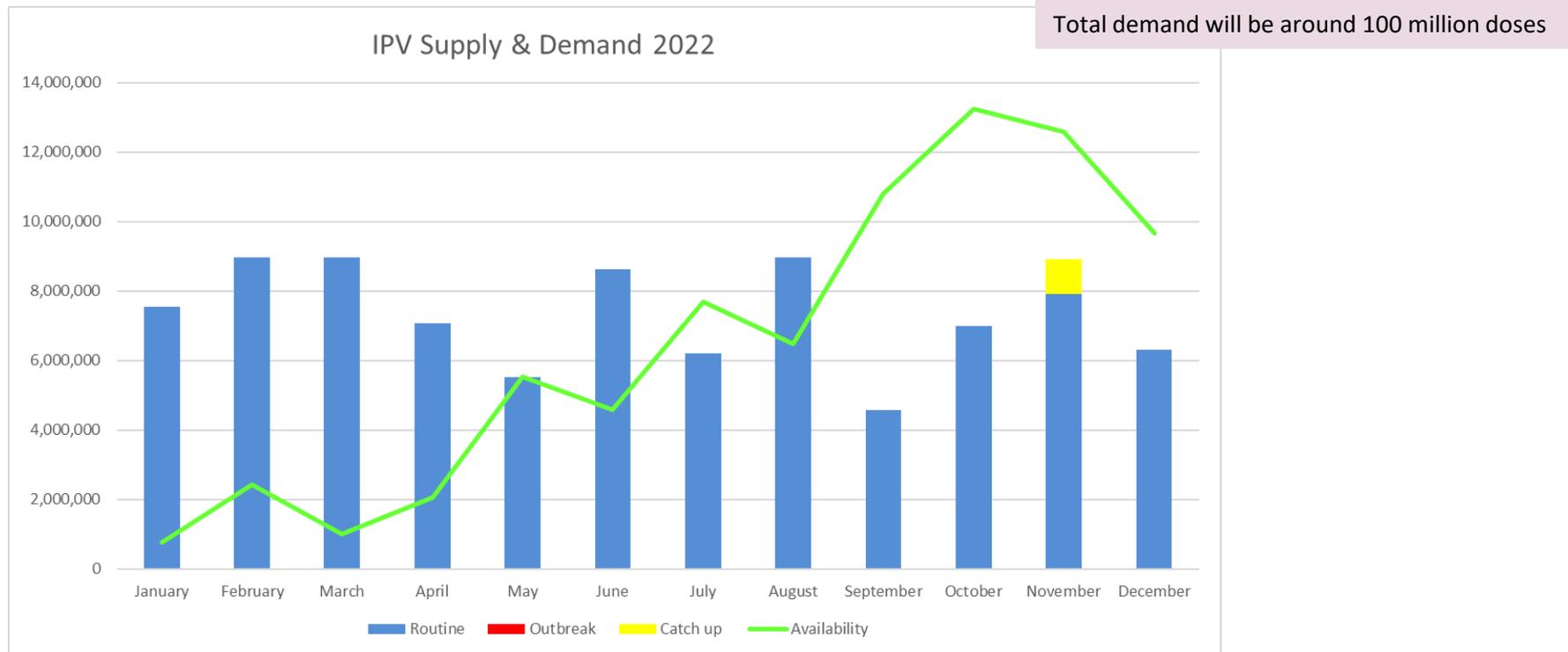
IPV catch up activities

- 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 5 have yet to request Gavi support to do so
 - *Applied: Guinea-Bissau; Planned: DPRK, Djibouti, Gambia; Forecasted: Lesotho, Nepal*

IPV – UNICEF Supply & Demand for 2022



Dramatic change from previous years

- IPV availability – Now sufficient for all countries to introduce IPV2 and complete catch-up activities
- 2022 – As demand is not materializing as forecast high likelihood that LTA will not be fully utilised – UNICEF expect to spread the impact across all manufacturers

