

# GPSAP Companion Toolkit

## Description of the GPSAP



Version 06 Jan 2025

## Toolkits Created for GPSAP Roll-Out

1. **Description of the GPSAP 2025-2026**
2. How to use GPSAP 2025-2026 to Guide Country Planning
3. Key Performance Indicators (KPIs)
4. Timeliness of Detection for WPV and VDPV

- This technical tool is the 1<sup>st</sup> in a series of 4 tools pertaining to the GPSAP roll-out toolkit.
- In addition to the GPSAP 2025-2026 webinar presentation, there have been developed 4 toolkits as companion resources that are available to help guide the user. These are practical technical job aids designed to serve as a quick reference guide for GPSAP users.
- This presentation will focus on the first tool – the Description of the GPSAP 2025-2026 and the aim is to help the user navigate the new GPSAP and understand its purpose.
- The target audience is primarily for surveillance officers and data managers, at all levels.

## What is the GPSAP?

- The guiding document for the eradication of polio, globally, is currently the [Polio Eradication Strategy 2022-2026](#). Progress made against the major milestones and targets outlined in that strategy document is assessed using a high-level M&E framework with specific outcomes and a set of key performance indicators (KPIs) to measure progress made against these objectives. To note: this strategy has been extended to 2029.
  - Strategy Goal 1: WPV1 eradication
  - Strategy Goal 2: cVDPV2 elimination
  - Strategy 4 Themes: subnational surveillance quality, timeliness of detection, gender, and integration
- Poliovirus surveillance is essential for monitoring progress towards interrupting WPV1 and outbreaks of cVDPVs, as well as certifying polio eradication.
- The GPSAP 2025-2026 is aligned with the Strategy and builds upon previous GPSAP activities and efforts to achieve and maintain a polio surveillance system sensitive enough to detect transmission of any polioviruses, anywhere in the world.

- Globally, the guiding document for the eradication of polio is the Polio Eradication Strategy 2022-2026 (recently extended to 2029). Progress made against the major milestones and targets outlined in that strategy document is assessed using KPIs/KPPIs to measure progress. In this Strategy document, Goal One is WPV 1 eradication and Goal Two is cVDPV2 elimination. This Strategy has 4 major themes: subnational surveillance quality, timeliness of detection, gender, and integration. The GPSAP 2025-2026 is aligned with this Strategy and builds upon the previous GPSAP activities.
- Poliovirus surveillance is essential for monitoring progress towards interrupting WPV1 and outbreaks of cVDPVs, as well as certifying polio eradication.

## What is the role of the GPSAP?

- The objectives and priorities of the Strategy are translated into the **Global Polio Surveillance Action Plan (GPSAP)**, which is the guiding document for the surveillance of polio worldwide.
  - Defines the objectives and activities to respond to the current challenges of polio surveillance
  - Prepares for future changes that will be required with the eventual dissolution of the GPEI
  - Builds upon the GPSAP 2022-2024
- The expectation is that countries, supported by their respective regional office, will incorporate these objectives and activities into their own country action plans (i.e. polio surveillance improvement plans) based on their own individual surveillance risks. Examples of the top risks and risk mitigation strategies are discussed in the GPSAP '[Annex A. New framework for polio surveillance sensitivity](#)'.

- The objectives and priorities of the Strategy are the basis of the Global Polio Eradication Surveillance Action Plan (GPSAP). The GPSAP is the guiding document for the surveillance of polio worldwide. The GPSAP 2025-2026 builds upon the prior version (GPSAP 2022-2024), defines the objectives and activities to respond to the current challenges of polio surveillance globally, and prepares for future changes that will be required with the eventual dissolution of the GPEI.
- The expectation is that countries, supported by their respective regional office, will incorporate these objectives and activities into their own country action plans based on their own individual surveillance risks. Some examples of some of the top risks and risk mitigation strategies are in Annex A – New framework for polio surveillance sensitivity. Also, the tool – How to use GPSAP 2025-2026 to guide country planning – further elaborates on the country-level use of the GPSAP in incorporating into their action plans.

## What is new for this GPSAP?

Based on changing epidemiology, updated risk assessments, and feedback from countries and regions, the previous [GPSAP \(2022-2024\)](#) has been updated and will cover 2025-2026.

