

Sustaining a Polio-free World

A strategy for long-term success

Pre-publication version



Sustaining a Polio-free World

A strategy for long-term success

Pre-publication version



This strategy represents the first step in a broader planning process through which functions essential to sustaining polio eradication ultimately become embedded within routine immunization, global health security and emergency response frameworks.



Executive summary

As the Global Polio Eradication Initiative (GPEI) works to accomplish its mission in an increasingly complex environment, a clear vision of what will be required to sustain a polio-free world can help to inspire its achievement – and guide the programme as it anticipates a future state where polio activities will become embedded within routine immunization, integrated disease surveillance, global health security, emergency response frameworks and programmes across the global health architecture.

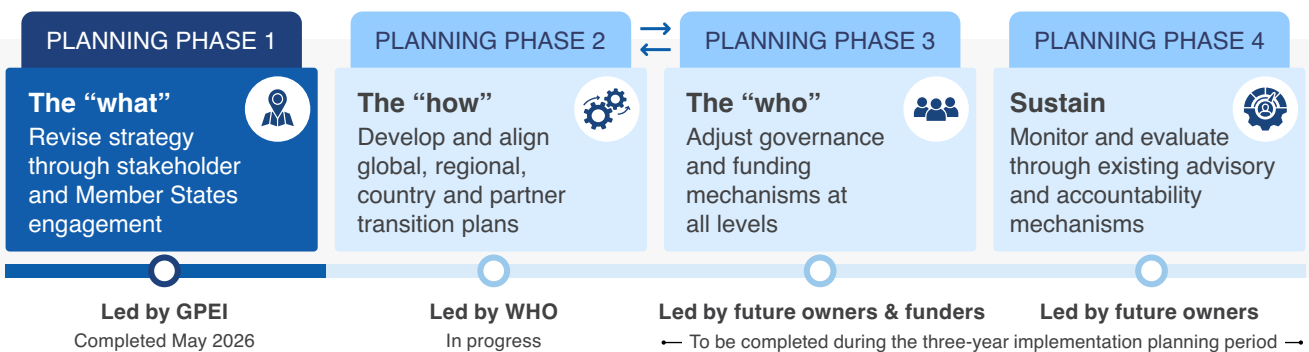
What is the strategy for *Sustaining a Polio-free World*?

Sustaining a Polio-free World: A strategy for long-term success defines the technical standards 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).¹ The strategy encourages the integration of polio-essential functions into national health programmes and other health and immunization initiatives, which may include the support of current GPEI partners and other future owners.

How does this strategy anticipate planning for a polio-free world?

The strategy represents the first step in a phased planning process aiming to prepare a host of partners, from national governments to other programmes, for the future evolution of the global partnership which has organized efforts since 1988.² Planning efforts will progress through four phases (Fig. 1).

Fig. 1. Phased planning process to sustain polio eradication



GPEI = Global Polio Eradication Initiative; WHO = World Health Organization.
Source: WHO.

- **The “what” (Phase 1):** As a technical strategy and not an implementation plan or framework, this document defines what goals, objectives and activities will be essential to sustain polio eradication. As a revision of the *Polio Post-Certification Strategy*,³ *Sustaining a Polio-free World* aims to trigger the development and support of robust transition plans and implementation efforts across the global, regional and country levels.
- **The “how” (Phase 2):** Polio transition planning, 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 polio-essential functions will be transitioned to global and regional partners and national governments.⁴ Based on lessons learned from the *Strategic action plan on polio transition*,⁵ the aim of the polio transition strategic framework is to ensure that countries integrate polio functions into national health systems through a flexible approach facilitated by WHO, in collaboration with other key partners and stakeholders.

¹ See Goals One and Two. Global Polio Eradication Initiative. *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; 2025 (<https://iris.who.int/server/api/core/bitstreams/49602e7f-8824-4450-bb10-a1636d14c800/content>).

² The Polio Oversight Board took the decision to evolve the partnership model as the GPEI gets closer to the implementation of the strategy for *Sustaining a Polio-free World*.

³ Global Polio Eradication Initiative. *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>).

⁴ *Polio Transition Strategic Framework: global vision to use polio investments to build strong, resilient and equitable health systems*. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240100633>).

⁵ *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).

