

# 29th PAN AMERICAN SANITARY CONFERENCE

## 69th SESSION OF THE WHO REGIONAL COMMITTEE FOR THE AMERICAS

Washington, D.C., USA, 25-29 September 2017

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*Provisional agenda item 4.10*

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### SITUATION UPDATE ON THE CHALLENGES OF SUPPLYING INACTIVATED POLIO VACCINE TO MAINTAIN ERADICATION OF THE DISEASE IN THE REGION OF THE AMERICAS

#### **Background**

1. During the 31<sup>st</sup> Directing Council of the Pan American Health Organization (PAHO) in September 1985, the Member States unanimously adopted Resolution CD31.R22, establishing the goal of eradicating poliomyelitis in the Region of the Americas by 1990 (1).
  2. Based on the advances made in polio control in the Region of the Americas, in 1988 the 41<sup>st</sup> World Health Assembly adopted Resolution WHA41.28 on the global eradication of poliomyelitis by 2000 (2), leading to the creation of the Global Polio Eradication Initiative, headed by the World Health Organization (WHO).
  3. In our Region, high vaccination coverage and implementation of epidemiological surveillance permitted interruption of the transmission of wild poliovirus in 1991; termination of circulation of the virus was declared in 1994. The PAHO Revolving Fund for Vaccine Procurement (the “Revolving Fund”) has been a pillar of technical cooperation provided by PAHO for vaccination in the Region and, more specifically, for polio eradication. The efforts of all PAHO Member States have kept the Region polio-free for 26 years.
  4. In 2012, the Member States of PAHO joined in the declaration of the 65<sup>th</sup> World Health Assembly which, through Resolution WHA65.5, established that achieving polio eradication constituted a programmatic emergency for global public health (3). Accordingly, the Global Polio Eradication Initiative prepared the Polio Eradication and Endgame Strategic Plan 2013-2018 in coordination with the national health authorities, international partners and experts, donors, and other actors (4).
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5. The Member States of PAHO, without exception, are implementing this strategic plan through: *a)* maintenance of a surveillance system to detect and interrupt the transmission of poliovirus; *b)* introduction of the inactivated polio vaccine (IPV); *c)* moving from the trivalent oral polio vaccine (tOPV) to the bivalent vaccine (bOPV) in a synchronized worldwide intervention known as “the switch”; *d)* containment of poliovirus in laboratories; and *e)* planning the legacy of polio eradication.

6. In October 2012, as a part of the strategic plan, the WHO Strategic Advisory Group of Experts (SAGE) on Immunization recommended that all WHO Member States should introduce at least one dose of IPV into their routine vaccination schedules prior to withdrawal of the type 2 component of the oral polio vaccine (5).

7. In the Region of the Americas, PAHO’s Technical Advisory Group (TAG) on Vaccine-preventable Diseases also recommended, in 2015, that all the children under 1 year of age should receive at least one dose of IPV as a part of routine polio vaccination. The Member States began introducing IPV at the end of 2015 (6).

8. Subsequently, in 2016 and 2017, global availability of IPV diminished, mainly due to problems in the production of the vaccine. At present, the global supply of IPV is expected to remain limited until 2020.

9. Since 2015 the Pan American Sanitary Bureau (the Bureau) has kept the PAHO Member States informed about the limited supply of IPV and the headway made in implementation of the strategic plan.

### **Analysis of the current situation**

10. In 2016, given the global scarcity of IPV, several countries in the world delayed the introduction of this vaccine and the SAGE recommended that the countries advance toward using a fractional dose of IPV (fIPV) equivalent to one fifth of a dose of IPV given intradermally in a series of two doses, in view of evidence that indicates that intradermal fIPV in a two-dose series creates a greater immunological response than intramuscular administration of a single full dose (7).

11. This recommendation was ratified in 2016 and 2017 by the PAHO TAG (8, 9), which recommended initiating the preparation and immediate implementation of the use of fIPV in Member States of the Region that administer more than 100,000 doses of IPV per year.

12. With the support of the Bureau, the Member States of PAHO have already begun preparing for the use of fIPV, since a stock-out of this vaccine is possible, in some cases, in the first quarter of 2018. This involves great efforts in terms of organization, training, and adaptation of information systems, among other aspects, which the Member States have to undertake with technical support from the Bureau.

