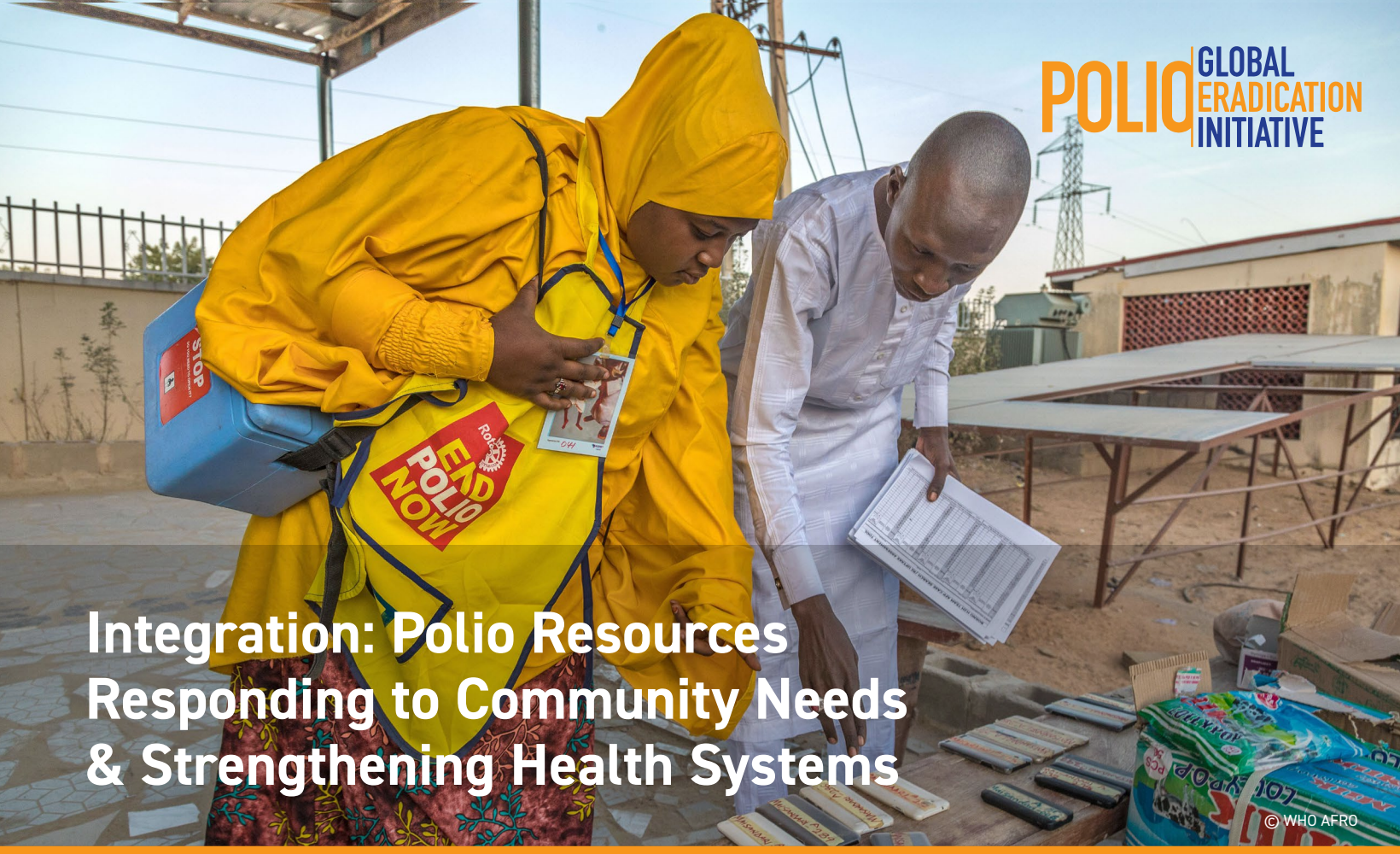


Integration: Polio Resources Responding to Community Needs & Strengthening Health Systems

Overview

To help end all polio transmission and meet the broader health needs of communities now, the Global Polio Eradication Initiative (GPEI) works with a range of partners to integrate polio services with other health programs. Integration involves using polio tools, staff, expertise and other resources to deliver important health interventions alongside polio vaccines – from measles vaccines and other routine immunizations to birth registration, counselling on breastfeeding, hand soap and more. It also includes incorporating polio vaccines into other planned health interventions, delivering more services with fewer resources.