The new features are:

- Extended geographic scope addressing polio surveillance needs of **all** countries
- Introduction of a **new framework for required polio surveillance sensitivity** for **all** countries based on a country's poliovirus risk profile
- Focused action plan (action-oriented, with activities and tasks). Guidelines are referenced for further guidance
- Updated country/territory prioritization
- Provides strategic details to prepare national governments and GPEI partners for a future period after the achievement of GPEI strategic goals when global polio surveillance management will shift to a different model of integration, collaboration, governance and accountability to ensure essential surveillance activities can be sustained through the post-certification era
- Modification of some of the KPIs
  - See the '[GPSAP companion tool – Key Performance Indicators \(KPIs\)](#)' - for details and '[Annex C. Updated Key Performance Indicators](#)'.

- Some of the new features of the GPSAP 2025-2026 from the 2022-2024 version includes extended geographic scope to address polio surveillance needs of ALL countries and introduction of a new framework for required polio surveillance sensitivity for all countries based on their risk profiles. This GPSAP is also a more focused action plan and guidelines are referenced rather than incorporated into the document. There is an updated country/territory prioritization list. And although this GPSAP is focused only on 2025-2026 time period, it also provides some strategic details to prepare national governments and GPEI partners for a future period after the achievement of GPEI strategic goals when global polio surveillance leadership and management will shift to a different model of integration, collaboration, governance, and accountability to ensure that essential surveillance activities can be sustained through the post-certification era. Also new to the GPSAP are some modifications to some of the KPIs (see the companion tool – KPIs and Annex C for more details).
- Additional notes: Surveillance levels are categorized based on the risk and impact of poliovirus in a country. **Highly sensitive surveillance** is implemented in countries continuously affected by poliovirus, ensuring comprehensive monitoring

and response. **Very sensitive surveillance** applies to countries experiencing short-term outbreaks (<12 months) or those at high risk for poliovirus importation or emergence, addressing evolving risks effectively. Lastly, **sensitive surveillance** is used in countries at low risk of poliovirus importation or emergence, maintaining the standards required for global certification.

## What is NOT new for this GPSAP?

GPSAP 2025-2026 continues to:

- Align with and support polio surveillance objectives and activities detailed in the **GPEI Polio Eradication Strategy**, including 4 key areas:
  1. Timeliness of detection
  2. Subnational surveillance quality
  3. Gender equality
  4. Integration
- Focus on the same major objectives as the **previous GPSAP**:
  1. AFP surveillance
  2. Environmental surveillance
  3. iVDPV surveillance
  4. GPLN
  5. Data systems
  6. Management and Accountability

- This 2025-2026 GPSAP continues to be guided by the GPEI Polio Eradication Strategy and the 4 key areas: timeliness of detection, subnational surveillance quality, gender equality, and integration.
- It also maintains the same major objectives/core tenets of polio surveillance: AFP surveillance, ES surveillance, iVDPV surveillance, GPLN, data systems, and management/accountability.

# GPSAP Content – How to Navigate

- The contents page will contain hyperlinks to the sections (no need to scroll)
- The GPSAP is organized into **5 major sections**:
  - [Introduction](#)
  - [Part One: Polio surveillance sensitivity for all countries](#)
    - Highly sensitive, very sensitive, and sensitive surveillance (new framework)
  - [Part Two: Focused surveillance strengthening for priority countries and territories](#)
    - AFP surveillance, Environmental surveillance, iVDPV surveillance, Laboratory, Data and information management, Management and accountability
  - [Part Three: Preparing for sustainable polio surveillance systems](#)
    - Preparing for 2027 and beyond
  - [Annexes](#)

**HOW TO READ THIS ACTION PLAN**

Since 2016, the Global Polio Surveillance Action Plan (GPSAP) has been a tool for strengthening surveillance within high-risk countries that were prioritized for focused programme support because they were critical to the goals of polio eradication.

The GPSAP 2025–2026 takes a wider frame to provide guidance for all countries. It is organized in three parts.

**PART ONE** provides a new framework for surveillance sensitivity in all countries according to their risk and in recognition that, with recent detections in polio-free countries, as long as polio exists anywhere, it's a threat to children everywhere.

**PART TWO** defines focused surveillance strengthening activities for national, regional and global teams to rapidly detect WPV and cVDPVs in priority countries and territories. Other national programmes are encouraged to collaborate with their WHO regional offices to identify the most appropriate activities to strengthen their surveillance system.

