

The GPEI 2026 Action Plan: Focused Investment, Lasting Impact

A smarter, leaner and more focused blueprint to end polio and build resilient health systems

Why This Plan, Why Now

In a world marked by conflict, economic strain, and humanitarian crises, the Global Polio Eradication Initiative (GPEI) is stepping up – not backing down. The 2026 Action Plan charts a more responsive and comprehensive path forward: one that centers integration with immunization and health partners, strengthens national capacities and enforces more rigorous accountability at every level. By sharpening operations and implementing targeted risk-based reductions in some activities, the GPEI will maintain momentum towards eradication despite a 30% budget reduction for 2026.

But we cannot do this alone. Even with streamlined operations planned for 2026, a US\$1.7 billion funding gap remains for the GPEI's 2022-2029 Strategy. With tighter budgets and mounting global challenges, the GPEI is committed to deploying resources more strategically. This means focusing activities where they will have the greatest impact and making deliberate, sometimes challenging choices that minimize risk, safeguard hard-won gains, and maintain progress toward a polio-free world.

What's Possible

With full political and financial backing and more efficient operations, we can:

- **Achieve a historic victory** by eradicating wild polio from its last strongholds in Afghanistan and Pakistan and securing a polio-free world for generations to come.
- **Strengthen global health security** by reinforcing disease surveillance to rapidly respond to polio and other emerging threats.
- **Protect gains and stop outbreaks** by reaching the world's most vulnerable children and strengthening health systems—ending polio for good and preventing a global comeback.

What's Next: Wild Polio Eradication

Resources will be directed to continue intensive nationwide campaigns and surveillance in the last two endemic countries - Pakistan and Afghanistan. The most effective innovations to address local challenges will be focused in five subnational areas in Pakistan and two in Afghanistan that drive transmission. Stronger engagement with the Expanded Program on Immunization (EPI) and Gavi, the Vaccine Alliance to reach children who have received no vaccines of any kind ('zero-dose') and stronger cross-border coordination will remain essential.

What's Next: Variant Polio Elimination

Outbreak response and surveillance resources will be focused on countries and subregions where they can have the most impact in 2026. These regions include Southern and Central Africa, where outbreaks can be most quickly stopped, and the Horn of Africa and Lake Chad Basin, where the virus is most persistent and children remain at the greatest risk of encountering and spreading it. Operations will be streamlined at every level and local teams will be better equipped to respond to outbreaks effectively—not only for polio, but for other health challenges too.

Key Shifts:

Wild Polio Eradication

Context: The last type of wild polio – type 1 – is restricted to Pakistan and Afghanistan. But persistent challenges like inaccessibility, political instability, and vaccine hesitancy make it difficult to reach every child with polio vaccines and stop the virus for good. The two countries represent one epidemiological block; neither will be safe from the threat of polio until they both have completely wiped it out.



In Pakistan

- **Implement new vaccination strategies in areas with persistent transmission** like more frequent campaigns using fractional dose inactivated polio vaccine (fIPV)—1/5th of a standard IPV dose that is more affordable and provides equal protection—for children up to 15 years old to close immunity gaps.
- **Gain access in South Khyber Pakhtunkhwa (KP)** by implementing the Community Vaccination Initiative (ComVI), where trusted local community members deliver vaccines to hesitant families.
- **Improve EPI coverage in South KP and Quetta Bloc** by co-developing team guidelines and procedures with EPI that respect local gender norms and build on the [polio-EPI synergy framework](#) to reach more zero-dose children.
- **Protect high-risk mobile populations** by collaborating with humanitarian organizations like the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) to map and vaccinate children on the move.
- **Strengthen monitoring and evaluation (M&E) in historic reservoirs** by making current M&E tools like tally sheets simpler and easier to use. Deploy independent evaluation teams during vaccination campaigns to provide real-time feedback and make immediate adjustments as needed.