Integration continues to be an important part of the GPEI's approach, including in its current 2022-2029 strategy. Integration is critical to not only stopping polio transmission and building stronger, more resilient health systems, but also to laying the path for successful transition to sustain polio eradication once it is achieved.

In most polio-affected places, the program works closely with national health authorities to increase the number of children who receive routine vaccines from health centers, including for polio (i.e., the bivalent oral polio vaccine, bOPV, and the inactivated polio vaccine, IPV), in addition to the program's house-to-house immunization campaigns. In Afghanistan and Pakistan, the last two remaining endemic countries for wild poliovirus type 1 (WPV1), many of the program's integration efforts occur through integrated service delivery channels. In close collaboration with broader health partners, polio vaccines are often delivered alongside other primary health care interventions. In countries affected by variant poliovirus outbreaks, integration activities are largely campaign-based, with polio vaccines delivered alongside vaccines and other health interventions.

As of July 2023, the GPEI has strengthened its global integration function, undertaking a renewed effort to better support and document integration activities. Since then, the GPEI has provided enhanced program management and coordination support to regions and countries driving integration activities, as well as greater transparency around the opportunities for integration at all levels. Prior to the establishment of the GPEI's global integration function, integration efforts were often opportunistic, with a focus on improving campaign quality and efficiency, and thus the number of children who received the polio vaccine. Today, with GPEI's support, the program has worked towards more intentional integration planning and implementation in the places where children are at the highest risk of encountering and spreading the virus like Pakistan, Afghanistan, Somalia, Nigeria, and Yemen; and the places that are closing in on interrupting transmission of the virus like the Democratic Republic of Congo (DRC) and Madagascar.

Integration as a Path to Eradication

There is no one-size-fits-all approach to integration. Activities must be country-driven and adapted to fit the unique challenges and needs of different communities.

As countries get closer to interrupting virus transmission, high routine immunization coverage and completing the full immunization schedule is key to stopping any remaining virus and keeping it out. But in many places where polio remains, routine immunization systems are too weak or non-existent, leaving critical gaps in immunity. In fact, IPV coverage rates are 17% lower in countries with variant polio outbreaks than in countries without these outbreaks[1]. Thus, the focus of integration activities in these settings increasingly shifts to helping strengthen routine immunization programs. Further down the line, they will be complemented by more targeted efforts to improve surveillance system performance to the level required for certification and emergency response capacity to maintain a polio-free world. In the immediate term, the GPEI's Integration efforts focus on four main areas:

Campaign-based activities

Plusses: Products provided to communities as part of polio campaigns to address a basic need, build trust, and incentivize vaccination. This includes providing hand soap, clean water or insecticide-treated bed nets. Interventions are tailored based on each context and community needs.

Co-delivery & Multi-antigen Campaigns: The co-delivery of other vaccines and supplements alongside polio campaigns to protect against other diseases, and, when feasible, incorporating polio vaccines into campaigns for other health needs. This includes interventions for measles, typhoid, vitamin A deficiency, deworming and more.

Coordinated health system strengthening activities

Routine Immunization Strengthening: Activities that help ensure all children, especially those who have not received any vaccinations (zero-dose children), are reached with polio and other routine vaccines. During polio campaigns, advocating for routine immunizations during polio campaigns, identifying and referring zero-dose children to health centers, helping improve monitoring of these activities, and supporting the use of bOPV in the Big Catch-Up (learn more below) can all improve awareness of routine immunization. Social and Behavior Change (SBC) activities, like deploying trained social mobilizers and engaging trusted community leaders, help address vaccine hesitancy to strengthen uptake of all vaccines. This requires close collaboration with immunization counterparts, including global partners at Gavi and national Essential Programmes on Immunization (EPI), tailored to a country's epidemiological needs and health system capacity and resources.

