

The world is close to one of the greatest public health achievements in history – eradicating polio. Ending polio for good would mean a world in which every child would be safe from the paralysis caused by the virus and that no family would ever have to bear the emotional and financial costs of polio again.

With sustained political and financial commitments to protect every last child, we can seize this chance to end all forms of polio forever.

©WHO EMRO

Since 1988,

 **20 million**

people are walking today who would have otherwise been paralysed by polio.

 **3 billion**

children have been immunized against polio.

Thanks to current efforts,

150+

laboratories support disease surveillance & response in many low-income countries.

20 million

health workers and volunteers worldwide help tackle polio.

Polio Today

- Endemic wild polio has been cornered to just two countries – Pakistan and Afghanistan – thanks to the incredible efforts of health workers, donors, local governments, and global partners. However, confirmation of wild poliovirus type 1 (WPV1) in February 2022 in Malawi and in March 2022 in Mozambique, linked to WPV1 from Pakistan, underscores the international risk associated with wild poliovirus and the urgent need to eradicate it. In 1988, polio paralysed 350,000 children annually across 125 countries.
- **The Global Polio Eradication Initiative (GPEI) has successfully eliminated wild polio from five of the six WHO regions, meaning over 90% of the world's population live in wild polio-free areas. The WHO African region was the most recent to be certified wild polio-free in 2020.**
- The world has eradicated two of the three wild poliovirus strains, leaving only wild poliovirus type 1 still in circulation. Wild poliovirus types 2 and 3 were declared eradicated in 2015 and 2019, respectively.
- In addition to stopping the wild virus, to achieve eradication, the world needs to end outbreaks of [circulating vaccine-derived poliovirus \(cVDPV\)](#) – a non-wild variant of the virus that can emerge in under-immunized communities – that are currently spreading in parts of the world.

A Unique Partnership to End Polio

The GPEI is a public-private partnership led by national governments with six core partners – the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), UNICEF, the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance. This coalition unites health workers, governments, donors and global leaders behind the vision of a world where children are forever safe from the threat of polio.

GPEI's work

In collaboration with national governments, thousands of polio vaccinators, health workers and community mobilizers reach more than 400 million children every year in more than 40 countries with over 1 billion doses of polio vaccines.

- To increase vaccine uptake and reach remote populations, the GPEI works to strengthen rapid, data-driven microplanning for polio campaigns and integrate polio vaccine delivery with other health services. The polio programme also coordinates with local political and religious leaders and influencers to foster trust in communities and address misinformation.
- The polio programme has one of the largest disease surveillance networks in the world. Each year, the Global Polio Laboratory Network (GPLN) of [146 laboratories](#) across 92 countries investigates more than 100,000 acute flaccid paralysis (AFP) cases and collects more than 8,000 sewage samples annually to detect the spread of poliovirus and keep people safe.



©WHO EMRO

The broader benefits of polio eradication

- The tools, infrastructure, and knowledge developed to eradicate polio have saved countless lives across the globe and often serve as the default epidemic response programme in dozens of countries during health emergencies.
- Health workers and systems that deliver polio vaccines have helped fight other vaccine-preventable childhood diseases, tackle COVID-19, Ebola, and other disease outbreaks, deliver malaria prevention tools, and improve disease surveillance.

During the COVID-19 pandemic, the polio programme pivoted to support the pandemic response in countries around the world, including efforts to track and trace the virus, enhance public health messaging, and support rollout of COVID-19 vaccines.

- For many remote and resource-poor communities, delivering the polio vaccine is a first point of entry to providing essential health services. In recent years as a result of joint GPEI-Expanded Programme on Immunization (EPI) programming, 82 million doses of vitamin A, 64 million doses of measles vaccine, 34 million deworming tablets, 7 million doses of yellow fever vaccine, 5 million doses of tetanus toxoid vaccine and 4 million insecticide-treated bed-nets have been delivered on average alongside oral polio vaccine via polio campaigns.
- In addition to analysing polio samples, GPLN laboratory staff spend an average of 30 percent of their time providing surveillance data for other diseases, thus aiding national public health systems in identifying and controlling other health threats.