**PART THREE** outlines the levels of polio surveillance sensitivity that will be needed through the end of the GPEI strategy extension to 2029.



The GPSAP 2025-2026 is organized into 5 major sections:

- Introduction
- Part One: Polio surveillance sensitivity for all countries (in which the new framework will be discussed – highly sensitive, very sensitive, and sensitive surveillance). This section discusses the new framework for surveillance sensitivity in all countries according to their risk and in recognition that, with recent detections in previously polio-free countries, as long as polio exists anywhere it is a threat to children everywhere.
- Part Two: Focused surveillance strengthening for priority countries and territories (with vision, activities, KPIs, and tasks for each of the 6 major objectives). This section provides focused surveillance strengthening activities for national, regional, and global teams to rapidly detect WPV and cVDPVs in priority countries and territories. Other national programmes are encouraged to collaborate with their WHO regional offices to identify the most appropriate activities to strengthen their surveillance system.
- Part Three: Preparing for sustainable polio surveillance systems (preparing for 2027 and beyond). This section outlines the levels of polio surveillance sensitivity that will be needed through the end of the GPEI strategy extension to 2029.



- Annexes: There are a total of 9 annexes.

## GPSAP Content – Introduction (1 of 3)

3 key elements of the Introduction:

1. **Purpose:** GPSAP 2025–2026 details activities and efforts required to achieve and maintain a polio surveillance system sensitive enough to detect any polioviruses transmission anywhere in the world and to facilitate the achievement of GPEI Strategy Goals One (WPV1 eradication) and Two (cVDPV2 elimination), referred to as the “strategic goals.”
2. **Objectives:**
  - Objective 1: Enhance and sustain AFP surveillance sensitivity and timeliness
  - Objective 2: Optimize the ES network to contribute to the timely detection of polioviruses
  - Objective 3: Scale up iVDPV surveillance to sustain polio eradication
  - Objective 4: Maintain and strengthen the integrity, capacity and capability of the GPLN
  - Objective 5: Plan for an integrated future while increasing efficiency in data for action
  - Objective 6: Enhance surveillance management and accountability



- When navigating through the GPSAP 2025-2026 we begin with the introduction with 3 key elements: purpose, objectives, and geographies.
- The purpose of the GPSAP 2025-2026 is to detail activities and efforts required to achieve and maintain a polio surveillance system sensitive enough to detect any polioviruses transmission anywhere in the world and to facilitate the achievement of GPEI Strategy Goals One (WPV1 eradication) and Two (cVDPV2 elimination), referred to as the “strategic goals.”

The 6 objectives of the GPSAP 2025-2026 are:

- Objective 1: Enhance and sustain AFP surveillance sensitivity and timeliness
- Objective 2: Optimize the ES network to contribute to the timely detection of polioviruses
- Objective 3: Scale up iVDPV surveillance to sustain polio eradication
- Objective 4: Maintain and strengthen the integrity, capacity and capability of the GPLN
- Objective 5: Plan for an integrated future while increasing

efficiency in data for action

- Objective 6: Enhance surveillance management and accountability

## GPSAP Content – Introduction (2 of 3)

3. **Geographies: All countries** are responsible for
- ensuring global collaboration to secure a polio-free world.
  - achieving certification of poliovirus eradication (and cVDPV2 elimination) and maintaining eradication.
  - A new **framework** is introduced in the section [Part One: Polio surveillance sensitivity for all countries](#) and ‘[Annex A. New framework for polio surveillance sensitivity](#)’ of the GPSAP that outlines the **three levels of polio surveillance sensitivity** required for the rapid detection of poliovirus. See also the ‘[GPSAP companion tool\\_How to use GPSAP 2025-2026 to guide country planning](#)’ for more details.

Highly sensitive surveillance	• Countries continuously affected by poliovirus
Very sensitive surveillance	• Countries with short-term outbreaks* or at high risk for poliovirus importation or emergence
Sensitive surveillance	• Countries at low risk of poliovirus importation or emergence

\*Countries currently (defined as today to previous six months) experiencing <12 months of poliovirus detection (WPV, cVDPV).

