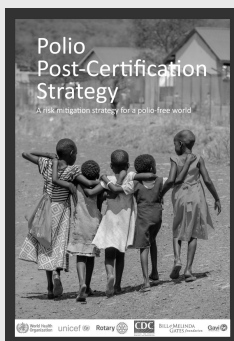


# Sustaining a Polio-free World: A strategy for long-term success

## EXECUTIVE SUMMARY

### Draft 3

Revision (in development) of the  
*Polio Post-Certification Strategy*



# Executive summary

As the Global Polio Eradication Initiative (GPEI) works towards accomplishing its mission in an increasingly complex environment, a clear vision of what will be required to sustain a polio-free world can serve to not only inspire its achievement, but also to affirm the efforts of countless individuals who have brought the disease to the brink of eradication. This vision of a polio-free world can also help guide the programme through changes that are anticipated as the polio eradication effort moves from its current state as a vertical programme to a future state in which polio activities are embedded within routine immunization, integrated disease surveillance, global health security, emergency response frameworks and programmes across a changing global health architecture.

## What is the strategy for Sustaining a Polio-free World?

*Sustaining a Polio-free World: A strategy for long-term success* defines the technical standards that will be needed at a global level after certification of both the eradication of wild poliovirus type 1 (WPV1) and the elimination of circulating vaccine derived poliovirus type 2 (cVDPV2).<sup>1</sup> The strategy supports the integration of polio-essential functions into national health programmes and other health and immunization initiatives, which may include the support of the current agency partners as well as other future owners.

## How does this strategy fit into planning for a polio-free world?

The strategy is the first step in a phased planning process that begins by outlining what essential functions will be needed to support a polio-free world, with additional phases focused on how they will be transferred or transitioned and who will become critical partners to implementing future efforts. This broader approach to future planning aims to prepare a host of partners, from national governments to other programmes, for the eventual dissolution of the current form of GPEI partnership which has organized efforts since 1988.<sup>2</sup>

To ensure a smooth transfer from the current structure and GPEI-led accountability mechanisms to a future governance structure with new and different accountability mechanisms, planning will progress through four phases (Fig. 1).

Fig. 1. Phased planning process to sustain eradication



- **The What (Phase 1):** As a technical strategy and not an implementation plan, this document defines what goals, objectives and activities will be essential to sustain polio eradication. Published in 2018 as the *Polio Post-Certification Strategy* and currently under revision,<sup>3</sup> this strategy aims to trigger the development or support of robust transition plans and implementation efforts across the global, regional and country levels.
- **The How (Phase 2):** Polio transition, as set forth in the *Polio transition strategic framework: global vision to use polio investments to build strong, resilient and equitable health systems*, defines how

<sup>1</sup> See Goals One and Two of the Polio Eradication Strategy. Global Polio Eradication Initiative (GPEI). Polio Eradication Strategy 2022–2026: Delivering on a promise. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/345967>). In October 2024, the eradication strategy was extended to cover the period from 2022 to 2029. See Polio Eradication Strategy 2022–2026: delivering on a promise, extension to 2029. Geneva: World Health Organization; 2024 (<https://polioeradication.org/wp-content/uploads/2024/11/GPEI-Strategy-extension-20241113.pdf>).

<sup>2</sup> The Polio Oversight Board will take a decision on the dissolution of the GPEI partnership in September 2025, which will trigger the transition efforts (Phases 2–4) of the implementation process.

<sup>3</sup> Global Polio Eradication Initiative (GPEI). Polio Post-Certification Strategy: A risk mitigation strategy for a polio-free world, Geneva: World Health Organization; 2018 (<https://iris.who.int/bitstream/handle/10665/379034/WHO-POLIO-18.06-eng.pdf>).

polio-essential functions will be transitioned to global and regional partners and national governments.<sup>4</sup> Based on lessons learned from the *Strategic action plan on polio transition*,<sup>5</sup> the purpose of the polio transition strategic framework and its global vision is to ensure that countries integrate polio functions into national health systems through a flexible approach facilitated by the World Health Organization (WHO), in collaboration with other key stakeholders.