©Phillip Hatcher-Moore/UNICEF

Polio Eradication Strategy 2022-2026

Despite significant progress against polio, persistent challenges — including low-quality immunization campaigns, access and insecurity issues, and vaccine hesitancy — remain and have prompted the programme to transform its approach to achieve eradication.

To urgently overcome remaining hurdles and strengthen health systems in affected countries, the GPEI is implementing its new [Strategy 2022-2026](#). This builds on the GPEI's long history of adapting and innovating to make progress, adopts an emergency posture and aims to generate increased government accountability and country ownership to end all forms of polio. Further, it continues the programme's strong commitment to integrating polio activities with other health activities and partnering with high-risk communities to increase vaccine uptake.

Strategy Goal 1: Permanently stop all poliovirus transmission in endemic countries

In 2022 so far, wild polio cases in Pakistan and Afghanistan have risen since historically low levels in 2021. However, they remain substantially lower than those recorded in 2019 and 2020. There is still a unique opportunity to stop wild poliovirus transmission for good.



In Pakistan, the GPEI is working closely with the government to ensure that polio eradication remains a top priority. Each National Immunization Day, more than 285,000 health workers attempt to vaccinate over 40 million children. To better reach high-risk populations, the programme recruits polio workers from the same communities affected by polio and is expanding its integration with other essential health services. The country's vast environmental surveillance network — the largest of its kind with 65 sites strategically located in 44 districts across the country — continues to expand to ensure it can accurately track any incidence of wild polio.



In Afghanistan, persistent access issues have created immunity gaps amid current insecurity and a broader economic and humanitarian crisis. The resumption of regular vaccination campaigns in late 2021, including in parts of the country that were inaccessible for more than three and a half years, has provided a significant opportunity to reach more children with vaccines. However, the broader health system remains vulnerable. The GPEI is implementing interventions to improve surveillance and access in hard-to-reach areas, including engagement with religious and community leaders to encourage vaccine acceptance and coordination with Pakistan to synchronize campaigns and reach mobile populations across the transnational border.

Strategy Goal 2: Stop cVDPV outbreaks in non-endemic countries

Due to insufficient immunization coverage and subsequently low population immunity, cVDPV outbreaks continue to emerge and spread in Africa and Asia, with a limited number of cases in the WHO European Region, and a recent case in the United States. Type 2 cVDPVs are the most prevalent form, constituting over 95% of cases.

- To urgently address cVDPV outbreaks, the GPEI is working with affected countries to improve the speed and quality of outbreak response. This includes deploying programme rapid response teams to support governments' response, enhancing disease surveillance, developing data-driven micro plans, and building trust in vaccines through social listening and community engagement. In addition, the GPEI will continue to support rollout of the [type 2 novel oral polio vaccine \(nOPV2\)](#) — a next-generation version of the existing type 2 monovalent OPV (mOPV2) — which could help stop cVDPV2 outbreaks more sustainably.
- The GPEI has a long history of ensuring high-quality outbreak response and high immunization coverage rates to close cVDPV outbreaks, including recently in Angola, China, Ghana, Malaysia, the Philippines, and Togo.



Committing to Gender Equality

- The GPEI recognises that integrating a gender perspective into all areas of the polio programme is essential to improve the quality of its work and achieve eradication. As such, the GPEI launched a five-year [Gender Equality Strategy in 2019](#), in a concrete effort to address gender-related barriers to immunization and to significantly improve the representation of women at all levels.
- Women have been central to the progress made against polio in many countries. For example, women polio workers in parts of Pakistan and Nigeria comprise over 90% of vaccinators. They are essential to building community trust and ensuring that vaccines reach every child, as gender norms in some areas prevent men from entering households.
- Female polio workers help deliver positive health outcomes for women and children beyond ending the disease. This includes educating new mothers about the benefits of exclusive breastfeeding and better hygiene practices.