

We have the tools and know-how to end polio for good, but if we don't stay committed, the virus could quickly make a comeback, paralyzing many thousands of children again and costing the world billions more.

With renewed financial and political commitments, we can deliver a polio-free world.

2025 Polio Cases as of 5 March 2025
Wild poliovirus: 7
Variant poliovirus: 6

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

- Polio is a highly infectious viral disease that largely affects children under 5 years of age. The virus is transmitted by person-to-person spread, mainly through the faecal-oral route, and multiplies in the intestine, from where it can invade the nervous system and cause paralysis. There is no cure for polio, it can only be prevented.
- After almost four decades of dedicated efforts by the Global Polio Eradication Initiative (GPEI), country governments, communities and health workers, wild poliovirus (WPV1), remains endemic in just two countries: Afghanistan and Pakistan.
- **In 1988, polio paralyzed 350,000 children annually across 125 countries. Now, 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 [variant-derived poliovirus](#) – a non-wild variant of the virus that can emerge in under-immunized communities – that are currently spreading in parts of the world. Recent 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.

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 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 370 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 programme 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 programme and vaccines. The programme 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 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.



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 programmes. 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.

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, in Somalia, the Far-Reaching Integrated Delivery partnership, supported by the GPEI, reached over 869,000 people, across 20 high-risk districts, with primary health services and over 134,000 children with at least one routine vaccine, from July 2023 to September 2024.
- There is no one-size-fits-all approach to integration. The GPEI is providing enhanced programme 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.



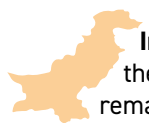
Global Polio Eradication Strategy

Despite significant progress against polio, the programme 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 programme has demonstrated enormous resilience in the face of complex challenges. To end all forms of polio, the programme 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 5 March 2025, 7 cases (6 in Pakistan and 1 in Afghanistan) of WPV1 have been reported so far in 2025. In 2024, Pakistan and Afghanistan reported 99 total WPV1 cases (74 in Pakistan and 25 in Afghanistan). The resurgence of wild polio transmission poses a significant threat to progress made against the disease, and is a reminder of what can happen if any trace of polio is left to circulate in either country.



In Pakistan, the GPEI is working closely with the government to ensure that polio eradication remains a top priority. The main barriers to eradication include community resistance driven by misconceptions around the vaccine, inconsistent access to populations on the move, and insecurity.



In Afghanistan, the shift from house-to-house to site-to-site vaccinations in 2024 has increased the number of missed children. The forced repatriation of Afghan refugees from Pakistan in late 2023 and 2024 also set eradication efforts back. This unpredictable, large-scale population movement stoked fear in communities, making them increasingly skeptical of vaccination campaigns. Operational constraints and limited community engagement have also posed challenges. In response to these challenges, the program is optimizing site-to-site immunization by bringing vaccination services closer to communities and engaging families more effectively, especially in high-risk areas.

Both countries are taking concrete steps to strengthen vaccination strategies and urgently get back on track. This includes building trust with communities, enhancing cross-border collaboration, accelerating outbreak response, and strengthening collaboration with Essential Programs on Immunization to better reach and vaccinate children.

Goal 2: Stop variant poliovirus outbreaks in consequential geographies

Due to insufficient immunization coverage and subsequently low population immunity, variant poliovirus outbreaks continue to emerge and spread. The most prevalent type of the variant virus today is type 2. To end type 2 variant poliovirus outbreaks everywhere, the program is prioritizing efforts in subnational areas where children are at the highest risk of encountering and spreading the virus. These consequential geographies 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 Finland, Germany, Poland, Spain and the United Kingdom, underscore the risk that polio anywhere continues to pose to people everywhere.

To urgently address type 2 variant poliovirus 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 microplans and building trust in vaccines through social listening and community engagement. The GPEI is also integrating efforts with other health services, implementing innovations in outbreak response, and intensifying cross-border coordination. Additionally, the program is supporting the establishment of subregional action plans in the Lake Chad Basin, Sahel, and Horn of Africa, where the risk of polio has intensified. These plans emphasize an aggressive outbreak response strategy that focuses on synchronizing campaigns across borders; deploying interventions to reach mobile and border populations with vaccine; and enhancing surveillance activities to facilitate early detection of and information sharing about the virus.

The GPEI has a long history of ensuring high-quality outbreak response and high immunization coverage rates to close variant poliovirus outbreaks, including recently in 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 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. This critical strategy has since been extended until 2029.
- Women have been central to the progress made against polio in many countries. 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. In addition to being vaccinators, women hold a variety of critical roles across the program from community organizers to lab workers to surveillance officers.
- Female leadership across the polio program helps deliver 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.