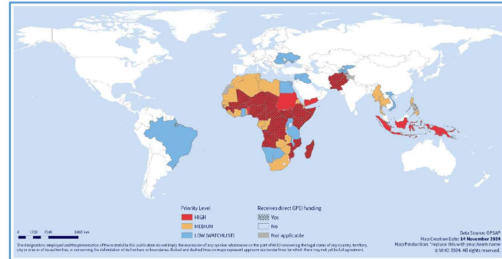


- The last section of the introduction focuses on the geographies.
- For this GPSAP, ALL countries are responsible for ensuring global collaboration to secure a polio-free world and achieving certification of poliovirus eradication (and cVDPV2 elimination).
- A new framework is introduced in this section and is further discussed in Part One: Polio surveillance sensitivity for all countries (in the GPSAP 2025-2026), Annex A. New framework for polio surveillance sensitivity, and the GPSAP companion tool – How to use GPSAP 2025-2026 to guide country planning. These sections and tools further elaborate on the new framework which includes: highly sensitive surveillance, very sensitive surveillance, and sensitive surveillance.

## GPSAP Content – Introduction (3 of 3)

### 3. Geographies (cont.): Priority countries and territories

- **External support** will be necessary for some countries to achieve their required levels of surveillance sensitivity.
- Therefore, there is a subset of the countries identified by the Surveillance Group for targeting GPEI surveillance resources (See table and map to the right) and explained in ‘[Annex B. Country Prioritization](#)’.



Status	Regions and countries
<b>High</b> (24)	AFR: Angola, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Madagascar, Mali, Mozambique, Niger, Nigeria, South Sudan; EMR: Afghanistan, occupied Palestinian territories, Pakistan, Somalia, Sudan, Yemen; SEAR: Indonesia; WPR: Papua New Guinea.
<b>Medium</b> (25)	AFR: Algeria, Burundi, Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Gabon, Gambia, Guinea-Bissau, Liberia, Mauritania, Senegal, Sierra Leone, South Africa, Togo, Zambia, Zimbabwe; AMR: Haiti; EMR: Djibouti, Libya, Morocco, Tunisia; SEAR: Myanmar, Thailand; WPR: Philippines.
<b>Low</b> (watchlist) (17)	AFR: Botswana, Ghana, Malawi, Namibia, Rwanda, Uganda, United Republic of Tanzania; AMR: Brazil; EMR: Egypt, Iraq, Lebanon, Syrian Arab Republic; EUR: Kyrgyzstan, Romania, Tajikistan, Ukraine; WPR: Viet Nam.
<b>Low</b>	All countries not included in the previous three categories.

AFR = African Region; AMR = Region of the Americas; EMR = Eastern Mediterranean Region; EUR = European Region; SEAR = South-East Asia Region; WPR = Western Pacific Region.

- This GPSAP also has a list of priority countries and territories that may need additional external support to achieve their required levels of surveillance sensitivity. This is further explained in Annex B Country Prioritization in the 2025-2026 GPSAP.
- Additional notes: The GPEI Surveillance Group (SG) periodically updates a country prioritization list to adapt to changing epidemiology and emerging risks. Prioritization is based on surveillance risk assessments, rankings, expert opinion, and contextual factors not captured in the analysis.

## GPSAP Content – Part One

### Part One: Polio Surveillance Sensitivity for ALL Countries

Key points:

- Achieving and maintaining sensitive polio surveillance is integral to both the immediate goal of eradication and the long-term goal of sustaining a polio-free world.
- Provides a new framework for surveillance sensitivity in all countries according to their risk and in recognition that, with recent detections in polio-free countries, as long as polio exists anywhere, it is a threat to children everywhere.
- The degree of sensitivity needed by countries will differ based on a country's individual poliovirus risk profile ([Annex A](#)).
- **Each country** will need to identify which one of the following 3 classifications they fit into (see [Annex A](#) and '[GPSAP companion tool\\_How to use the GPSAP 2025-2026 to guide country planning](#)' for more details which includes top risks and risk mitigation strategies).
  - Highly Sensitive Surveillance
  - Very Sensitive Surveillance
  - Sensitive Surveillance

- Part One of the GPSAP focuses on polio surveillance sensitivity for all countries (in which the new framework will be discussed – highly sensitive, very sensitive, and sensitive surveillance). This section discusses the new framework for surveillance sensitivity in all countries according to their risk and in recognition that, with recent detections in previously polio-free countries, as long as polio exists anywhere it is a threat to children everywhere.
- Each country should identify which of the 3 classifications they fit into (also using Annex A and the GPSAP companion tool – How to use the GPSAP 2025-2026 to guide country planning for more details and guidance).

