The background of the slide features two young girls sitting on the ground in front of a blue wall. The girl on the left is wearing a floral dress and a headband, while the girl on the right is wearing a white shirt and a polka-dot headscarf. The wall behind them has a metal handle with a circular pattern. The entire scene is bathed in a blue light.

Updates on type 2 OPV containing vaccines & IPV

Global Polio Partners Group
6 December 2019
UNICEF Supply Division

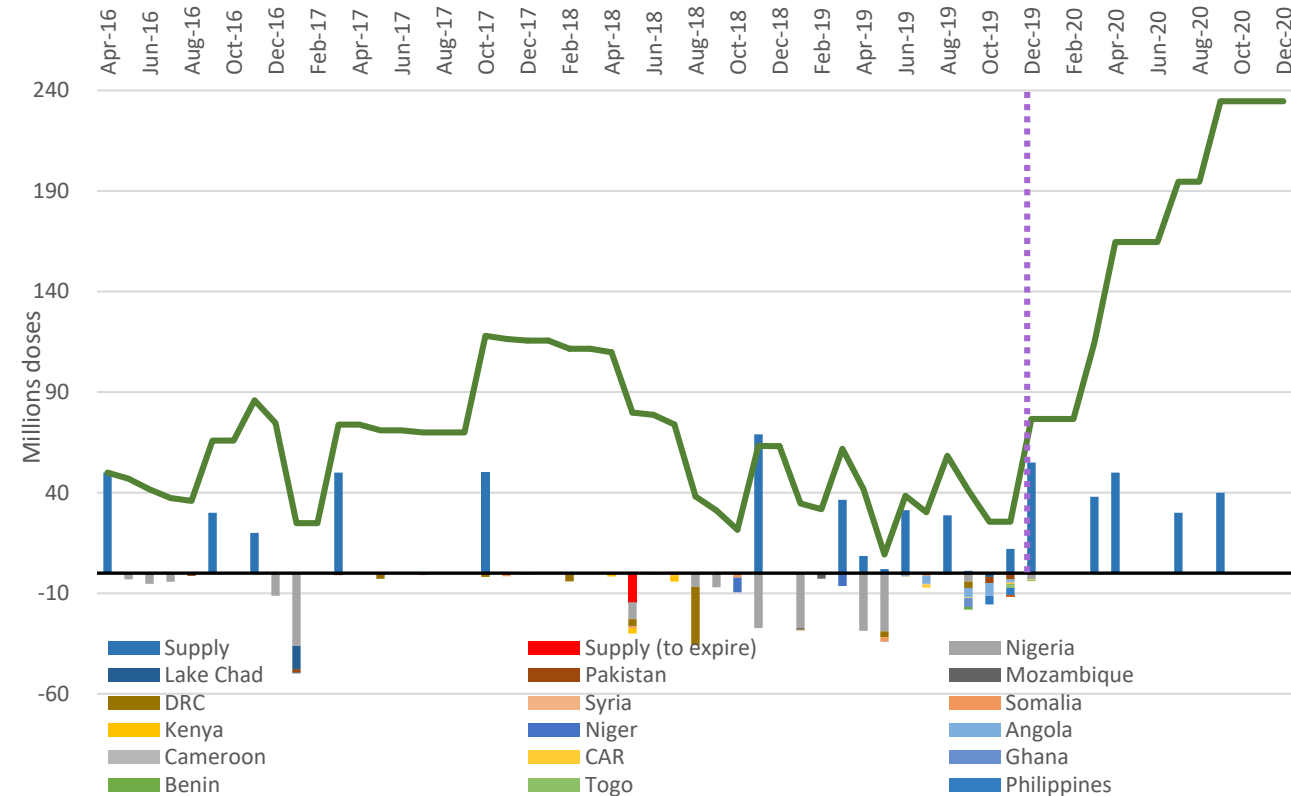
mOPV stockpile; purpose, governance & management

The purpose of the global stockpiles of monovalent Oral Polio Vaccine is to ensure timely supply of vaccines to respond to outbreaks of specific poliovirus types at a time when OPV is no longer used in routine immunization systems

Establishment of the mOPV2 stockpile was a SAGE requirement for the withdrawal of type 2 containing vaccines – the Switch from tOPV to bOPV. Establishment of the mOPV1 and mOPV3 stockpiles is in progress; to be in place before withdrawal of bOPV, 4 years after last detection of WPV