IPV Tender for 2023 to 2025 update

	2023			2024			2025		
	Number of suppliers	Quantities (doses)	WAP per dose	Number of suppliers	Quantities (doses)	WAP per dose	Number of suppliers	Quantities (doses)	WAP per dose
1 dose	1	2,000,000	\$2.80	1	2,000,000	\$2.80	1	2,000,000	\$2.80
5 dose	2	33,500,000	\$1.74	3	79,100,000	\$1.42	3	70,600,000	\$1.41
10 dose				3	40,000,000	\$2.50	3	40,000,000	\$2.12

For 2023 awards have already been made under current tender for the 10-dose demand and part of the 5-dose demand

- Outcome of the tender communicated to all manufacturers that made a proposal
- LTA are being concluded with manufacturers that received an award
- Meetings have been established with manufacturers who have a product in development to monitor milestones and progress to WHO PQ

ANNEX

DETAILED LIST OF THE 99 COUNTRIES TARGETED FOR IPV2 INTRODUCTION

In early 2020, 99 countries were administering 1 IPV dose only and needed to introduce IPV2: 63 Gavi countries, 16 UNICEF MICs, 11 PAHO RF and 9 Self Procuring countries. The following tables only refer to those countries. Please note that PAHO countries eligible for Gavi support are included in the Gavi tables, not in the PAHO RF tables

Gavi73

Introduced

AFGHANISTAN
ANGOLA
ARMENIA (aP Hexa)
AZERBAIJAN
BANGLADESH (fIPV)
BHUTAN
BOLIVIA
BURKINA FASO
CHAD
CUBA (fIPV)
ERITREA
GAMBIA
GEORGIA (aP Hexa)
GUYANA
HONDURAS
INDIA (fIPV)
KYRGYZSTAN
MADAGASCAR
MALI
NEPAL (fIPV)
NICARAGUA
NIGER
NIGERIA
PAKISTAN
PAPUA NEW GUINEA
REP MOLDOVA
RWANDA
SIERRA LEONE
SOMALIA
SOUTH SUDAN
SRI LANKA (fIPV)
SUDAN
SYRIA
UZBEKISTAN
YEMEN
ZIMBABWE

Approved

CAMEROON
DJIBOUTI
DRC
MOZAMBIQUE
MYANMAR
TAJIKISTAN
TIMOR-LESTE
TOGO
UGANDA
VIET NAM

Applied

CAR
CONGO
CÔTE D'IVOIRE
GHANA
GUINEA
INDONESIA
KENYA
SENEGAL

Forecasted

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

UNICEF MICs/SPs/PAHO RF

UNICEF MIC	Status
IRAQ	Introduced
PHILIPPINES	Introduced
TUVALU	Introduced
IRAN	Introduced
BOTSWANA	Not Introduced
CAPE VERDE	Not Introduced
COOK ISLANDS	Not Introduced
EQ GUINEA	Not Introduced
ESWATINI	Not Introduced
FIJI	Not Introduced
GABON	Not Introduced
MOROCCO	Not Introduced
NAURU	Not Introduced
SAMOA	Not Introduced
TONGA	Not Introduced
VANUATU	Not Introduced

Self-Procuring	Status
CHINA	Introduced
LYBIA	Introduced
ALGERIA	Introduced
EGYPT	Introduced
MALDIVES	Introduced
THAILAND	Introduced
TURKMENISTAN	Introduced
NAMIBIA	Not Introduced
SEYCHELLES	Not Introduced

PAHO Revolving Fund	Status
BARBADOS	Introduced
VENEZUELA	Introduced
BELIZE	Introduced
GRENADA	Introduced
JAMAICA	Introduced
TRINIDAD & TOBAGO	Introduced
DOMINICA	Not Introduced
DOMINICAN REP	Not Introduced
SAINT KITTS&NEVIS	Not Introduced
SAINT LUCIA	Not Introduced
SURINAME	Not Introduced