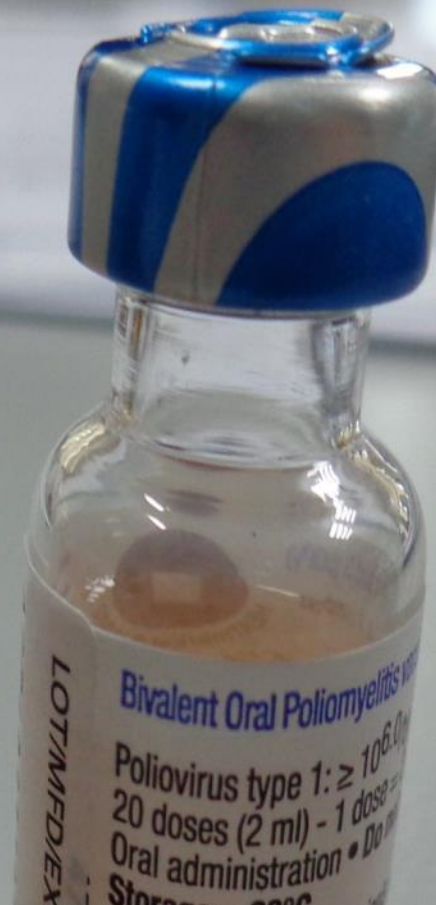
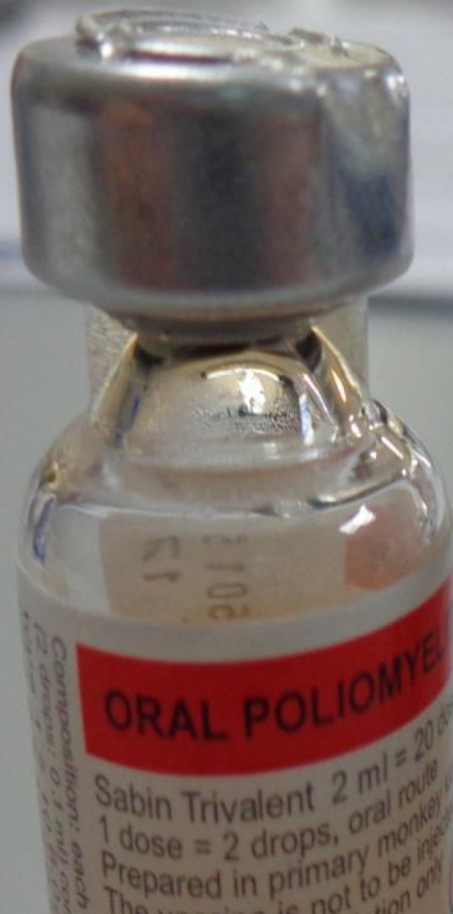




World Health
Organization



Global tOPV withdrawal: “*The Switch*” experience

Alejandro Ramirez Gonzalez, WHO HQ

Global Vaccine and Immunization Research Forum, 22 March 2018

OPV2 withdrawal: The Switch

- Type 2 poliovirus last seen in 1999, certified as eradicated in September 2015
- WHO Strategic Advisory Group of Experts reviewed all evidence and in October 2015 reaffirmed the withdrawal of OPV2 in April 2016
- **Global withdrawal of OPV2**
 - Occurred from **17 April to 1 May 2016**
 - **155 countries/territories** using tOPV switched to bOPV in a synchronized manner (130 million live births)
 - Unprecedented public health intervention, with multiple and interconnected streams of work

Switch progress over time

Global map showing when countries stopped using tOPV

MAP DATE: 04 June 2016, Version 1.0



Map Scale (A3) 1:80,000,000
1 cm = 800 km

Coordinate System: GCS WGS 1984
Datum: WGS 1984
Units: Degree

Data Source:
Data and Admin. Boundaries: World Health Organization
Base Map: GEBCO
This map does not include the following islands
due to consistency in the zoomed extent:
Kiribati, Samoa, Tonga and Cook Islands

25 March, 2016

Disputed Areas
Disputed Borders

No boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities or concerning the delimitation of its frontiers or boundaries. Shaded and dotted lines on these represent approximate borders for which there may not yet be full agreement.