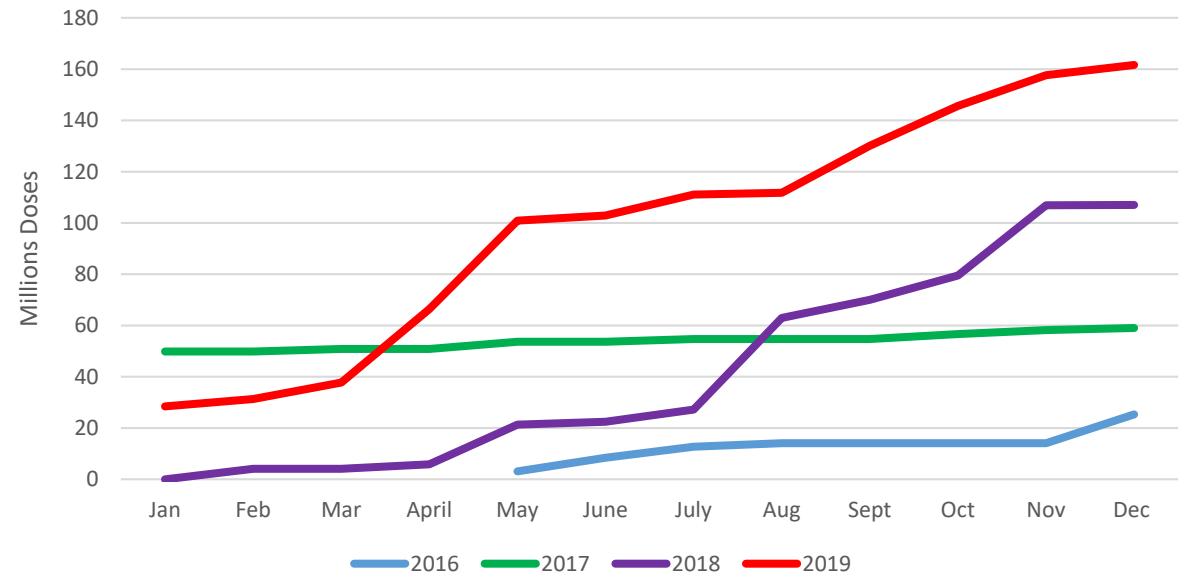
WHO governs the global stockpile of bulk and finished mOPVs. Day to day management of the stockpile is carried out jointly by UNICEF and WHO