## GPSAP Content – Part Two (1 of 2)

### Part Two: Focused Surveillance Strengthening for Priority Countries

- Based on the 6 objectives, it defines activities for national, regional and global teams to rapidly detect WPV and cVDPVs, particularly in priority countries and territories.
- Country programmes are encouraged to collaborate with their WHO regional offices to identify the most appropriate activities to strengthen their surveillance system. All 6 objectives apply to all countries, but not all activities will be needed for all countries.
  - Objective 1: Enhance and sustain **AFP surveillance** sensitivity and timeliness
  - Objective 2: Optimize the **ES** network to contribute to the timely detection of polioviruses
  - Objective 3: Scale up **iVDPV surveillance** to sustain polio eradication
  - Objective 4: Maintain and strengthen the integrity, capacity and capability of the **GPLN**
  - Objective 5: Plan for an integrated future while increasing efficiency in **data** for action
  - Objective 6: Enhance surveillance **management and accountability**

- Part Two of the GPSAP is focused on surveillance strengthening for priority countries and territories (with vision, activities, KPIs, and tasks for each of the 6 major objectives). This section provides focused surveillance strengthening activities for national, regional, and global teams to rapidly detect WPV and cVDPVs in priority countries and territories. Other national programmes are encouraged to collaborate with their WHO regional offices to identify the most appropriate activities to strengthen their surveillance system.
- All 6 objectives (AFP, ES, iVDPV, lab, data, and management/accountability) apply to all countries, but not all of the identified and discussed activities will be needed for all countries.

## GPSAP Content – Part Two (2 of 2)

- Each of the 6 objectives have identified a **vision statement**, **major activities** which are monitored using **key performance and process indicators (KPPIs)** in a chart at the beginning of the section; and identified **tasks** at the end of each section.
  - To accomplish the vision outlined by 2026, these are the major activities that need to be achieved through successful implementation of the tasks. The KPPIs will be used to access/monitor progress in achieving the major activities.
- **Annex E. Accountability framework for the GPSAP 2025-2026** has the **accountability framework table** for monitoring the implementation of these activities.
- Example: Objective 1: Acute flaccid paralysis (AFP) surveillance

**Vision:** By the end of 2026, countries and territories conducting AFP surveillance must demonstrate a sensitive system by closing any remaining subnational gaps, achieving effective timeliness of detection, and making progress towards the integration of AFP surveillance with other disease surveillance systems.

Major activities	Key performance and process indicators
1. Implement targeted activities to identify challenges and solutions to subnational surveillance gaps	<ul style="list-style-type: none"> <li>• ≥80% of districts with ≥100 000 population under 15 years of age achieve the annualized NPAPF rate target per guidelines.</li> <li>• ≥80% of districts with ≥5 AFP cases meet 80% target for stool adequacy.</li> <li>• ≥80% of high-priority countries and territories routinely meet or exceed AFP surveillance quality key performance indicator targets (Annex C).</li> </ul>

**Activity 1 tasks**

- ✓ Conduct surveillance reviews to identify gaps at the subnational level and target activities to address these gaps.
- ✓ Ensure the active surveillance network is reviewed and updated every six (6) months to identify possible missed special populations and areas.
- ✓ Monitor active surveillance visits by site priority.
- ✓ Develop guidance for conducting comprehensive surveillance audits.
- ✓ Develop guidance for conducting active surveillance in capital cities.

**EVERY 2 CHILD**

- Each of these 6 objectives (AFP, ES, iVDPV, lab, data, and management/accountability) sections begin with a vision statement, then a table of the major activities with associated KPIs/KPPIs, followed by discussion of these activities in more detail, and then the identified tasks for each of the activities at the end of each section.
- Annex E further discusses the accountability framework for the monitoring and implementation of these activities.



