**Overview of the tOPV-bOPV Switch Validation Process**

**Objectives of Switch Validation\***

**tOPV Disposal**

**Monitoring disposal of tOPV is not the focus of the switch validation process. Disposing of tOPV will likely take longer than withdrawing it from the cold chain, therefore it should ideally be completed within 3 months of the Switch.**

* 1. Ensure and confirm withdrawal of tOPV from the cold chain
	2. Assess introduction of bOPV
	3. Assess distribution of IPV

*\*Parallel to but distinct from certification of type 2 poliovirus containment at laboratories and vaccine production facilities*

**Sites Visited During Validation**

* *National stores down to District level:*
	+ *Independent monitors verify tOPV is removed from cold chain in* ***ALL*** *vaccine cold chain stores from the national to the district level within 2 weeks of the switch day*
* *Service delivery points:*
	+ *Due to large number of service points,* ***a risk-based purposive*** *(i.e. non-random) sampling plan is recommended for independent monitoring within 2 weeks of switch day*

**\*Sweep: Intensified monitoring of all other health facilities in the district with involvement of staff from the regional level or higher**

**What if tOPV is found at a primary, sub-national, or lowest distribution level store?**

* tOPV needs to be removed from the cold chain immediately
* tOPV should be disposed of as soon as possible
* Monitor needs to ensure tOPV has been removed from cold chain and report findings to supervisor
* Since all primary, sub-national, and lowest distribution level stores are being visited anyway, finding tOPV at one of them does not affect monitoring of others
* Ensuring primary, sub-national, and lowest distribution level stores do not have tOPV in the cold chain after the switch is the highest priority due to the volumes of tOPV they usually have

**Reporting findings of the Switch Validation**



*\*National Switch Validation Committee is a body independent from Switch implementation activities that is authorized to validate the Switch. If exists, the National Certification Committee (NCC) can be used for the purpose.*

**Monitoring the Private Sector**

* Private sector facilities with tOPV can be potentially identified with help from: manufacturers, wholesalers, professional groups, regulators, national immunization program
* tOPV manufacturers and wholesalers should be included in monitoring, but private health care providers can usually be omitted due to small stocks

**Roles of Independent Monitors and Monitoring Coordinators/Supervisors**

* + Assess the cold chain stores and service delivery points via questionnaire
	+ Report to coordinator if observe leftover tOPV and/or no introduction of bOPV and/or IPV
	+ Remove any tOPV found (if practical)
	+ Submit data/report any issues to monitoring coordinators

Independent Monitors

* + Select sites to be visited
	+ Develop micro-plans
	+ Develop and provide training material
	+ Facilitate logistics for the training and transportation of independent monitors
	+ Facilitate reproduction and distribution of questionnaires and guidelines for monitors
	+ Decision to select additional sites or sweep

Monitoring Coordinators (& Supervisors)