mOPV2 April 2016 to December 2020



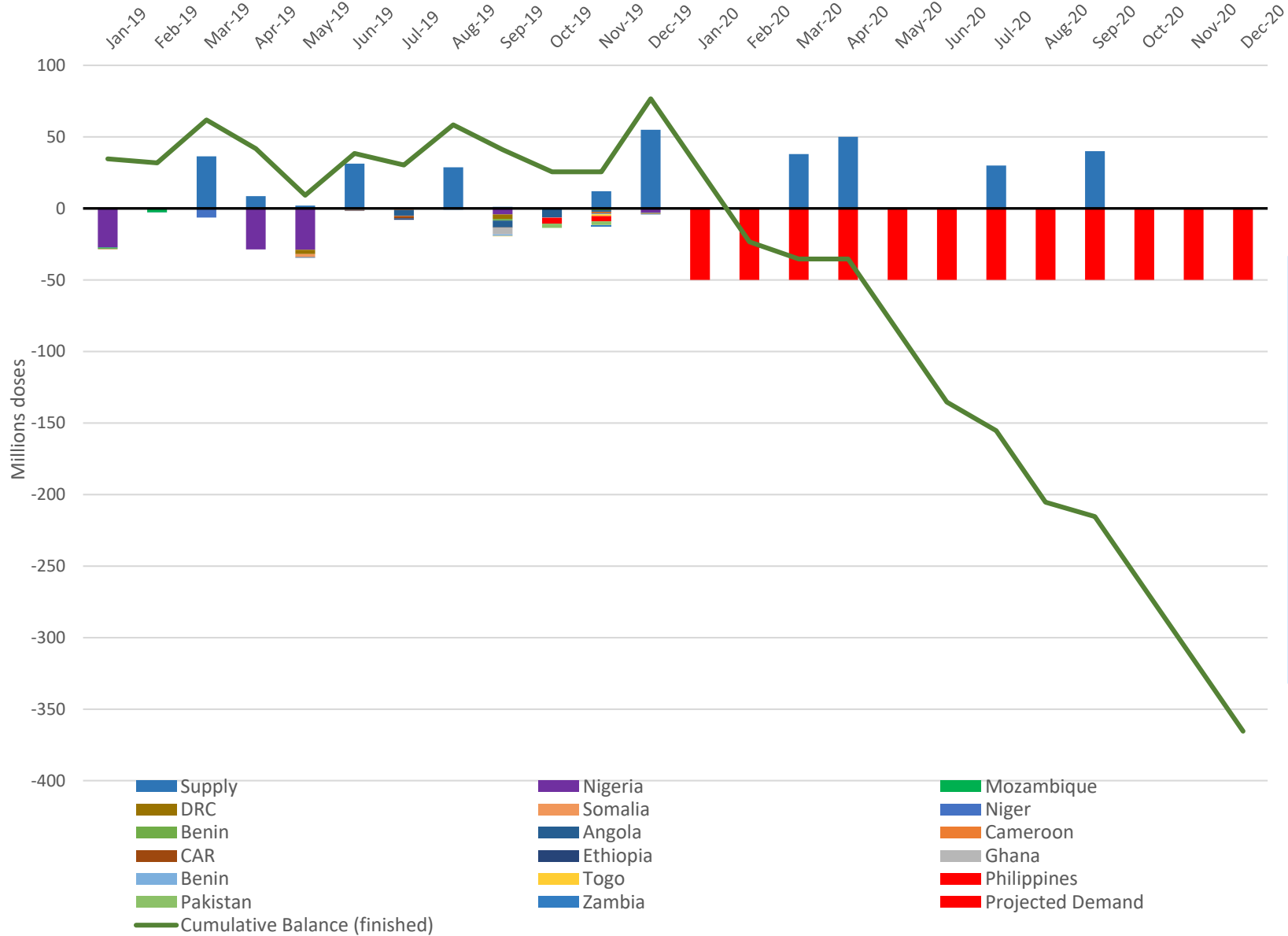
- Today there is 21.6 million doses available
- 55 million doses expected to be added before end of December

