

**SINCE 1988,
GPEI HAS REDUCED
POLIO CASES BY 99.9%.**

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.

Since 1988,



20 million

people are walking today who would have otherwise been paralyzed 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 fecal-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 by vaccines.
- 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 poliovirus](#) – a non-wild form of the virus that can emerge in under-immunized communities – that are currently spreading in parts of the world. Recent detections in places long polio-free, like in Gaza and five European cities in 2024 and 2025, underscore the risk that polio anywhere continues to pose to people everywhere.

For updates on the latest [wild](#) and [variant](#) poliovirus case counts, see the [GPEI website](#).

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 program and its partners continue to ramp up efforts to:

- 1. Vaccinate all children in hard-to-reach areas**, with a focus on children who have received no vaccines of any kind. This includes preparing health workers to travel to extraordinary lengths to remote communities and working with local political and religious leaders to foster trust, address misinformation, and improve access in communities.
- 2. Improve the timing and reach of vaccination campaigns** by expanding the use of new and proven tools like faster virus detection methods, accurate systems for microplanning, and rigorous post-campaign monitoring. Each year, the Global Polio Laboratory Network, which consists of over 150 labs around the world, 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 initiate a rapid vaccination response.



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 program 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.



During the 2025 cholera outbreak in Angola, the country mobilized its polio emergency infrastructure — including mobile teams and community surveillance networks — to help contain stop the spread and deliver oral cholera vaccines to nearly one million people.

- 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 program management and coordination support to regions and countries, helping to ensure activities are country-driven and adapted to fit the unique challenges and needs of different communities.

[Learn more about integration in the GPEI here.](#)

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 in 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

Polio eradication is not a linear process. In recent years, the polio programs in Pakistan and Afghanistan have both brought cases of the virus to historic lows, even interrupting transmission for short periods, yet 2024 saw a resurgence of the virus with 99 cases of WPV1 reported (74 in Pakistan and 25 in Afghanistan). This epidemiological reality is a reminder that the fight against polio is not over until the virus is completely wiped out, in every country.



In Pakistan, the GPEI is working closely with government partners to ensure that polio eradication remains a top priority. Today, the national program is working to overcome challenges posed by highly mobile populations, community resistance to vaccination and pockets of insecurity to ensure all children are protected from polio—especially in high-risk communities and border areas.



In Afghanistan, the polio program is continuing to adapt to complex challenges - from community hesitancy and the return of repatriated migrants from Pakistan to a nationwide shift away from house-to-house immunization - to reach children across the country with polio vaccines. The program is working to optimize site-to-site vaccination by bringing vaccination services closer to communities and engaging families more effectively, especially in high-risk areas. In addition, the program is working to mobilize all government institutions to provide administrative and political support for program operations, which will be critical to stopping polio across the entire country.

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 more consistently 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 and 2025 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 leaders in some of the most fragile settings on the planet to improve the speed and quality of outbreak response. This includes deploying 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, 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 Syria and Ukraine.

Gender Mainstreaming in Action

- In May 2019, the GPEI launched its comprehensive [Gender Equality Strategy](#), to address gender-related barriers to immunization and to significantly improve the representation of women at all levels of the program.
- Gender roles, norms and inequalities are powerful determinants of health outcomes and can prevent people from getting themselves and their children vaccinated. The GPEI is working to address challenges that prevent all children from getting the vaccines that will keep them safe from polio.
- Female leadership across the polio program helps deliver positive health outcomes for women and children, beyond ending the disease. In certain communities, women health workers are uniquely able to enter homes and speak with caregivers, often serving as a first point of contact with the broader health system. Their efforts have been central to the progress made against polio in many countries.

[Learn more about gender mainstreaming in the GPEI here.](#)