13. Given this situation, it is important to recall that, in 2013, the Member States of PAHO, through Resolution CD52.R5, ratified the principles, terms and conditions, and procedures of the Revolving Fund, and instructed the Bureau to administer this fund so that these principles are respected and fulfilled without exception (10). However, considering the limited availability of IPV, the Bureau considers that extraordinary negotiations are needed to ensure that the Region of the Americas receives an adequate number of doses of this vaccine. In view of the provisions of Resolution CD52.R5, the Bureau requires the authorization of the Member States to finalize these negotiations and to accept a price that is not the lowest worldwide.

14. However, even if these extraordinary negotiations yield positive results, the Member States of PAHO may have to begin using fIPV, depending on the number of doses that the Bureau can guarantee and on how the situation of global availability develops.

### **Intervention of the Pan American Sanitary Conference**

15. In view of the limited worldwide availability of IPV, and to guarantee the supply of this vaccine and continue advancing toward global polio eradication, the Conference is invited to take note of this document and consider adopting the attached resolution.

Annexes

### **References**

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10. Pan American Health Organization. Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement [Internet]. 52nd Directing Council of PAHO, 65th session of the WHO Regional Office for the Americas; 30 September to 4 October 2013; Washington, D.C. Washington, D.C.: PAHO; 2013 (Resolution CD52.R5). Available from: [http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=23266&Itemid=270&lang=en](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=23266&Itemid=270&lang=en).

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CSP29/16  
Annex A  
Original: Spanish

### ***PROPOSED RESOLUTION***

#### **SITUATION UPDATE ON THE CHALLENGES OF SUPPLYING INACTIVATED POLIO VACCINE TO MAINTAIN ERADICATION OF THE DISEASE IN THE REGION OF THE AMERICAS**

##### ***THE 29<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE***

(PP1) Having reviewed the Situation Update on the Challenges of Supplying Inactivated Polio Vaccine to Maintain Eradication of the Disease in the Region of the Americas (document CSP29/16) on the historic achievements in the Region of the Americas with regard to polio eradication and the current challenges of supplying the inactivated polio vaccine (IPV);

(PP2) Recognizing the valuable contributions made by the Pan American Health Organization's Revolving Fund for Vaccine Procurement (the "Revolving Fund") to guarantee timely and equitable access to polio vaccines for the Member States of the Pan American Health Organization (PAHO);

(PP3) Considering the importance of the active participation of the Member States of PAHO in the Revolving Fund;

(PP4) Reaffirming the principles, terms and conditions, and procedures of the Revolving Fund and its benefit for public health in the Region of the Americas, as ratified by the Member States of PAHO in Resolution CD52.R5 (September 2013);

(PP5) Recognizing the importance of keeping the Region of the Americas polio-free and advancing toward the global eradication of this disease;

(PP6) Aware of the special circumstances currently existing for implementation of the Polio Eradication and Endgame Strategic Plan of the World Health Organization, and the current situation of global demand and limited supply of IPV, as well as the importance of maintaining polio eradication in the Region of the Americas;

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(PP7) Considering, furthermore, that if the Revolving Fund managed to obtain additional doses of IPV, this would enable the Member States participating in the Revolving Fund to adequately plan the use of fractional doses of IPV (fIPV) administered intradermally in a two-dose series;

(PP8) Recognizing that the Pan American Sanitary Bureau (the Bureau) requires the approval of the Member States of PAHO in order to conduct any negotiation that does not comply with the principles, terms and conditions, and procedures of the Revolving Fund,

***RESOLVES:***

(OP)1. To urge the Member States to:

- a) continue to recognize the PAHO Revolving Fund as the strategic cooperation mechanism most suitable for providing access to vaccines such as IPV;
- b) promote solidarity and Pan-Americanism through their participation in the Revolving Fund;
- c) continue to support the principles, terms and conditions, and procedures of the Revolving Fund ratified in Resolution CD52.R5 in September 2013.

(OP)2. To request the Director to:

- a) continue to support the Member States of PAHO in preparation for the use of fIPV;
- b) maintain dialogue with partners and global producers in the effort to obtain the necessary doses of IPV for the Region of the Americas;
- c) negotiate extraordinarily for the best possible price for procurement of IPV—if necessary, beyond the scope of the principles, terms and conditions, and procedures of the Revolving Fund—until the market situation guarantees the adequate supply of IPV required by the Region of the Americas.

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