- **The “who” (Phase 3):** As national governments and partners in polio, immunization, global health security and emergency response 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. Country programmes and regional bodies should continue 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 partners and new collaborations will help to define how polio functions will be maintained within an updated governance and accountability model. Phases 2 and 3 will thus happen iteratively.
- **Sustain (Phase 4):** In the final planning phase, future governance will support monitoring and evaluation to sustain polio eradication. A core structure will oversee review of *what* functions must continue, *how* well they are transitioned and *who* should continue to implement these functions. This process should be dynamic, allowing for changes as accountabilities and responsibilities shift over time within an evolving governance model.

No reason to delay

Transition to national governments has and will continue to take place in countries and regions at different times with interruption of the virus. GPEI partners should thus begin discussions *now* on *how* activities will be transitioned and *who* will be responsible for implementing essential functions.

The goal of this phased planning process is to integrate activities essential to sustaining polio eradication into national health systems at the country level and to ensure they are embedded in routine immunization efforts, global health security and emergency preparedness and response frameworks at the global level. This exercise should begin well in advance of the start of this strategy.



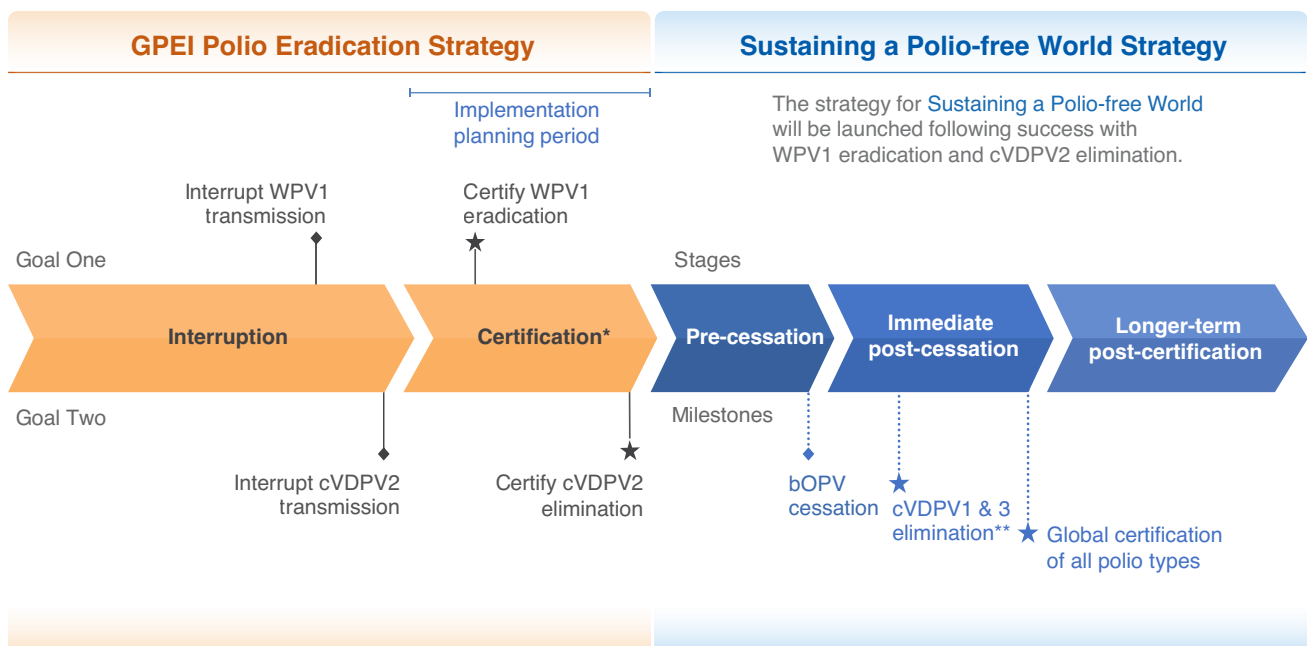
Photo © WHO / Ploy Phutpheng

Why is this strategy needed before the achievement of GPEI Eradication Strategy goals?

The strategy for Sustaining a Polio-free World begins after the achievement of the current GPEI Eradication Strategy (certification of WPV1 eradication [Goal One] and certification of cVDPV2 elimination [Goal Two]) and extends 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. As some activities and commitments must be initiated early to ensure a smooth and successful launch, including pre-cessation campaigns, vaccine stockpile procurement and mobilization of funding and staff, implementation planning must begin before the two goals of the Eradication Strategy are achieved.⁶

The GPEI envisions a three-year period of overlap with the Eradication Strategy (Fig. 2), during which the phased planning process (Fig. 1, above) will be completed with national governments, relevant partners and agencies. The implementation planning period will also prioritize accountability mechanisms and funding to support the goals, objectives and activities of this strategy for Sustaining a Polio-free World.