Integrated Service Delivery (ISD): Collaboration with civil society organizations and humanitarian aid groups to provide polio vaccines as part of primary healthcare services to otherwise inaccessible communities. These activities are focused on places experiencing complex humanitarian emergencies to provide much needed services for health, while encouraging vaccine acceptance by addressing basic needs.

[1] WUENIC (2023)

GPEI and the Big Catch-Up

Following the COVID-19 pandemic, routine immunization levels decreased in over 100 countries leading to a rise in outbreaks of vaccine-preventable diseases and an increase in the risk of future outbreaks. Launched in 2024, the Big Catch-Up (BCU) is a global initiative for children aged 12 to 59 months with the aim of restoring and strengthening essential childhood immunizations disrupted by the COVID-19 pandemic, including vaccines for polio. As of May 2025, 35 countries have received approval to deliver 200 million doses of IPV through the BCU, funded by Gavi, the Vaccine Alliance. The polio program has been working in coordination with Gavi and other BCU partners to include bOPV in catch up activities where poliovirus continues to circulate. In these settings, it is recommended for a child be vaccinated with bOPV and IPV to protect themselves and more effectively stop person-to-person transmission. As of November 2024, the GPEI agreed to fund 49 million doses of bOPV for the BCU in 24 countries[2]. As of April 2025, 6.7 million doses of bOPV have been administered through the BCU, along with 6.9 million doses of IPV.

The BCU has been implemented in some critical countries to end polio, including Pakistan, Madagascar, Nigeria and DRC, raising population immunity levels against polio and other life-threatening diseases. For example:

In **Pakistan**, the first and second rounds of the BCU reached 2.8 million children with five different vaccines – IPV, the measles vaccine, the Pneumococcal Conjugate Vaccine (PCV), which protects against serious illnesses like pneumonia and meningitis, the rotavirus vaccine, which protects against severe diarrhea, and the typhoid vaccine. Over 1.3 million children were vaccinated in February and March 2025, building on the first round which, between October and December 2024, reached 1.5 million children. More than 358,000 of the children vaccinated had never received a vaccine[3]. The polio program supported these efforts by sharing campaign and surveillance data to help partners better plan their activities. To ensure continued vigilance and high immunization coverage, two additional rounds are planned for the second half of 2025.

In **Madagascar**, BCU rounds were conducted as part of a Periodic Intensification of Routine Immunization (PIRI) strategy in April, June, October and December 2024. There was a particular focus on reaching children who had not received all required doses of IPV, bOPV, the measles vaccine, PCV, and the pentavalent vaccine (Penta) – a five-in-one vaccine that protects against diphtheria, pertussis (whooping cough), tetanus, hepatitis B, and haemophilus influenza type B. In total, nearly 150,000 doses of IPV were administered to children under five years old through these four PIRI activities. In the April and June campaigns, approximately 111,000 doses of IPV were administered to children under five years old. In the October and December 2024 campaigns, more than 38,000 doses of IPV were administered to children under five years old. In 2025, BCU efforts continued, with more than 3,000 children under 5 years old receiving IPV and nearly 3,000 children under five years old receiving bOPV in the first quarter.

In **Nigeria**, the BCU employs a mix of fixed, outreach and mobile strategies, tailored to different Local Government Areas (LGAs). The first BCU round was conducted in October 2024 through January 2025, targeting 65% of approximately 3 million children under five years old in 30 states and the Federal Capital Territory (approximately 200 LGAs). Round 1 included IPV, Penta and PCV. Round 2 was conducted in February 2025 in 31 states and included bOPV in addition to the vaccines administered in Round 1. In both rounds, more than 1.9 million children received OPV and more than 1.8 million children received IPV.