- **The Who (Phase 3):** As national governments and partners in polio, immunization, global health security, emergency response and other programmes define *how* polio-essential functions should be transitioned, Phase 3 focuses on determining *who* will be best positioned for long-term implementation of these functions and a well-defined governance structure. Country programmes and regional bodies should work together to ensure polio functions are well-integrated within national health systems. Concurrently, as GPEI partners reorganize within their own agencies and develop stronger ties with other internal departments, new forms of collaboration – and new partners – will emerge to further define how polio functions will be maintained. Phases 2 and 3 will thus happen iteratively.
- **Sustain (Phase 4):** In Phase 4, a future governance structure will support monitoring and evaluation to sustain polio eradication. This core structure will oversee the ongoing review of *what* functions are needed given changes to the global health landscape, *how* they are implemented and *who* will be critical partners to the effort. This process should be dynamic, allowing for changes over time as polio eradication shifts to a new governance model.

#### **No reason to delay**

While the revised strategy will be finalized in 2026 and noted at the Seventy-ninth World Health Assembly, there is no reason to wait to begin discussions on *how* activities will be transitioned and *who* will be responsible for implementing essential functions. Indeed, transition to national governments has and will continue to take place in different countries and regions with the successful interruption of the virus.

*The goal of this planning process is for activities essential to sustaining polio eradication to become integrated into national health systems at the country level and to ensure they are embedded in routine immunization efforts and global health security and emergency preparedness and response frameworks at the global level instead of sitting outside of them as a separate vertical programme.*

#### **Why is this strategy needed before GPEI Eradication Strategy goals are achieved?**

The strategy for Sustaining a Polio-free World will begin after the achievement of the current GPEI Eradication Strategy (certification of WPV1 eradication [Goal One] and certification of cVDPV2 elimination [Goal Two]) and extend for 10 years after the withdrawal of the bivalent oral polio vaccine (bOPV) from routine immunization programmes. If the GPEI Eradication Strategy timeline changes or if Goal Two is achieved before Goal One, this strategy for Sustaining a Polio-free World will still begin after both goals are achieved. However, as some activities and commitments must be started now to ensure a successful transition to a new governance structure, implementation planning must begin before the completion of the two goals of the Eradication Strategy.<sup>6</sup>

The GPEI envisions a three-year period of overlap with the Eradication Strategy (**Fig. 2**), during which time the phased planning process will be completed with national governments, relevant partners and agencies.

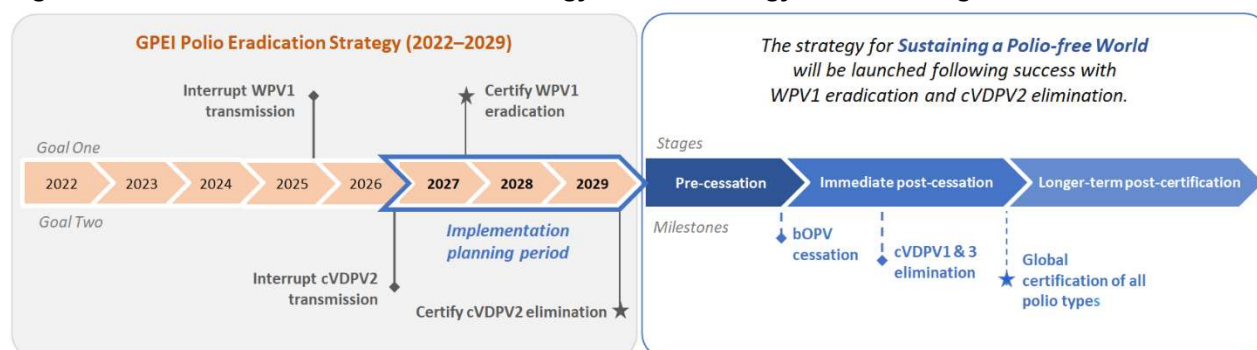
<sup>4</sup> Polio Transition Strategic Framework: global vision to use polio investments to build strong, resilient and equitable health systems. Geneva: World Health Organization; 2024 (<https://iris.who.int/bitstream/handle/10665/380282/9789240100633-eng.pdf>).