Executing the switch: keys to success



1. **Strong partnership, coordination and collaboration** at all levels and across all GPEI partners
2. **Clear distribution of roles and responsibilities** among partner agencies at all levels
3. **Country and regional leadership and ownership**
4. **Defined timeframe:** Agreed upon global switch window
5. **Timely dissemination** of information, guidance and situation updates
6. **Dedicated funding** to catalyse country efforts

Learnings: Global coordination

Achievements

- ✓ **Global coordination cell** set up in WHO HQ to monitor progress and troubleshoot
- ✓ **Daily switch update** disseminated to all partners and regions
- ✓ **Live website** with real-time maps showing switch progress
- ✓ **Intensive collaboration and coordination continued after the switch** to respond to any issues
- ✓ Great example of **inter-agency collaboration** (WHO, UNICEF and partners) and within WHO (POL, EPI, Outbreaks and Emergencies)

Key Lessons

- ✓ Pre-switch: implementation calls **maintained momentum** and kept **all regions informed** on global progress
- ✓ During switch: daily contact with **designated regional focal points** for up-to-date information
- ✓ Updates streamlined to **4 core process indicators** only
- ✓ **Dedicated team** at global level to respond to any issues

Learnings: Communications

Achievements

- ✓ Established **strong awareness** of switch rationale, timelines and actions
- ✓ Developed a **range of technical guidance** and user-friendly templates
- ✓ At national level, **proactive and targeted engagement of stakeholders and key journalists** in briefings focused on RI and polio eradication
- ✓ **Prevented potential issues** about vaccine safety related to the global vaccine withdrawal
- ✓ Maintained a **web site** as reference for all materials in multiple languages

Key Lessons

- ✓ Messaging and materials developed in **multiple and adaptable formats and languages for local adaptation**
- ✓ **Careful wording** on the “global withdrawal” of a vaccine was essential
- ✓ **Regular dialogue was essential** for achieving comprehension, resolving questions and feedback, e.g. workshops, trainings, dry runs, webinars, etc.

Learnings: Monitoring and validation

Achievements

- ✓ **Global guidance for monitoring and validation methodology developed**
 - All national, provincial and district stores to be visited
 - At least 10% of the health facilities sampled and visited
- ✓ **All countries conducted monitoring** as per global guidelines and submitted **validation reports**
- ✓ **Around 50 observers from global level** deployed to multiple countries during the switch

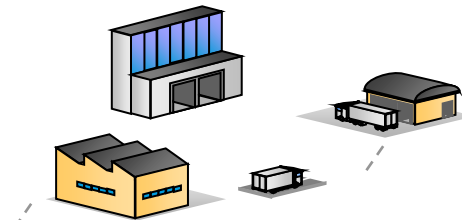
Key Lessons

- ✓ **Minimum standard approach was manageable for countries**
 - Setting a global bench mark, encouraging countries to expand
- ✓ **Methodology disseminated widely (webinars and regional workshops)**
- ✓ Detail of data reported up to HQ varied across regions – should be more prescriptive next time
- ✓ Emphasis on need to **supplement the independent monitoring with supervisory visits** to ensure complete withdrawal from all facilities

Independent Monitoring (within 2 weeks of switch)

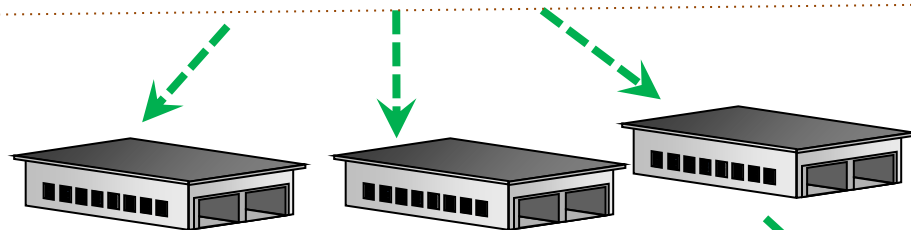
272 National stores visited (99%)

Primary (national) stores



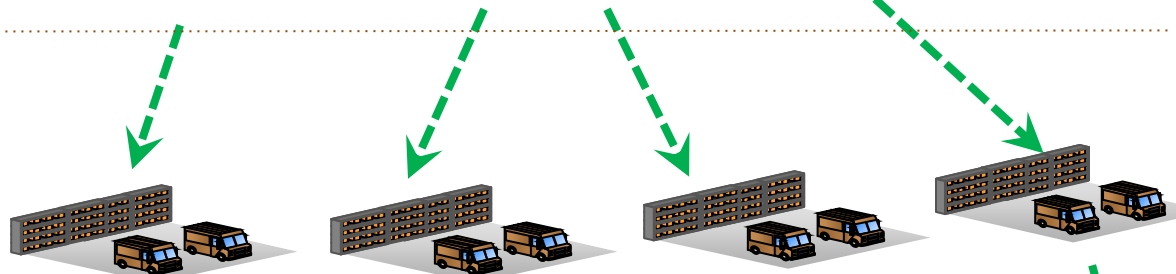
3,741 Regional stores visited (94%)