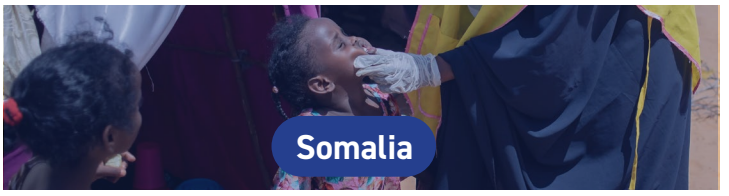
In the **DRC**, the BCU commenced in September 2024 – using a PIRI strategy targeting 51-63% of zero dose and under-immunized children (varies by vaccine), which includes IPV, Penta, and the measles vaccine. As of March 2025, more than 185,000 doses of IPV and nearly 20,000 doses of bOPV were administered to children under five years of age.

The polio program is also collaborating with BCU partners through data sharing, referrals, integrated social mobilization messages and coordinated monitoring. For example, more systematically sharing data from the polio program can help identify zero-dose children and high-risk areas where more intensive BCU efforts are needed.

[2] GPEI initially approved a ceiling of 54 million doses of bOPV for the BCU, but after technical review, 49 million doses of bOPV were approved to supply to countries.
[3] https://www.emro.who.int/pak/pakistan-news/who-supports-big-catch-up-initiative-to-vaccinate-28-million-children-in-pakistan.html

Snapshots of Integration in Practice

The following snapshots represent a sample of integration activities happening in key high-risk countries for polio. For additional examples, please reference published accounts of integrated activities in the prior versions of this factsheet. All data is from the polio program and reflected in the GPEI Integration Inventories, available upon request at **emu@gatesfoundation.org.**



Afghanistan

In Afghanistan, transmission of wild poliovirus has risen in 2024 and 2025 compared to historic lows over the previous few years. Remaining pockets of inaccessible, unvaccinated children amid a broader humanitarian crisis – exacerbated by the recent forced repatriation of Afghan refugees from Pakistan and the inability to implement the most effective campaign modality (house-to-house) in the entire country – pose significant barriers to stopping polio for good. In addition, as of May 2025, the U.S. Government's order to terminate funding for humanitarian partners in Afghanistan in February 2025 has led to more than 400 health facilities being suspended or closed, affecting more than 3 million people.

In order to maximize reach in light of the shift from house-to-house vaccination to site-to-site, the country is undergoing a strategic reset that includes:

1. PUSH strategies - placing vaccination services as close to families as possible and enabling the programme to quantify and track missed children;

2.PULL strategies - delivering interventions (i.e., community engagement, social mobilizers, plusses, other humanitarian services) to encourage families to access vaccination sites;

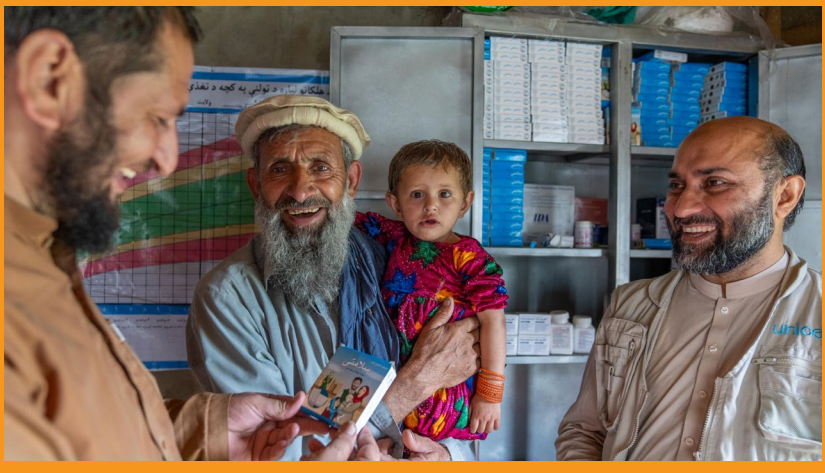
3. Advocacy; and

4. Greater GPEI and EPI collaboration and routine immunization strengthening.

In this context, integrating polio efforts with other health services in Afghanistan has helped reach more children with polio vaccines and other lifesaving interventions. In January, February and April 2025, the polio program distributed over 212,000 diapers and 647,000 soaps to families during vaccination campaigns.

