INACTIVATED POLIO VACCINE (IPV) SWITCH REQUEST
by [Kyrgyz Republic]

Please use this form to send Gavi the necessary information to review your country's request to switch to the IPV 2-dose schedule (introducing IPV second dose) and/or change presentation[1].

1. Checklist

To process this request, Gavi requires your country to submit the following items/documents:

		YES	N/A
1.	**Signature of Ministry of Health**	☒	
2.	**ICC endorsement** (minutes of a meeting endorsing the switch decision)	☒	
3.	**NITAG recommendation** (meeting minutes)	☒	☐
4.	If this switch increases the country's financial costs:[2] **Signature of Ministry of Finance**	☐	☒
5.	If a switch grant (SG) is requested: **Detailed Budget**[3]	☒	☐

Requests will not be reviewed until complete. Please use the checklist above to verify items/documents before submitting country request.

2. Reason for Switching

Introduction of IPV second dose (use switch) (complete sections 3 and 7-10)	☒
Supply of the current vaccine is disrupted (product/presentation switch) (complete sections 3-10)	☐
Country's own voluntary choice (product/presentation switch)	
• Availability of preferred vaccine (the country has been unable to use its preferred vaccine or presentation before due to a supply constraint)	☐
• A new Gavi-supported vaccine or presentation or use is available	☐
• Country needs have changed (e.g. new epidemiology data, increased price sensitivity)	☐
• Current vaccines profiles have changed (e.g. a price reduction, a VVM type change)	☐
• Switch to intradermal injection with fractional dose IPV (one fifth of a full dose)[4]	☐
(complete sections 3-10)	

[1] *Please consult Gavi's guidelines for reporting & renewal*

[2] *The signature is not required if the switch is forced by supply disruption or the country does not co-finance IPV*

[3] *Using the Gavi budgeting and planning template*

[4] *Gavi supports a schedule of two full or two fractional doses in line with current SAGE recommendations*

3. Country Background and polio eradication status

1. Date of the form	03/05/2021
2. Please indicate the stock level of the current presentation	IPV, 1-dose
o Central Level stock (number of doses)	17280 doses
o Second Level stock (number of doses)	23762 doses
3. Date of the stock level information	03/05/2021

Polio eradication indicator	2016	2017	2018	2019	2020
4. WUENIC OPV1 coverage (%)	97,5	98,7	96,7	97,4	90
5. WUENIC OPV3 coverage (%)	97	93	92	96	87,5
6. WUENIC IPV1 coverage (%)	-	-	54	94	85,7
7. # AFP cases reported	66	81	47	64	32
8. non-polio AFP cases reported/100,000 population < 15 years	3,6	2,02	2,5	2,92	1,48
9. % AFP cases with 2 adequate stool specimens	100	100	100	100	100
10. # cVDPV cases confirmed	0	0	0	0	0
11. # WPV cases confirmed	0	0	0	0	0

Narrative summary of country polio eradication status and challenges:

Since 1993, wild and vaccine-derived polioviruses are not registered in Kyrgyz Republic. Since 2002, the country has been certified as a Polio-Free Country. As per conclusion of the Kyrgyzstan National Poliomyelitis eradication certification committee country have all necessary evidences confirming absence of wild and vaccine-derived polioviruses. In accordance with the Polio Eradication & Endgame Strategic Plan 2013-2018 and recommendations of the National Immunization Technical Advisory Group of experts on Immunization (NITAG) one dose of inactivated polio vaccine (IPV) was included in the national immunization schedule. Due to global shortages, nationwide introduction of IPV happened only in May 2018 (1 dose of IPV at 3,5 months). With support of GPEI and Gavi starting from 26 April 2021 country started catch-up IPV immunization campaign among children who were vaccinated with bOPV but not IPV.

Over past 10 years (2000-2009) country is maintaining high level of immunization coverage among children, in 2020 due to COVID-19 pandemic level of protection against two types of poliovirus (I and II) decreased and reached 87.5% with bOPV and 85.7% with IPV. Currently catch-up vaccination activities are ongoing in the country with the purpose to reach children at hard-to-reach settlements and vulnerable population groups using mobile teams supported by Gavi HSS-2 grant.

Since 1997 country is implementing acute flaccid paralysis (AFP) surveillance. According to WHO recommendations, AFP cases are diagnosed, and each case is subject to mandatory registration, emergency notification and epidemiological investigation. For 10 years (since 2010) with WHO support country is sending stool samples of AFP cases to the Regional reference laboratory at the N.N. Chumakov Institute (Russian Federation, Moscow). In 2019 in total 128 samples were sent (from 64 cases), of which 3 were not AFP; in 2020 due to COVID-19 pandemic number of shipments was limited (32 in total).