Cumulative deliveries of mOPV2 by month, 2016-2019



- Majority of supply going to Nigeria with recurrent outbreaks (65%/195Mds)
- DRC with expanding outbreaks (15%/46Mds)
- Responses in additional 11 countries

mOPV2 January 2019 to December 2020 including projected demand



Actions being taken to address supply gap:
 Additional capacity 188 million doses available – funding is required to secure doses

Securing additional filling capacity - 203 million doses of bulk available that could be filled in 2020

Next steps to secure sufficient type 2 containing OPV to meet projected requirements

For Sabin OPV type 2:

- Reach out to manufacturers about the possibility of supplying tOPV
- Secure all possible filling for type 2 in 2020 from current manufacturers
 - Trade offs between bOPV and availability for endemic countries (especially Pakistan)
 - Could impact overall capacity due to down time needed for switching between antigens
- Find additional filling capacity for available bulk that can not be filled in 2020 by current manufacturers
 - Identify additional filler – this may impact bOPV availability so would need to assess impact on global supply
 - Supplier would need to have product licensed and WHO PQ

For nOPV2:

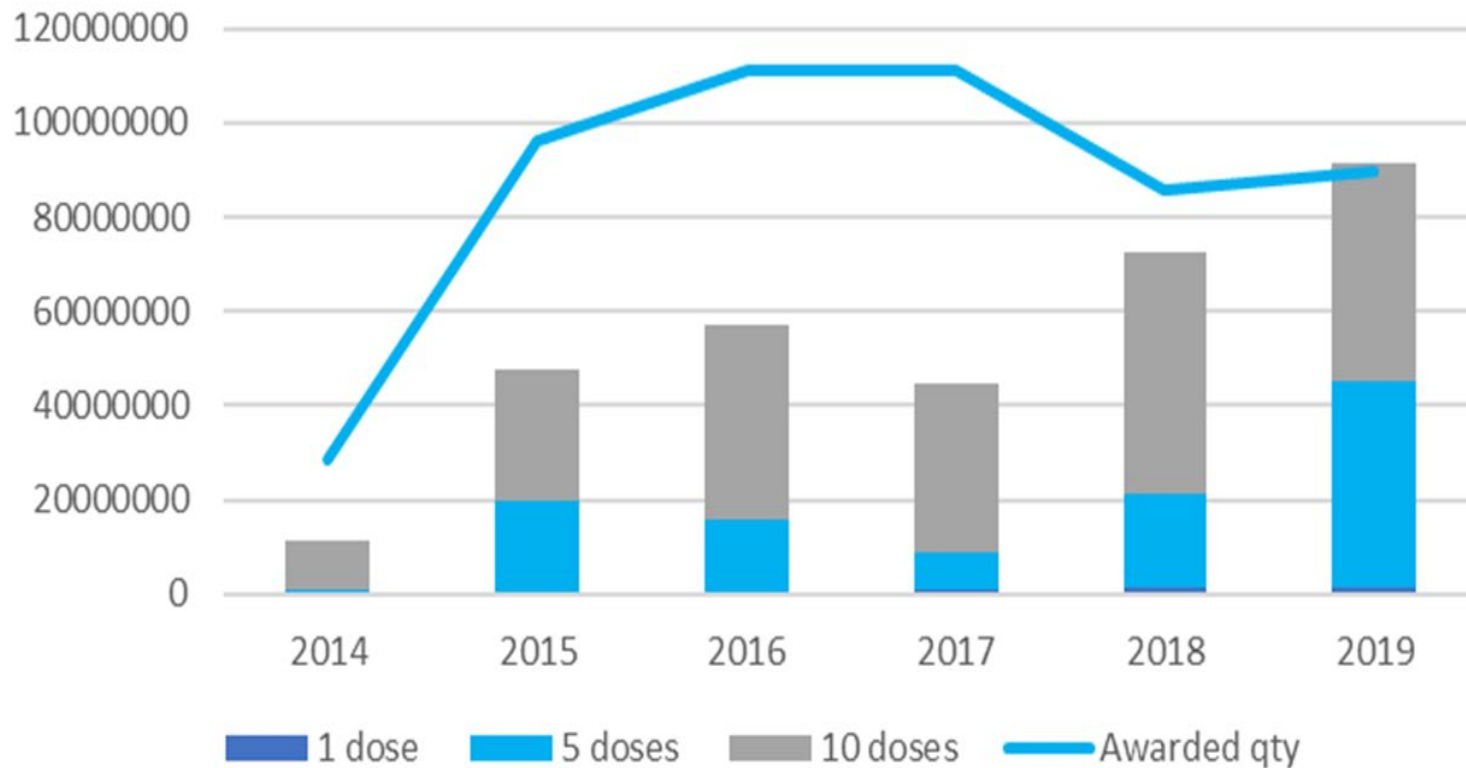
- Issue tender in January to secure maximum availability of nOPV for 2020 & 2021
- Ensure contract in place so that nOPV can be deployed as soon as vaccine is available and there is an approval from WHO for use under EUL

A man in a white shirt and shorts is wading through deep floodwaters, carrying a young child in a red dress. The scene is set against a bright, clear sky, with trees and vegetation visible in the background. The water reflects the light, creating a shimmering effect.

IPV Supply Update

While historically, IPV vaccine supply to UNICEF has been below the requirements, leading to a need for programmatic prioritisation – supply is finally increasing