Over the last few years, ongoing collaboration with humanitarian organizations has also demonstrated the value of integrating polio efforts with other health needs in the country. In 2023, the program began more strategic engagement with ten humanitarian groups operating in 12 high-risk provinces for polio across the country. Through these collaborations, the program and its partners have mapped and supported communities that lack basic health services, which has in turn helped better identify and reach children still vulnerable to polio. Over 5.9 million polio vaccinations have been delivered through this engagement between January 2023 and April 2025. In the first quarter of 2025, over 760,000 OPV vaccinations were administered, with more than 4.1 million OPV vaccinations delivered since January 2024. It's estimated that over 126,281 children have been vaccinated who would have otherwise remained inaccessible to the polio program during its standard campaigns (source: GPEI Integration Inventory*).

After the forced return of Afghan refugees from Pakistan in late 2023 through 2025, the program also partnered with humanitarian actors in both countries to surge support at the international border. From September 2023 to late May 2025, more than 1 million Afghans returned from Pakistan to Afghanistan, with more than 241,000 (23%) of these refugees returning since January 2025. Partners mobilized resources to deliver essential health services to the returnees, including primary health care, immunization, maternal health care, and psychological support. Between March 2022 and early June 2025, nearly 13,000 children under 5 years old in Spin Boldak & Turkham – the main crossing points – received OPV vaccinations.



Alongside lifesaving vaccinations, a child receives a box of oral rehydration solution and zinc supplements from a community health worker in Afghanistan.

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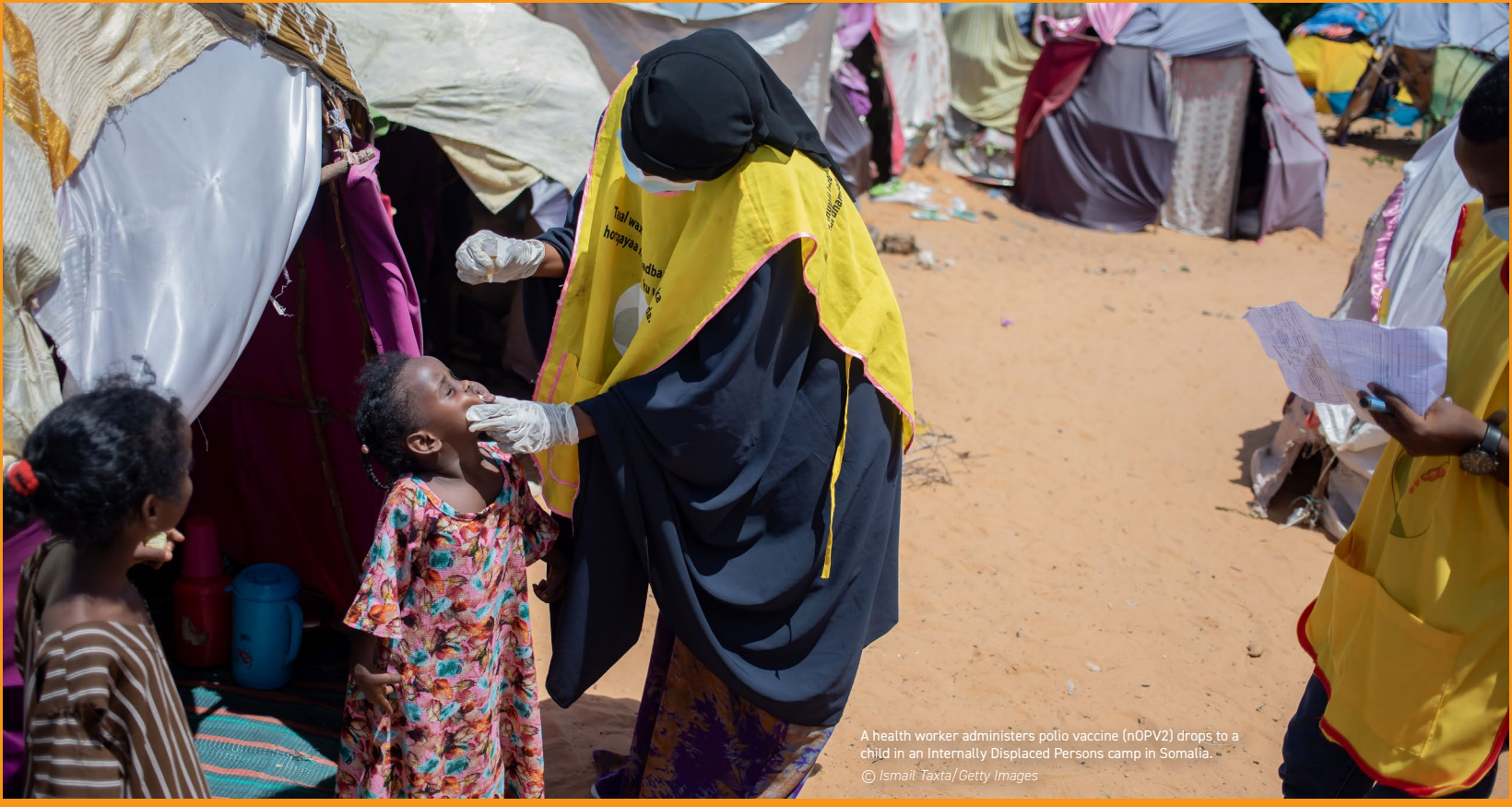