Sub-national (regional or provincial) stores



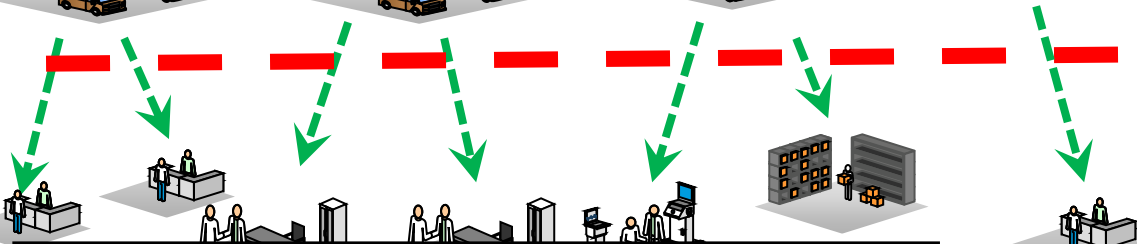
16,144 District stores visited (78%)

Lowest distribution level (district) stores



143,050 Health Facilities visited

Service points (health facilities)



Total sites visited: 163,207

Learnings: Waste management

Achievements

- ✓ Developed **global guidance** on disposal of useable, unopened, non-expired vaccines
- ✓ **Identified gaps** in waste management policies, strategies and local capacity
- ✓ Global observers did not report disposal strategies beyond those recommended

Key Lessons

- ✓ Avoiding prescriptive recommendations (providing options) allowed for flexibility based on country capacity

Encapsulation



e.g. Haiti, Sierra Leone, South Sudan, Philippines, Myanmar, Madagascar

Incineration



e.g. Algeria, Ecuador, Kenya, Mozambique, Uganda

Boiling



e.g. Ghana, Nigeria, CAR, Sierra Leone

Autoclave



e.g. China, Guinea, CAR, Brazil, Colombia

Chemical Inactivation (bleach)



e.g. Mexico, Bolivia

Learnings: Financial support

Achievements

- ✓ **\$19.4 million** in support provided to 67 targeted countries, over 4 month period
- ✓ Remained under the global envelope – \$4.3 million in savings to GPEI
- ✓ Switch implementation was not compromised in any country due to lack of funds

Key Lessons

- ✓ **Regional coordination was critical** in vetting of applications and providing country context for the review process at global level
- ✓ **Importance of deadlines** (at least 2 months prior to when funds are needed in country) to allow sufficient time for review and disbursement, and for governments to include funds in work plans
- ✓ Be mindful of potential impediments that may impact disbursement of funds to country

Country-designed materials



Switch job aides and handbooks for HWs – **Indonesia, Philippines**



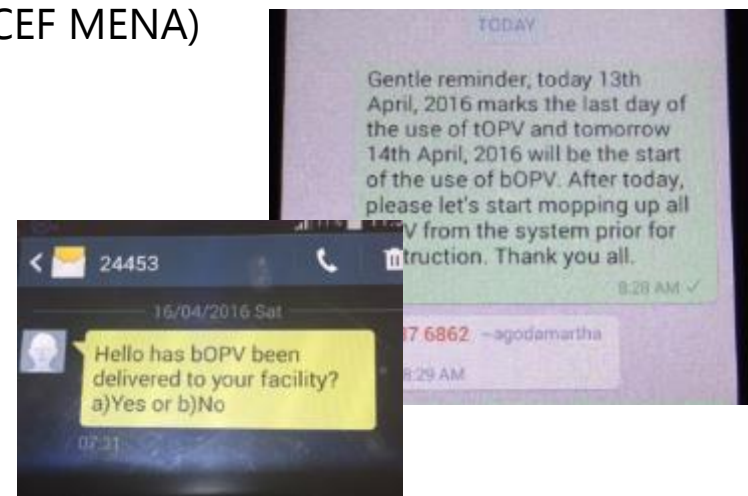
Country designed switch stickers and disposal bags – **Jamaica, Nigeria, Philippines, China, Pakistan** (and many others)