Awarded and actual deliveries of IPV by presentation, 2014-2019



Meeting programmatic needs as of December 2019

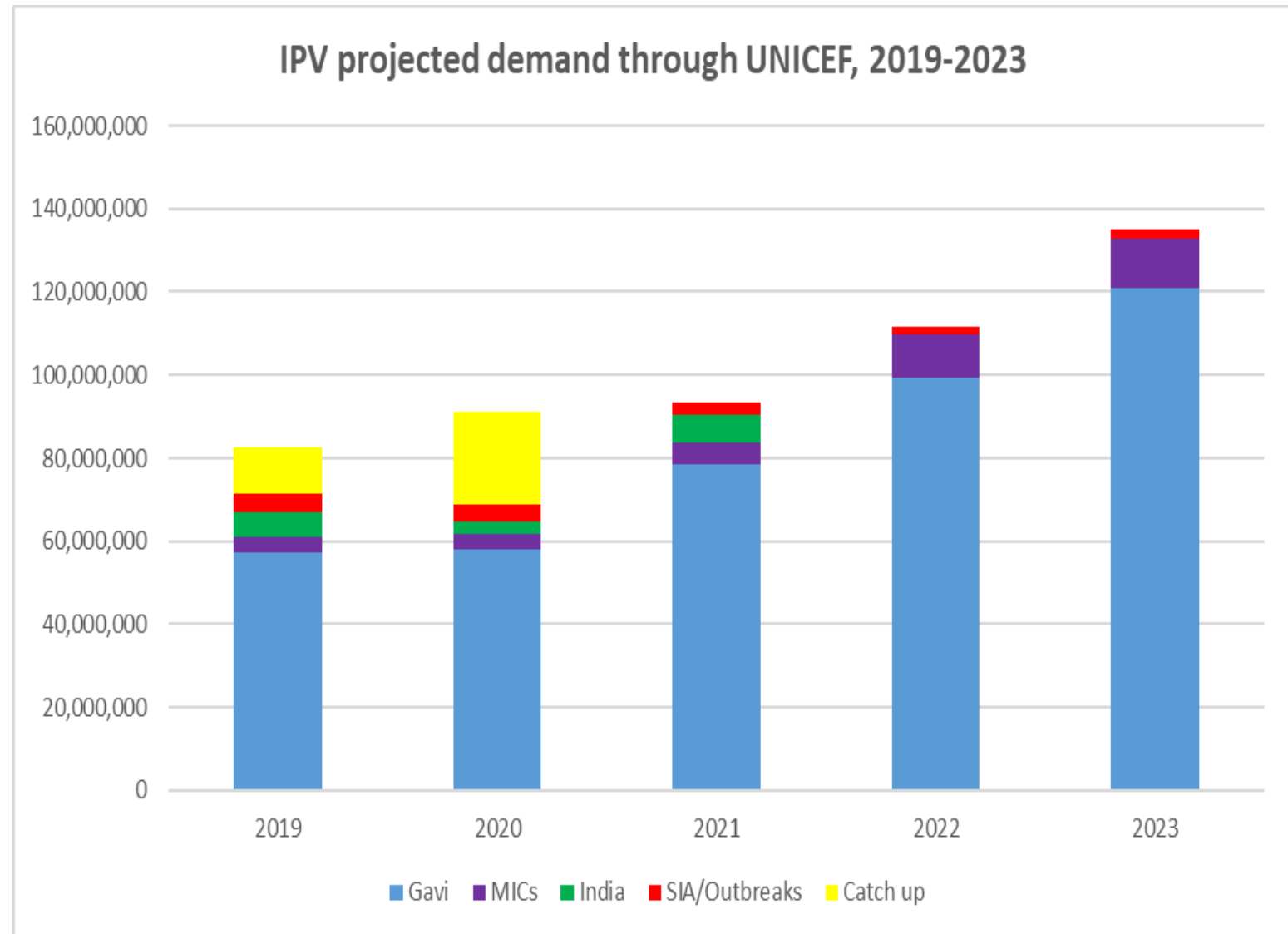
1. At least 1 dose of IPV for the EPI schedule in all 126 countries using OPV only in 2013, to provide individual protection against poliomyelitis after type 2 withdrawal
 - ✓ Target achieved April 2019, 3 years after type 2 withdrawal
2. Catch up immunization in 35 countries to 42M children without access to IPV after the tOPV withdrawal
 - ✓ 35% on track for catch up in 2019
3. 6 M ds reserved to support additional requirements in endemic countries

IPV demand for 2020-2023 through UNICEF is projected to continue to increase to secure introduction of 2nd dose in 85 countries

- Additional awards in progress for 2020-2022 supply
- **6 million doses** set aside for outbreak response in 2020
- In October 2019 SAGE recommended to prioritise catch up over additional needs in endemic countries allowing sufficient IPV in 2020 for all countries to complete the catch up immunization – **Projected requirement 20 million doses**

Next steps:

- Access to 2 doses ahead of OPV withdrawal, assuming introductions starting in 2021 with a gradual scale up over 3 years
- Guidance from SAGE for prioritization for 2nd dose required




Procurement objectives to i) secure sufficient supply; ii) to expand the supplier base; and iii) to improve pricing (1/2)

Nationally Licensed IPV with Supply to Domestic Markets	Healthy Pipeline for IPV Products	
Beijing Institute of Biological Products (China) (S)	AJ Vaccines (Denmark)	Beijing Minhai (China) (S)
Biken (Japan) (S)	Bharat Biotech (India)	Biological E (India)
Bio Farma (Indonesia)	LG Chem (South Korea) (S)	Panacea Biotec (India) (S)
IMBCAMS (China) (S)	Sinovac Biotech (China) (S)	
Nanolek (Russian Federation)		

Note (S) means Sabin polio strains

Source: Publicly available information

UNICEF's assessment of time to market for IPV offers

Presentation	2018	2019	2020	2021	2022
1-dose		-	1	1	-
5-dose	1 	1	2	-	2
10-dose				1	-

Source: UNICEF Supply Division



UNICEF expects 3 new manufacturers to have IPV vaccines prequalified in 2019/2020 based on in-house bulk production, leading to a continued increase in supply availability starting 2020



THANK YOU