Meeting of the Strategic Advisory Group of Experts on immunization, April 2013 – conclusions and recommendations

The Strategic Advisory Group of Experts (SAGE) on immunization[1] met on 9–11 April 2013 in Geneva, Switzerland. The following text is the part of the April 2013 SAGE report which covers polio eradication.

Polio eradication

SAGE commended the GPEI on remarkable continued progress made towards decreasing wild poliovirus transmission in the remaining endemic areas, especially in view of significant difficulties. The programme has also intensified systematic preparations for the withdrawal of oral polio vaccine type 2 (OPV2) along several key workstreams. SAGE recognised that the need to introduce IPV in up to 130 countries that use OPV over a relatively short period of time represented a major and unprecedented challenge.

SAGE noted with concern the extraordinary challenges the GPEI has faced due to the recent serious security problems encountered in Pakistan and Nigeria. Security concerns are now the key impediment to achieving progress in SIA quality in the remaining endemic areas. SAGE strongly supports ongoing initiatives in both countries to respond to and resolve the security problems affecting the polio programme. The programme should ensure that the possible negative impact of impaired security and access on the sensitivity of surveillance is assessed and responded to promptly.

SAGE applauded the promising recent effort in the Middle East to engage Islamic scholars and religious leaders and establish an Islamic leader task force to assist in communicating with local religious and community leaders in the remaining endemic areas. There is hope that these efforts will lead to improved and safer access of vaccination teams to children and increase community acceptance of OPV and other EPI vaccines.

Programme updates provided to SAGE, as well as subsequent SAGE discussions, highlighted the crucial importance of involving local communities, to the maximum extent possible, to work with immunization field staff in devising and implementing innovative ways to resolve critical access and security problems. Strong efforts must be made to include women and engage women's groups in polio work, wherever possible.

SAGE noted the complexity involved in establishing vaccination requirements for travellers from endemic areas under the International Health Regulations (IHR), and encouraged the review of this issue by an Expert Review Committee under the IHR in 2104 to explore the potential value of establishing such requirements, especially in view of the WHA resolution declaring polio eradication as a programmatic emergency for global public health.

SAGE noted that the proposed timeline leading to final OPV2 withdrawal (which may occur as early as April 2016) is ambitious but both achievable and urgently needed to ensure the success of the programme. Initiating and then completing OPV2 withdrawal as soon as feasible is essential to: reduce the disease burden caused by circulating vaccine-derived poliovirus; avoid global programme fatigue and control programme cost; shorten the overall timeline towards the GPEI goal through the sequential removal of Sabin strains in order to boost global immunity against the remaining wild virus serotypes; and, potentially, to accelerate wild virus eradication in any areas of residual transmission.

SAGE agreed with the activities towards OPV2 withdrawal, as outlined by the SAGE polio working group. This will require SAGE to review suggested IPV schedules, a draft type 2 virus response protocol for the period after OPV2 cessation, and a draft IPV supply and financing strategy, at the next meeting in

[1] See http://www.who.int/imunization/sage/en/index.html

November 2013. SAGE encouraged a technical briefing on key OPV2 withdrawal issues at the WHA 2014, in advance of a potential WHA resolution in 2015 on a target date for the withdrawal of OPV2 from all routine immunization programmes globally.

SAGE highlighted several important remaining caveats for the programme to successfully achieve OPV2 withdrawal according to the timeline presented. These include the need to develop more detailed workplans for each of the main workstreams on critical OPV2 withdrawal pre-requisites, and the preparation of contingency plans for responding to possible delays or other problems.

It will be imperative also to involve, inform and work with countries as soon as possible, to assure their participation in a globally accelerated agenda for IPV introduction, followed by replacement of tOPV with bOPV for routine immunization, with a specified deadline for cessation of tOPV use in those places that have not until that point switched to bOPV (i.e. globally synchronized withdrawal of OPV2). Sufficient capacity should be established at the global level to provide technical and programmatic support to countries to plan and implement all activities associated with OPV2 withdrawal and introduction of IPV.

SAGE recognized the importance of sustained funding to cover all aspects of the new 'polio endgame', including the supply and financing of IPV, as well as other costs associated with OPV2 withdrawal at country level. The remaining funding gap continues to pose a threat to the comprehensive approach required for the timely and complete implementation of endgame strategies.

SAGE appreciated the report on finalizing the 'legacy' component of the GPEI 2013–2018 Strategic Plan, and agreed that a systematic effort to document lessons learnt by the GPEI, particularly in terms of accessing chronically unreached populations, will be extremely valuable and will advise future development initiatives as well as eradication plans. Legacy planning should consider how the GPEI infrastructure and innovation could be used to strengthen routine health services. Such an initiative could be started in places where polio has been eliminated. The documentation for 'legacy planning' should include contributions from communities and front-line health workers on their experiences with the polio programme, what it has meant for them and how lessons learnt could further improve the routine vaccine and health programme. Strengths and weaknesses should be assessed. SAGE noted that, as the programme is still ongoing, a term like 'transition planning' may be preferable to the use of 'polio legacy planning', better reflecting the transition to a world free of polio and transition of activities to other immunization and disease prevention efforts.