AFP surveillance system In Kyrgyzstan is functioning effectively and annually is detecting from 50 to 80 AFP cases. In 2019 total number of identified cases was 61 and AFP indicator (minimum 1 case per 100 000 of population under 15 years of age) was 2.93. All polio tests were negative.

In 2019, the number of "silent" territories increased, but we are observing not only "silent" areas, but sometimes whole regions are "silent" (Naryn and Talas), plus there are some regions with low AFP surveillance indicator such as Issyk-Kul and Jalal-Abad regions.

The focal points for AFP surveillance are:

-City Children's Clinical Emergency Hospital, which registers up to 80% of AFP cases in Bishkek city,

-National Center for Maternal and Child Health registers up to 10% of all reported AFP cases.

-Osh Regional Children's Clinical Hospital.
On 8 March 2021, WHO reviewed the information on detected cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Tajikistan and classified the outbreak as a level 2 emergency. In connection with the registration of cVDPV2 cases in the neighboring Republic of Tajikistan, the Ministry of Health and Social Development has strengthened anti-epidemic measures in order to prevent the importation of cases from Tajikistan.

4. Presentation/product choice

Presentation	**IPV, 1 dose/vial**	**IPV, 2 doses/vial**	**IPV, 5 doses/vial**	**IPV, 10 dose/vial**
Form	Liquid	Liquid	Liquid	Liquid
Doses in each unit	1	2	5	10
Please rank in order of preference (1= First Choice)	1	2	...	...

For further information on presentation and product choices please refer to **Gavi's Detailed Product Profiles**

Is the new presentation licensed in the country? Yes ☒ No ☐

If the preferred presentation does not yet have a license or approval, please provide the time to obtain a license or approval and specify whether national regulations allow for waiver or expedited registration procedure of a WHO Prequalified Vaccine. Please confirm if the licensing process will be completed before shipment.

5. Vaccine procurement

Gavi expects most countries to procure immunization supplies through UNICEF or the PAHO Revolving Fund.

Does the country need an alternative means of supply and delivery of immunization supplies (funded by the country or by Gavi)?

Yes ☐ No ☒

If you answered Yes, please attach a description of the mechanism and the vaccines or goods that the country intends to procure through this mechanism.

6. Reason(s) for Choice of Product or Presentation (as many as apply)

	Main Reason(s)	Comment
Cost Driving Considerations (e.g. wastage rate, price, price commitments)	☐	.....
Vaccine's clinical profile (e.g. country specific data, safety profile)	☐	.....
Logistic considerations (e.g. VVM type, size of cartoons)	☒	.....
Vaccine programmatic suitability (e.g. dose schedule, ease of administration)	☒	.....
Strategic/epidemiological reasons	☒	.....
Other reason(s)	☐	(Please specify) .....

7. Programmatic Considerations

In October 2020, WHO Strategic Advisory Group of Experts on Immunization (SAGE) recommended that a second IPV dose be introduced by all countries that currently administer one IPV dose and bOPV in their routine immunization schedules. (Weekly Epidemiological Record. 2020; 95:585-608.[5])

Regarding the use of IPV in routine immunization, SAGE made the following observations:

- Two doses of IPV provide higher immunogenicity against type 2 poliovirus than one dose;
- The older the age at the first dose and the longer the interval between doses, the higher the immunogenicity; and
- Two fractional doses of IPV (fIPV) administered intra-dermally provide similar immunogenicity as two full doses of IPV, but only when the first dose is given at ≥ 14 weeks of age and the time interval between the two doses is ≥ 16 weeks.

SAGE recommendations:

The preferred schedule is to administer the first IPV dose at 14 weeks of age (with DTP3/Penta3), and to administer the second IPV dose 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 or fractional intradermal IPV (fIPV) without loss of immunogenicity.

SAGE added that countries may consider alternative schedules based on local epidemiology, programmatic implications and feasibility of delivery. As an alternative to the preferred schedule, countries may choose an early IPV schedule starting with the first dose at 6 weeks of age (with DTP1/Penta1) and the second dose at 14 weeks

[5] https://apps.who.int/iris/bitstream/handle/10665/337100/WER9548-eng-fre.pdf?sequence=1&isAllowed=y

(with DTP3/Penta3). This alternative schedule offers the advantage of providing early-in-life protection; however, there is a lower total immunogenicity achieved. If this schedule is chosen, full dose IPV should be used rather than fIPV due to lower immunogenicity of fIPV at early ages. Regardless of the 2 dose IPV schedule used, introduction of the second IPV dose would not reduce the number of bOPV doses used in the routine immunization schedule.