In Afghanistan

- **Bring vaccination sites closer to families** by setting up sites that cover no more than five houses to maximize the mandated site-to-site modality for campaigns.
- **Maximize incentives for vaccination** by starting 'Pluses Committees' at national and provincial levels in high-risk areas to ensure the additional items or services given during campaigns ('pluses') meet local needs.
- **Improve EPI coverage** by systematically cross-referencing polio microplans and EPI data to identify areas not covered by any health facility ('white areas') where GPEI-led campaigns can deliver more than just polio vaccines to accelerate essential immunization coverage.
- **Enhance political advocacy efforts** to reinstate house-to-house campaigns and foster national ownership over eradication by obtaining the support of nationally and internationally respected elders and religious scholars through new advisory committees and listening sessions.

Key Shifts: Variant Polio Elimination

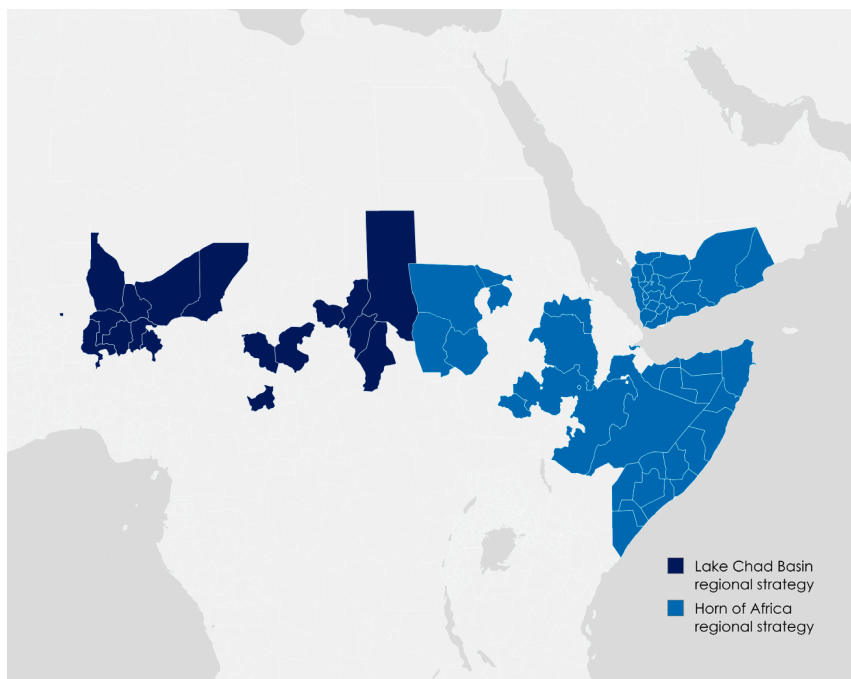
Context: Since peaking in 2020, the number of children paralyzed by variant polio has steadily declined. But today, the virus persists in places facing humanitarian crises, conflicts, and disasters—conditions that make it extremely difficult to access and vaccinate every child. Logistic and resource constraints further hinder the program's ability to respond quickly and effectively to every outbreak.



In outbreak and high-risk settings

- **Anchor strategic planning in subnational plans** to prioritize and track locally driven solutions for new and persistent challenges in the toughest places to interrupt polio transmission.
- **Implement new vaccination strategies** like delivering the novel oral polio vaccine type 2 (nOPV2) between campaigns via health facilities in complex settings with the most persistent transmission.
- **Streamline campaigns** by shifting to more subnational campaigns over national ones.
- **Transform workforces** by transitioning from international to national consultants where possible and rationalizing the number of supervisors and social mobilizers per team during campaigns.
- **Update surveillance guidance and enhance regional and national lab capacities** to prioritize essential tasks like environmental sample collection, stool kit and sample shipment, and lab processing, while reducing nonessential activities in lower-risk areas.
- **Strengthen collaboration with immunization partners** by more systematically integrating polio vaccines into Gavi-led measles campaigns in key countries like Somalia, Nigeria and the Democratic Republic of Congo, and expanding recent efforts to include polio vaccines in the Big Catch Up – a global initiative to improve essential childhood immunizations.