<sup>5</sup> Draft strategic action plan on polio transition, Report by the Director-General. In: Seventy-first World Health Assembly, 24 April 2018. Geneva: World Health Organization; 2018 ([https://iris.who.int/bitstream/handle/10665/276315/A71\\_9-en.pdf](https://iris.who.int/bitstream/handle/10665/276315/A71_9-en.pdf)).

<sup>6</sup> Planning discussions can begin as the strategy is being revised; formal implementation activities, however, should begin after the strategy is noted at the World Health Assembly in May 2026.

Defining the accountability mechanisms and funding to support the goals, objectives and activities of this strategy for Sustaining a Polio-free World will also be prioritized during the implementation planning period.

**Fig 2. Timeline for the Polio Eradication Strategy and the strategy for Sustaining a Polio-free World**



bOPV = bivalent oral polio vaccine; cVDPV1 = circulating vaccine-derived poliovirus type 1; cVDPV2 = circulating vaccine-derived poliovirus type 2; cVDPV3 = circulating vaccine-derived poliovirus type 3; WPV1 = wild poliovirus type 1.

### What risks inform the strategy for Sustaining for a Polio-free World?

This strategy outlines three key epidemiological risks over a 10-year period: (1) vaccine-derived poliovirus (VDPV) emergence leading to outbreaks of circulating vaccine-derived poliovirus (cVDPV) through continued use of the oral polio vaccine (OPV); (2) undetected transmission; and (3) unsafe handling of polioviruses. Important operational risks, such as wavering political and financial commitment, are also discussed across the strategy. As a distinct risk, polio transition, if not sufficiently planned and managed, may impact polio immunization and surveillance quality, particularly for countries with weak health systems which may be put at risk by the withdrawal of polio eradication resources.

### How is the strategy for Sustaining a Polio-free World organized?

The strategy has three goals: *Goal One* to protect populations, *Goal Two* to detect and respond to a polio event or outbreak, and *Goal Three* to contain polioviruses (**Table 1**). Risk mitigation plans are addressed within each goal. A chapter on research activities related to the strategy's goals details ongoing investments that are led by the Polio Research and Analytics Group (PRAG). As part of its work, the PRAG is working to define a process and timeline for introducing novel OPVs for type 1 and type 3 (nOPV1, nOPV3), as well as other innovative tools and projects.

**Table 1. Goal summaries for the Polio Certification Strategy**

Goal One: Protect populations	
Objective 1.1	Activity 1.1
To prepare and implement a globally synchronized cessation of bOPV use in routine immunization.	Implement vaccination activities to achieve and maintain high population immunity before bOPV cessation.
	Activity 1.2
	Prepare and implement the withdrawal of bOPV from routine immunization.
Objective 1.2	Activity 1.2.1
To provide access to safe, effective polio vaccines for the long-term protection of global populations.	Develop and implement future immunization policy to protect populations against poliovirus.
	Activity 1.2.2
	Support the availability of affordable polio vaccines and their effective delivery to facilitate high immunization coverage.

bOPV = bivalent oral polio vaccine.