• Is there enough cold chain capacity at all levels to accommodate the vaccine in the current and future years?	Yes ☒ No ☐
• Delivery date requested for the new vaccine product or presentation (actual shipment will depend on vaccine availability)	01/02/2022
• Planned Switch Date	01/04/2022
• At what age/contact point will **IPV first dose** be administered?	3,5 months
• Number of infants who will receive the **IPV first dose** in the year of the planned switch date (please adjust depending on month)	**156736**
• At what age/contact point will **IPV second dose** be administered?	9 months
• Number of infants who will receive **IPV second dose** in the first year of the planned switch date (please adjust depending on month)	**117553**

Justification for schedule selection:

Please provide contextual information such as local epidemiology, programmatic implications, and feasibility of delivery to justify the selected schedule.

In line with SAGE recommendations National Immunization technical Advisory Group of Experts (NITAG) recommends to introduce 2nd dose of inactivated polio vaccine at the age of 9 months, the first dose of IPV according to the national immunization schedule is administered at 3.5 months. The selected schedule will provide the highest immunogenicity and will be sone using full dose of IPV.

Recommendations are done taking into account:

- poliomyelitis vaccination coverage (bOPV, IPV);

- Poliomyelitis and AFP surveillance data (poliomyelitis outbreak in Tajikistan, Kyrgyzstan need to strengthen and implement anti-epidemic measures, including catch-up activities with purpose to eliminate gaps in routine immunization);

-programmatic capacities (avoid multiple injections administration and additional workload for staff)

- regulations related to dispensary observation of children (MoH Order #33) foresee visit of child to health facility at 9 months in terms of dispensary observation of a child, vaccination will be integrated with other services and will not require additional visit.

- logistic capacity at store IPV and to implement vaccination.

8. Use of Financial Support to Fund Additional Technical Assistance Needs

Through the participation of Gavi / TCA partners, Gavi funds tailored and differentiated technical assistance in response to specific country needs. Please review the currently approved Technical Assistance Plan (also known as the "Single Technical Assistance Plan") to assess whether the support required to implement a new vaccine is included in the approved technical assistance plan. If gaps in technical assistance are detected for support to new vaccines, the additional technical assistance required may be funded by the Switch Grant. In this case, the relevant costs must be indicated in the budgeting and planning model.

9. Switch Grant (PSG)

Countries may apply for a switch grant to facilitate this transition. This grant intends to cover a portion of the one-time investments associated with the product, presentation, or use switch (e.g. training, document production and printing, procurement of cold boxes). The ceiling for the grant is US$ 0.25 per child in the birth cohort of the year of the switch. If you don't request a switch grant, please leave the table below as is.

(a) Gavi contribution per child	0.25 $ US
(b) Number of children in the birth cohort in the year when the switch is planned to	156 736

start	
Total Gavi contribution	(a x b) $ US 39 184
Funds needed in country by (planned disbursement date)	15/12/2021

Please attach the Gavi Budgeting and Planning Template to show how the Switch Grant will be used to facilitate the rapid and effective implementation of critical activities before and during the immunization.

10. Signature(s) from Government and coordination and advisory committees

The Government of Kyrgyz Republic would like to continue the existing partnership with Gavi for the improvement of the immunisation programme of the country, and specifically hereby requests Gavi support to switch to the IPV 2-dose schedule and/or switch IPV vaccine IPV 1 or 2 dose presentation.

Please note that Gavi will not review this request without the signature of the Minister of Health or their delegated authority.

We, the undersigned, affirm that the objectives and activities in this request are fully aligned with the national health and immunisation strategic plans (or equivalent), and that funds for implementing all activities, including domestic funds and any voluntary vaccine co-financing will be included in the annual budget of the Ministry of Health.

We, the undersigned, further affirm that the terms and conditions of the Partnership Framework Agreement between Gavi and the Country remain in full effect and shall apply to any and all Gavi support made pursuant to this request.

Minister of Health[6] (or delegated authority)	**Minister of Finance[7] (or delegated authority)**
Name: Bekturganov Ulukbek	Name:
Dat	Date:
Sig	Signature:

ail this form and every attachment requested to proposals@gavi.org with the Gavi Senior Country Manager for your country in copy.

[6] *Required in all cases.*

[7] *Required if the switch will result in higher financial costs. See section 1.*

Required attachment:

1. **Minutes of the ICC meeting** where this request was discussed and approved, with signatures.

Optional attachment:

2. **Minutes of the NITAG meeting** where this switch and the IPV schedule was recommended