## GPSAP Content – Part Three (1 of 2)

### Part Three: Sustainable polio surveillance systems

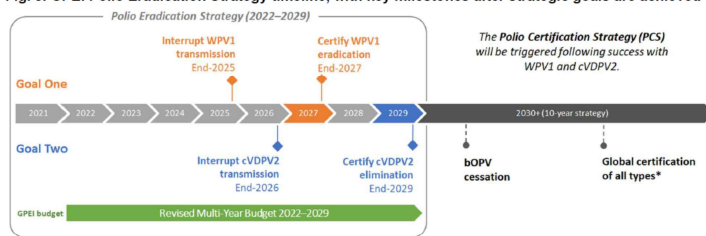
- Outlines the levels of polio surveillance sensitivity that will be needed through the end of the **GPEI Strategy extension to 2029**.
- A **review** of the implementation of the GPSAP 2025-2026 is planned for the latter half of 2026, at which time the GPSAP will be adapted to support the GPEI Strategy beyond 2026.
- As the GPEI enters the final years of the polio eradication strategy, surveillance will be vital to **provide confidence** in the achievement of WPV1 eradication (Goal 1) and cVDPV2 elimination (Goal 2).
  - During this time surveillance will become integrated with VPD surveillance and transition to national governments
  - Managing risks within the period between the certification of WPV1 eradication and the certification of cVDPV2 elimination will be crucial to sustain the gains of the programme.
- Successful GPSAP 2025-2026 implementation will be key to addressing **future risks**
  - Global certification standards for AFP surveillance will need to be maintained during integration
  - ES will need to be optimized and also integrated into broader wastewater surveillance activities
  - iVDPV surveillance will need to be scaled up to protect against possible future outbreak risks

- Part Three of the GPSAP 2025-2026 looks at ensuring the sustainability of the polio surveillance systems.
- This section outlines the levels of polio surveillance sensitivity needed through the end of the GPEI Strategy extension to 2029.
- In the latter half of 2026, this GPSAP will be reviewed and revised to support the GPEI Strategy beyond 2026.
- Additional notes: The GPEI Surveillance Group will continue to collaborate with global groups in VPD surveillance, event-based surveillance (EBS), and wastewater surveillance.

## GPSAP Content – Part Three (2 of 2)

- Figure 5 of the GPSAP shows a timeline of the GPEI Polio Eradication Strategy. It includes the **key epidemiological milestones** of the current Strategy with additional milestones that will follow in the 10-year period after GPEI goals are met (i.e. bOPV cessation, certification of elimination of cVDPV1 and cVDPV3, and the eventual global certification of all poliovirus types).
- Maintenance of high-quality polio surveillance will be important throughout and beyond GPEI eradication goals.

Fig. 5. GPEI Polio Eradication Strategy timeline, with key milestones after strategic goals are achieved



To note: the PCS revision is forecasted to be published in Q2 2026 this timeline might be revised. For latest version, see GPEI website.



- In Part Three of the GPSAP 2025-2025: there is a timeline of the GPEI Polio Eradication Strategy. It includes the key epidemiological milestones of the current Strategy (extended to 2029) with additional milestones for the following 10 years after GPEI goals are met. Once the next post-certification strategy document is published in 2026, this timeline will be revised/updated. For the most current version, see the GPEI website.
- Additional notes: The Polio Eradication Strategy (2022–2029) outlines two key goals: the interruption of WPV1 transmission by the end of 2025, with certification of its eradication by 2027, and the interruption of cVDPV2 transmission by 2026, followed by certification of its elimination by 2029. Supported by a revised multi-year budget, the strategy ensures the necessary resources for achieving these milestones. Post-2029, the plan includes bOPV cessation and the global certification of all poliovirus types within a subsequent 10-year period. A new strategy will be initiated following the successful eradication of WPV1 and cVDPV2, marking a pivotal step toward complete global polio eradication.

## GPSAP Content – Annexes

List of the 9 Annexes:

- **Annex A. New framework for polio surveillance sensitivity**
- **Annex B. Country Prioritization**
- **Annex C. Updated Key Performance Indicators**
- **Annex D. Timeliness of detection for WPV and VDPV**
- Annex E. Accountability framework for the GPSAP 2025-2026
- Annex F. Safeguarding gender to detect and investigate AFP in children
- Annex G. Budget
- Annex H. Global risk assessment for iVDPV surveillance
- Annex I. Resources

\*The annexes in **BOLD** will be addressed and/or referenced in other toolkit presentations

- There are 9 Annexes within the GPSAP 2025-2026.
- The first 4 annexes are references within the GPSAP companion toolkit presentations.