

Polio outbreaks: What does it take to stop them?

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Overview

Since the Global Polio Eradication Initiative (GPEI) was formed in 1988, the number of children paralyzed by polio each year has fallen by over 99%. But the job is not done. So long as polio exists anywhere, children all around the world remain at risk.

This progress has been driven by decades of coordinated global partnership and sustained commitment. The GPEI is a unique public-private partnership led by national governments and six core partners—the World Health Organization (WHO), Rotary International, UNICEF, the US Centers for Disease Control and Prevention (CDC), the Gates Foundation, and Gavi, the Vaccine Alliance—with dedicated support from frontline health workers and civil society to reach every child with vaccines.

Polio vaccination campaigns, where health workers reach children wherever they are with lifesaving vaccines, are central to eradication efforts, including to help prevent and stop polio outbreaks. Reaching over 370 million children every year requires massive coordination—hundreds of thousands of health workers and volunteers, careful planning, real-time surveillance and thousands of motorcycles, boats, and bicycles to reach the most remote and fragile communities. No country can sustain this effort alone; success depends on GPEI's network of global support.

Eradicating polio now is projected to save the world more than US\$33 billion by 2100. The cost of inaction is far greater: if polio resurges, the consequences will be measured not only in billions of dollars, but millions of lives.

Key figures: Outbreak response

In 2025, ministries of health, national polio programs, regional bodies and GPEI partners...

- Reached **200 million children** during polio outbreak response campaigns
- **Synchronized campaigns across 13 countries** in the Lake Chad Basin and Horn of Africa, helping to drive regional protection against polio
- **Ran 54 integrated polio campaigns** that included additional health interventions such as vitamin A supplements and measles vaccinations

Outbreak response in action

After wild poliovirus type 1 was detected in Malawi and Mozambique in 2022, countries across southern Africa launched a rapid, coordinated response. With support from GPEI partners, health workers vaccinated more than **50 million children** against polio, and **15 new wastewater surveillance sites** were established across Malawi, Mozambique, Tanzania, Zimbabwe, and Zambia, helping halt transmission and close the outbreak. Read more [here](#).

How does the GPEI support outbreak response?

GPEI partners work directly with national and local governments, community health workers, and scientists to respond rapidly and sustainably to any new polio outbreak. Two GPEI partners are particularly involved in active in outbreak response: WHO manages disease surveillance, response planning and vaccination, while UNICEF procures vaccines and engages communities to improve the quality of campaigns.



Surveillance, detection and reporting

Strong national and global disease surveillance systems supported by WHO, including those that monitor wastewater, can catch poliovirus early and monitor its spread. Samples are tested in one of the more than 140 labs that make up the Global Polio Laboratory Network.

If lab testing confirms that a poliovirus is circulating, the ministry of health and WHO officially declare a polio outbreak, triggering an emergency response.

Response planning

Within days, national health authorities and WHO quickly assess how widespread the outbreak is, who is most at risk, and how to stop the virus from spreading further.

GPEI partners and national health authorities work together to plan a vaccination campaign, train workers, and ensure communities are engaged throughout the process.

Vaccination response

Within roughly a month of the first detection*, UNICEF procures the polio vaccines needed for a response and facilitates transportation to affected areas through the cold chain.

Social mobilizers, like those supported by UNICEF and Rotary, partner with religious clerics and community leaders to build trust in vaccines among caregivers and motivate them to vaccinate their children during the campaign.

The polio digital community engagement team, led by UNICEF, tracks misinformation online and responds with timely and accurate information about polio and vaccines to online communities.

Large numbers of trained health workers vaccinate children door-to-door and at fixed sites to reach at least 90% of children under 5 in the affected areas, often through multiple campaign rounds supported by WHO.

All response activities are tailored to local gender norms, with a focus on addressing gender-related barriers that contribute to missed and zero-dose children. Operational strategies and independent monitoring team deployment are adapted to the local gender context to maximize coverage. For example, deploying all-female teams or mixed-gender teams where required to ensure access inside the house and acceptance of women and men caregivers.

Monitoring and mop-up

In the weeks that follow, ongoing campaign monitoring, managed by national authorities and WHO, identifies children or communities that may not have received vaccines. Targeted “mop-up” activities aim to close remaining gaps in coverage.

Outbreak closure

If no poliovirus is detected for at least 12 months and surveillance remains strong, the Ministry of Health, WHO, UNICEF, and other GPEI partners conduct a formal assessment and can officially declare the outbreak to be over.

Once countries are polio-free, GPEI works with government leaders to transition the essential health infrastructure built for polio eradication to national health programs, strengthening routine immunization and preventing future outbreaks.

*Campaigns may be delayed due to factors such as insecurity or active conflict, access constraints, population movement, or logistical or supply chain challenges.

Opportunity for wider impact

Polio vaccination campaigns do far more than stop polio—the infrastructure, workforce, and partnerships they build strengthen health systems more broadly. Increasingly, polio campaigns combine polio vaccination with primary health care services including routine immunization, nutrition services, and water, sanitation, and hygiene support (WASH). Polio surveillance and response capacity have also been adapted to stop other disease outbreaks, respond to natural disasters, and address public health emergencies.

Conclusion

Outbreak response campaigns are a vital component of the polio program. These campaigns are highly complex, and while governments and the GPEI have the expertise to deliver them, sustained funding is essential to deploy them quickly, effectively, and wherever they are needed. Supporting polio immunization campaigns not only helps end polio for good, but also strengthens health systems to protect communities from other health threats.



Learn more: Country highlights

- [No Child Left Behind: PNG's Fight Against Polio - GPEI](#)
- [From Kabul to Kandahar: Inside Afghanistan's first polio campaigns of 2025 - GPEI](#)
- [South Sudan mounts a nationwide polio vaccination campaign: a massive push towards stopping the ongoing outbreak - WHO AFRO](#)
- [Indonesia announces closure of polio outbreak - GPEI](#)
- [Kenya, Uganda cross-border polio vaccination reaches 6.5 million children - WHO AFRO](#)