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



* Criteria for certification include: (1) achieving certification-standard surveillance; (2) ensuring access to a WHO-accredited laboratory; (3) ensuring containment of wild polioviruses and vaccine-derived polioviruses; and (4) completing the certification process in coordination with National Certification Committees (NCCs), Regional Certification Commissions (RCCs) and the Global Commission for the Certification of Eradication of Poliomyelitis (GCC).

** The GCC will determine criteria and a process for certifying cVDPV1 and cVDPV3 elimination.

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.

Source: WHO.

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

This strategy outlines three key epidemiological risks: (1) vaccine-derived poliovirus (VDPV) emergence potentially 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. The strategy also addresses important operational risks, such as wavering political and financial commitment, through risk mitigation activities. Polio transition represents a distinct risk, as the withdrawal of polio eradication resources may impact polio immunization and surveillance quality, particularly for countries with weak health systems.

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, below). A chapter on research activities details ongoing investments related to the strategy's goals that are led by the Polio Research and Analytics Group (PRAG). As part of its work, the PRAG will define a process for introducing novel OPVs for type 1 and type 3 (nOPV1, nOPV3) and other innovations such as direct detection surveillance methods.

⁶ After this strategy's presentation to the World Health Assembly in May 2026, the phased planning process (Fig. 1) can begin with identified stakeholders to ensure successful implementation.

Additionally, the revised strategy includes two new chapters:

- **Governance and accountability:** Early thinking among stakeholders suggests a strong preference for a governance model that evolves based on the risks and milestones of the strategy, shifting over time to more decentralized leadership. A decision on future governance will be made once stakeholders, including national governments, partners and agencies within and beyond the GPEI partnership, come together to assess how best to sustain a polio-free world.
- **Cost estimate:** A cost estimate benchmarks historical and current funding trends across the 10-year period. While not a fixed dollar figure, the estimate offers a directional range based on three scenarios (US\$ 6.9–8.7B). Some costs, such as vaccine stockpile procurement, will be incurred before this strategy starts. The Polio Oversight Board, partners and donors will need to consider these future funding needs; thus, early implementation planning will be critical to this strategy's success.

How was the strategy 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, experts were convened to assess the technical standards needed now to sustain a polio-free world. A broad set of stakeholders across polio, immunization, emergencies and other health initiatives, as well as donors and key partners, reviewed a first draft. A revised draft was then disseminated to Member States through an engagement process led by WHO, with feedback incorporated ahead of the strategy's presentation to the 158th WHO Executive Board in February 2026. The Polio Oversight Board endorsed the final strategy in March 2026.

Drawing on these consultations, a working group prepared [frequently asked questions](#) that responded to common themes across the stakeholder feedback. Details on the stakeholder consultation process can be found in a [companion report](#). To promote awareness of how this strategy relates to the Eradication Strategy and transition framework, the GPEI also developed a [one-pager](#).

What is the way forward?

After its presentation to the Seventy-ninth World Health Assembly in May 2026, Sustaining a Polio-free World will remain a living document and updated, if necessary, 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 established and once its technical standards are incorporated into national plans, agency strategies and other global health initiatives.⁷

⁷ 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 Emergency response framework: internal WHO procedures. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240058064>).

Table 1. Goal summaries for the strategy for Sustaining a Polio-free World

Goal One: Protect populations	
Objective 1.1 To prepare and implement a globally synchronized cessation of bOPV use in routine immunization.	Activity 1.1 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 To provide access to safe, effective polio vaccines for the long-term protection of global populations.	Activity 1.2.1 Develop and implement future immunization policy to protect populations against poliovirus.
	Activity 1.2.2 Support the availability and effective delivery of affordable polio vaccines to facilitate high immunization coverage.
Goal Two: Detect and respond	
Objective 2.1 To promptly detect any poliovirus in a human or in the environment through a sensitive surveillance system.	Activity 2.1.1 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 To maintain global and regional capacity and resources to support national efforts in stopping poliovirus transmission.	Activity 2.2.1 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 To sustain safe and secure poliovirus containment in facilities retaining polioviruses.	Activity 3.1.1 Support the reduction in the number of facilities retaining polioviruses globally.
	Activity 3.1.2 Support safe storage and handling in facilities retaining polioviruses.
	Activity 3.1.3 Support national and international structures for long-term poliovirus containment.

bOPV = bivalent oral polio vaccine.