

**12th SESSION OF THE SUBCOMMITTEE
ON PROGRAM, BUDGET, AND ADMINISTRATION
OF THE EXECUTIVE COMMITTEE**

Washington, D.C., USA, 21-23 March 2018

Provisional Agenda Item 5.7

SPBA12/INF/7
16 January 2018
Original: English

**UPDATE ON THE SITUATION AND CHALLENGES OF INACTIVATED
POLIOVIRUS VACCINE SUPPLY TO MAINTAIN POLIO ERADICATION IN
THE REGION OF THE AMERICAS**

Introduction

1. In September 2017, the 29th Pan American Sanitary Conference adopted Resolution CSP29.R16, Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas (1). This resolution requested the Director of the Pan American Sanitary Bureau (PASB) to negotiate the best possible price for procurement of inactivated polio vaccine (IPV) for the Region of the Americas and, if necessary, adjust the terms and conditions of the PAHO Revolving Fund for Vaccine Procurement (Revolving Fund) for this occasion only in order to address the special circumstances currently existing and provide the supply of IPV for the Region. In addition, it requested the Director to maintain coordination with the Global Polio Eradication Initiative (GPEI) and to maintain dialogue with partners and global producers of IPV in order to accelerate and ensure capacity to produce the necessary doses of IPV for the Region of the Americas, and to continue to support the Member States of the Pan American Health Organization (PAHO) in preparation for the use of fractional dose inactivated polio vaccine (fIPV).

Background

2. The Region of the Americas was the first in the world to eradicate polio, an achievement that has been maintained for 26 years, as a result of the leadership and commitment of Member States, as well as the efforts of thousands of health workers in the Region.

3. In 2012, the Member States reaffirmed their commitment to the global eradication of polio and supported the 65th World Health Assembly Resolution WHA65.5, which “declares the completion of poliovirus eradication a programmatic emergency for global public health” (2). The intensification of the global eradication initiative foresees that all countries introduce at least one dose of IPV in their national immunization programs

(Document A66/18) (3). This was successfully implemented by all PAHO Member States during 2015 and 2016. However, due to the global shortage of IPV, several countries in other regions have been unable to introduce this vaccine, while others are facing stock-outs. This shortage will remain acute for the next two years and is not expected to improve until 2020.

4. Accordingly, the World Health Organization's (WHO) Strategic Advisory Group of Experts (SAGE) on immunization and PAHO's Technical Advisory Group (TAG) on Vaccine-Preventable Diseases considered the evidence available and recommended the use of fractional doses of this vaccine. Efficacy of fIPV has been researched since the 1950s. In recent years, the evidence has grown to conclusively demonstrate that a two-dose fIPV schedule administered via the intradermal route offers higher immunogenicity than one full intramuscular dose of IPV. However, the use of fractional doses requires specific training due to the administration technique.

Situation Analysis

5. In light of this situation, PASB and the PAHO Revolving Fund have monitored the limited IPV supply capacities and maintained constant communication with global partners and vaccine suppliers to successfully ensure a minimum supply of this vaccine for Member States.

6. By the end of 2017, approximately 5.8 million IPV doses were supplied through the PAHO Revolving Fund, which falls short of the 8.0 million doses required overall. Specific mitigation strategies were implemented, including preparation for fIPV introduction in various countries and procurement of pre-filled IPV syringes for an interim period until IPV supply in vials improves.

7. During the fourth quarter of 2017, the PASB Comprehensive Family Immunization Program, with financial resources from WHO/GPEI, supported nine countries in preparation for the introduction of fractional dose IPV. Five of these countries could start introducing fractional doses in the first quarter of 2018 if the supply of affordable IPV is not secured by PAHO. PASB recommends that once a national program has implemented fIPV, it is not advisable to reintroduce full-dose schedules.

8. Manufacturers' capacity to increase production, global epidemiologic priorities, and market factors continue to have an impact on the regular supply of IPV. This situation could continue to limit the supply of this vaccine globally, including to PAHO Member States, with an overall negative impact on the sustainability of polio eradication in the Region. Likewise, PASB is monitoring the global supply of syringes suitable for fractional IPV dosing, as the availability of this product could be constrained through 2018.

Action Necessary to Improve the Situation

9. PASB has continued negotiations, as approved by the 29th Pan American Sanitary Conference. Pending the outcome of these negotiations for IPV 10 dose vials in 2018 and 2019, supply planning continues with the allocation of limited doses to countries of IPV 5 dose vials and pre-filled syringe presentations. PASB will continue to monitor the situation and keep Member States informed.

Action by the Subcommittee on Program, Budget, and Administration

10. The Subcommittee is invited to take note of this report and provide any comments or recommendations it might consider pertinent.

References

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