

The world has an opportunity to deliver a historic win for humanity – the eradication of polio. But, if we don't stay committed, the virus could quickly make a comeback and paralyze thousands of children again every year.

**With renewed financial and political commitments, we can overcome the final hurdles to eradication, and seize the opportunity to deliver a polio-free world.**

**2024 Polio Cases** as of 3 December 2024  
Wild poliovirus: 81  
Variant poliovirus: 227

©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

- After almost four decades of dedicated efforts by the Global Polio Eradication Initiative (GPEI), country governments, communities and health workers, wild poliovirus (WPV1), is now restricted to just a few high-risk areas in the last two endemic countries, Pakistan and Afghanistan. However, international spread, including to Gaza and wastewater in various European cities in 2024, underscores the risk polio poses to children anywhere, until it is eradicated everywhere.
- **In 1988, polio paralyzed 350,000 children annually across 125 countries. Now, in 2024, 90% of the world's population live in wild polio-free areas. The GPEI has successfully eliminated wild polio from five of the six WHO regions, with the WHO African region 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 variant 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.**

Since 1988, the GPEI has demonstrated resilience, proving its ability to protect children from life-threatening disease with critical innovations in the most challenging settings. The program and its partners continue to ramp up efforts to:

1. Vaccinate all children in hard-to-reach areas, with a focus on reaching children who have received no vaccines of any kind, by traveling extraordinary lengths to remote communities, working with local leaders to gain access, and building lasting trust in the program and vaccines. The program coordinates with local political and religious leaders to foster trust in communities and address misinformation.
2. Improve the timing and reach of vaccination campaigns by expanding the use of new and proven tools like highly effective ways to detect the virus through wastewater surveillance, accurate systems for microplanning, and rigorous post-campaign monitoring. Each year the Global Polio Laboratory Network (GPLN) investigates more than 100,000 acute flaccid paralysis cases and collects more than 8,000 sewage samples to detect the spread of the virus 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.
- The GPEI works with a range of partners to integrate polio services with other health programs. The health workers and systems that deliver polio vaccines have helped fight other vaccine-preventable childhood diseases, tackle other disease outbreaks, deliver maternal health care, and improve disease surveillance. In particular, the GPEI works closely with broader immunization systems, including as part of the 'Big Catch Up' campaign, to raise immunization levels to pre-COVID rates.

**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 communities, receiving the polio vaccine is a first point of entry for other essential health services. For example, during a recent vaccination campaign in Nigeria, alongside polio vaccines, nearly 43,000 children who had previously received no vaccines, were reached for the first time with the pentavalent vaccine, which protects children from five life-threatening diseases.
- There is no one-size-fits-all approach to integration. The GPEI is providing enhanced program management and coordination support to regions and countries, to help ensure activities are country-driven and adapted to fit the unique challenges and needs of different communities.



©Phillip Hatcher-Moore/UNICEF



## Global Polio Eradication Strategy

Despite significant progress against polio, the program is now operating amidst complex threats to the safe delivery of health care. This includes persistent and increasing conflict, climate disasters, political instability, growing distrust in governments and science, and community fatigue around vaccination.

Governments and health workers, with support from the GPEI, have the tools and strategies needed to overcome the final hurdles to eradication and deliver broader health benefits to communities along the way. Since 1988, the program has demonstrated enormous resilience in the face of complex challenges. To end all forms of polio, the program is prioritizing efforts in the last two endemic countries – Pakistan and Afghanistan – and the subnational areas where children are at the highest risk of encountering and spreading the variant virus.

### Goal 1: Permanently stop all wild poliovirus transmission in Pakistan and Afghanistan

A permanent end to wild polio is within reach. As of 3 December 2024, 81 cases (56 in Pakistan and 25 in Afghanistan) of WPV1 have been reported so far in 2024. In 2023, Pakistan and Afghanistan reported 12 total WPV1 cases. Genetic diversity of the virus continues to shrink, offering hope that the virus is on its last leg.



**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.

### Goal 2: Stop and prevent type 2 variant poliovirus outbreaks

Due to insufficient immunization coverage and subsequently low population immunity, cVDPV outbreaks continue to emerge and spread. The most prevalent type of the variant virus today is type 2 (cVDPV2). To end cVDPV2 outbreaks everywhere, the program is prioritizing efforts in subnational areas where children are at the highest risk of encountering and spreading the virus. These "areas" include northern Nigeria, eastern DRC, south-central Somalia and northern Yemen. Detection of these strains in 2024 in Gaza, as well as in environmental samples in Spain, Poland and Germany, underscore the risk that polio anywhere continues to pose to people everywhere.

To urgently address cVDPV2 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. The GPEI is also expanding the use of new and proven strategies for ending polio in the world's most challenging settings including implementing new mapping technologies to inform campaign plans, rolling out the type 2 novel oral polio vaccine (nOPV2), and deploying digital payment systems to ensure health workers are paid on-time.

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, Togo, and Ukraine.



### 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 [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. This critical strategy has since been extended until 2026.
- Women have been central to the progress made against polio in many countries. Today, women make up close to 80% of vaccinators in Nigeria and over 60% in Pakistan. 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.