A health worker administers polio vaccine (nOPV2) drops to a child in an Internally Displaced Persons camp in Somalia.
© Ismail Taxta/Getty Images

Somalia

Children in Somalia are at high risk of encountering and spreading the poliovirus due to longstanding security challenges and a lack of health infrastructure, particularly in the south-central part of the country. As a result, the country has historically low routine immunization levels and faces the world's longest-running outbreak of type 2 variant poliovirus.

In October 2022, the GPEI partnered with the World Food Program Innovation Hub, Save the Children, Acasus, and World Vision's CORE group, amongst others, to launch the Far-Reaching Integrated Delivery (FARID) partnership. The partnership's primary goal is to stop poliovirus transmission and reduce deaths from preventable diseases and malnutrition. To do this, the polio program and its partners have established a series of health camps across 20 districts in Somalia that provide families with vaccinations for polio and other diseases, maternal health services, nutrition screening and supplements, and primary health consultations. These camps are tailored to address each community's specific needs and aim to re-establish sustainable health systems that will continue providing primary healthcare services on a routine basis.

From March 2023 to December 2024, FARID partners have delivered health services through more than 15,000 health camps across 1,185 villages in conflict-affected and hard-to-reach areas. These camps delivered over 1 million primary health care consultations to children and women, providing essential services such as immunization, general outpatient care, maternal health and nutrition support. These efforts reached approximately 140,000 zero-dose children with life-saving immunizations for the first time. During this period, more than 138,000 children received the first dose of pentavalent vaccine, more than 135,000 children received their first dose of oral polio vaccine (OPV1), and more than 90,000 children received their first dose of the measles vaccine. In addition to immunization efforts, more than 294,000 individuals received nutrition consultations, and more than 230,000 women accessed antenatal and postnatal care services, contributing to improved maternal and child health outcomes in these underserved communities.

As in other countries, community mobilizers in Somalia are also key to accessing children and delivering integrated health messaging to increase demand for vaccination. In 2017, UNICEF established the Social Mobilisation Network (SOMNET) in Somalia to train such mobilizers and build communities' trust in vaccines and health services through door-to-door visits, public announcements, community meetings, and social media campaigns. Since the initiative began, more than 6,000 community mobilisers have been trained by UNICEF, who have since been recruited and supervised by the Ministry of Health. As of May 2025, SOMNET community engagement efforts have contributed to reaching more than 1.1 million individuals with targeted polio prevention and immunization promotion messages. Key outreach activities included nearly 20,000 engagements with nomadic populations, more than 16,000 community meetings, more than 20,000 interactions within internally displaced persons (IDP) settlements, deployment of more than 1,700 sound trucks broadcasting messages, and 745 strategic mosque announcements.

The country also completed an integrated nOPV2 and measles and PCV campaign in May 2025 in Somaliland, Puntland and the South Galkayo district. Results from this campaign will be shared in the next update of the Fact Sheet in December 2025.