Goal Two: Detect and respond	
Objective 2.1	Activity 2.1.1
To promptly detect any poliovirus in a human or in the environment through a sensitive surveillance system.	Establish and maintain an integrated and sustainable surveillance system capable of rapidly detecting polioviruses.
	Activity 2.1.2
	Sustain adequate, technically competent laboratory and surveillance infrastructure (including human capacity) and information systems to rapidly detect poliovirus transmission.
Objective 2.2	Activity 2.2.1
To develop and maintain adequate global and regional capacity and resources to support national efforts to contain any detected poliovirus and stop transmission.	Enhance country readiness to adequately respond to future outbreaks, develop and implement preparedness plans and prepare response strategies.
	Activity 2.2.2
	Sustain trained human capacity and create, maintain and manage adequate stockpiles of polio vaccine to appropriately respond to outbreaks.
Goal Three: Contain polioviruses	
Objective 3.1	Activity 3.1.1
To sustain safe and secure poliovirus containment in facilities retaining polioviruses.	Support the reduction in the number of facilities retaining polioviruses globally.
	Activity 3.1.2
	Monitor facility, immunization coverage and environmental safeguards in facilities retaining polioviruses long-term.

### What chapters are new to the strategy for *Sustaining a Polio-free World*?

Two new chapters are offered in the revised strategy:

- **Governance and accountability:** In review of different governance options, stakeholders have expressed preference for a governance model that evolves over time based on the risks and milestones of the strategy, shifting from centralized to more decentralized leadership over time. A decision on governance will be made once stakeholders, including national governments, partners and agencies within and outside of the GPEI partnership, come together to assess how best to sustain a polio-free world.
- **Cost estimate:** The cost estimate benchmarks historical and current funding trends while integrating updated assumptions. A point estimate is not provided, but a range has been developed based on three scenarios (a total of US\$ 6.9–8.7B for the ten-year period). Some costs, such as procurement for vaccine stockpiles, will be incurred before this strategy starts. The Polio Oversight Board, partners and donors will thus need to consider these future needs and fundraising efforts.

### How is the strategy being revised?

The first version of this strategy (the *Polio Post-Certification Strategy*) was presented to the Seventy-first World Health Assembly in 2018. To revise the strategy, technical experts across polio, immunization, emergencies and other health initiatives, as well as donors and key partners in finance, resource mobilization and communications, were convened to review lessons learned and gather input on the technical standards needed now to sustain a polio-free world.

**What are the next steps?**

Member States will be actively engaged through an intensive consultation led by WHO, where feedback will be gathered and incorporated. This will include engagement with national experts at the regional and country levels in WHO and the United Nations Children's Fund (UNICEF), particularly in polio-affected regions of Africa, the Eastern Mediterranean and Southeast Asia, through relevant meetings and platforms. In September 2025, the Polio Oversight Board will also take a decision on the timing of GPEI dissolution as a key step in determining the future governance model needed to support this strategy. In the final quarter of 2025, the strategy will be revised to reflect these final inputs.

The GPEI anticipates that the strategy for Sustaining a Polio-free World will be submitted to the 158th WHO Executive Board and noted for the Seventy-ninth World Health Assembly in May 2026.

Beyond 2026, the strategy will remain a living document and updated as the world nears WPV1 eradication and cVDPV2 elimination. It should, however, be retired once the new governance and accountability model and implementation plans are in place and once the strategy's technical standards are incorporated into country national plans, agency strategies and other global health initiatives.<sup>7</sup>

***Decisions on the horizon***

During the Member States consultation period, this strategy will continue to be updated to reflect decisions related to phased planning process, including decisions by the Polio Oversight Board on the timing of GPEI dissolution. Other decisions, such as the requirements and process for certification of the elimination of circulating vaccine-derived polioviruses types 1 and 3 (cVDPV1 and cVDPV3) as defined by the Global Commission for Certification of the Eradication of Poliomyelitis (GCC), may not be made prior to the finalization of the strategy.

<sup>7</sup> Such global health initiatives include: Gavi 6.0 (<https://www.gavi.org/our-alliance/strategy/phase-6-2026-2030>); WHO Immunization, Vaccines and Biologicals (IVB). Immunization Agenda 2030: A strategy to leave no one behind. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/m/item/immunization-agenda-2030-a-global-strategy-to-leave-no-one-behind>); and World Health Organization, Emergency response framework (ERF), Edition 2.1. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240058064>).