Subnational areas of focus in 2026



Core Pillars: Gender, Integration & Accountability

Elevate cross-cutting activities as strategic imperatives to reduce gender-related barriers to vaccination, increase immunity through integrated health efforts, and identify and address problems quickly at every level.

Gender

The program will improve activities that empower both mothers and fathers to take their children for vaccination as well as efforts to disaggregate data by sex to ensure both boys and girls are vaccinated equally. The program will strengthen support to female frontline workers by implementing better harassment trainings and reporting policies and advocate for women in leadership positions across the program.

Integration

The program will build on its first joint board meeting with Gavi by holding a second and launching new joint action plans in shared priority areas, starting with Afghanistan, Pakistan and Nigeria. It will partner with measles, nutrition, and water, sanitation and hygiene (WASH) partners in the highest risk areas to deliver multiple health services and expand the reach and acceptance of polio vaccines. In key subnational areas, the program will help accelerate essential immunization coverage to achieve and sustain eradication while strengthening protection against other preventable diseases.

Accountability

The program will track progress against the new subnational plans, which include both Financial Resource Requirement (FRR) and non-FRR funded activities, to ensure operational and financial accountability. For the first time, GPEI will consolidate FRR and non-FRR funded activities into a wholistic plan to ensure that all available resources are maximized and tracked to achieve global targets. The GPEI's Strategy Committee will also lead quarterly performance reviews and conduct more regular strategic missions to high-risk countries to identify and quickly resolve bottlenecks.

New Budget Approach: Special Interventions

To help stop polio in the hardest-hit areas, GPEI is creating a new \$1.5 million budget line for innovative, targeted approaches to the toughest challenges, including consistently reaching children in remote or conflict-affected areas or boosting vaccination rates where health infrastructure is weak or non-existent. Country teams can apply for this support to try out new ideas or expand proven strategies. Each project will be carefully reviewed to make sure it's cost-effective and measurable. The goal is to identify and scale up the most impactful solutions to protect children in the most fragile settings on the planet.

A Smart Investment: The GPEI & Its Legacy

Now is the time to act for a healthier, polio-free world

Polio eradication is still possible. The GPEI is determined to wipe out this disease to protect every child's future and leave behind stronger, more resilient health systems that will serve generations to come. The program is making every dollar count — focusing resources on areas and communities that need them most to ensure we reach every child at risk.

Investing in the GPEI today means strengthening the world's ability to respond to future health threats. It means building stronger health systems and unlocking tens of billions of dollars in estimated global economic benefits this century. Most importantly, it means ensuring that no child will face paralysis or death from polio. Together, we can finish the job.

Check out the full
GPEI 2026 Action Plan
and the corresponding
subnational plans

2026 GPEI Budget Reductions: What They Mean & How We're Managing the Risks

Area	Budget Reduction from 2025 (%)	Risk	Mitigation
Endemic Countries (Afghanistan & Pakistan)	18%	Stalled or even reversed progress toward wild polio eradication	Maintain intensive campaign and surveillance efforts nationwide; target most effective innovations in high-risk subnational areas; strengthen political advocacy for national ownership; increase integration with EPI, Gavi and humanitarian partners
Outbreak Response	26%	Failed control of polio outbreaks and increased risk of international spread, even to places long free of the disease	Direct resources to stopping transmission in the Lake Chad Basin, Horn of Africa, Southern and Central Africa; shift to planned subnational campaigns; implement new vaccination strategies in high-risk areas; increase integration with EPI, Gavi and humanitarian partners
Surveillance (non-endemic)	34%	Weakened disease surveillance systems, delaying detection and response to polio and other infectious disease outbreaks	Preserve core surveillance functions in polio-affected countries by limiting support in lower-risk areas and stopping it in polio-free countries; enhance regional and national lab capacities; closely monitor surveillance performance; conduct more frequent reviews in priority countries; reserve limited global funds for unexpected challenges and urgent demands
Core functions (non-endemic)	32%	Inefficient operations and low staff morale contributing to all the above risks	Restructure and localize workforce; streamline and realign workforce with technical needs; better support women at all levels; closely monitor workforce deployment and performance