Using social media and apps

Use of social media – **Philippines**



Monitoring mobile application – **Jordan, Lebanon, Tunisia** (developed by UNICEF MENA)



Use of SMS/WhatsApp reminders –
Nigeria, Ghana, Kenya

Conclusion

- The Switch was an **unprecedented and monumental task** for everyone involved
- The Switch was **programmatically a success**
- Such an extremely intensive undertaking **will require mobilization of significant resources** (human and financial) and **strong political support**
- **Eradication requires stopping the use of OPV**
 - The lessons learnt from the 2016 Switch will be a critical knowledge base for the withdrawal of OPVs

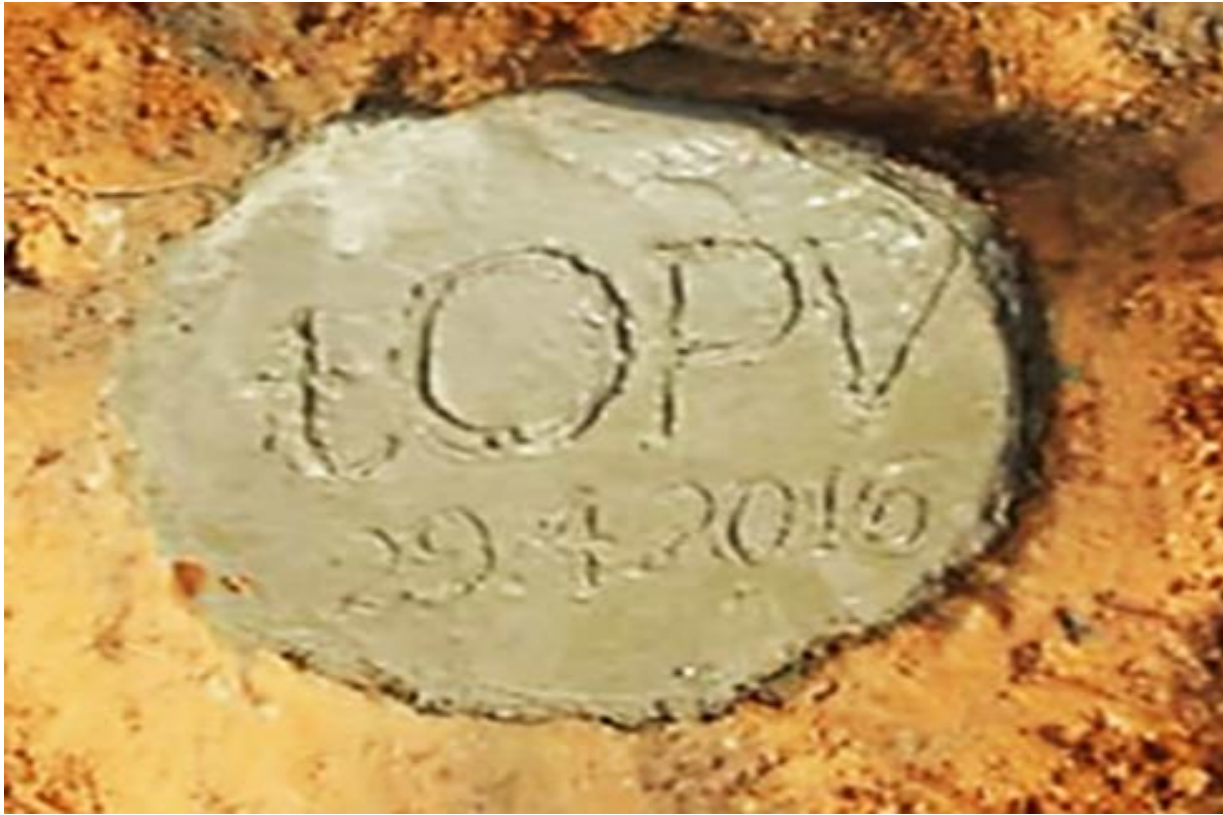
Polio Endgame & Legacy Implementation, Best Practices and Lessons Learned



Volume 216, 1st July 2017

- 51 articles
- Open access
- Focus on Objective 2 & 4 of the Polio Eradication Strategic Plan 2013-18
- Articles spanning: strategy and management, planning and implementation, communications, financing, vaccine supply and routine immunization strengthening

https://academic.oup.com/jid/issue/216/suppl_1



*Goodbye tombstone
to tOPV, April 2016*
Myanmar

Thank you!