World Health Organization

**Executive Board**
**158th session**

Provisional agenda item 19 — EB158/23

8 December 2025

# Poliomyelitis

## Report by the Director-General

1. This report provides an update on implementation and financing of the Polio Eradication Strategy and on planning for a lasting polio-free world. The international spread of poliovirus remains a public health emergency of international concern.

## Goal 1: Permanently interrupt wild poliovirus transmission in endemic countries

2. As at 22 October 2025, 38 cases of wild poliovirus type 1 have been reported globally in 2025 (9 in Afghanistan and 29 in Pakistan) compared with 62 cases in the same period in 2024. Wild poliovirus type 1 persists in a few key reservoirs, particularly in the southern region of Afghanistan and the southern area of Khyber Pakhtunkhwa, Pakistan. The virus has continued spreading through the low-transmission season, with continuing environmental detections beyond these areas.

3. In Afghanistan, operational and communication strategies are being optimized to maximize coverage. Supplementary immunization activities improved markedly in the country's eastern region in early 2025, reducing wild poliovirus type 1 transmission. A site-to-site approach continues in the southern region, supported by advocacy for house-to-house vaccination. Transit vaccination sites operate with community and religious support with a view to reaching all children and halting transmission.

4. Pakistan is implementing the Polio National Emergency Action Plan 2024–2025, with a phased strategy aimed at restoring emergency posture, closing operational gaps and sustaining high immunity. High-level political commitment and intensified supervision have improved performance; however, subprovincial variation persists, especially in the southern area of Khyber Pakhtunkhwa, Quetta and parts of Karachi.

5. Both countries apply a risk-categorization model to identify and reach missed children, including migrants and mobile groups; strengthen coordination along virus corridors; and address campaign and surveillance gaps. Efforts emphasize microplanning and outreach to zero-dose children, targeted campaigns in high-risk areas, the use of fractional-dose inactivated poliovirus vaccine, outreach to older age groups, and stronger subnational surveillance. Support for frontline health workers is being enhanced through training, motivation and supervision. Eradication activities

are guided by advisory bodies including the Technical Advisory Group on Polio Eradication for Afghanistan and Pakistan, the Eastern Mediterranean Regional Subcommittee for Polio Eradication and Outbreaks and the Independent Monitoring Board of the Global Polio Eradication Initiative.

6. In early 2026, efforts will focus on maximizing opportunities to interrupt transmission during the low season and closing remaining immunity gaps among persistently underimmunized populations.

## Goal 2: Stop transmission of circulating variant poliovirus and prevent outbreaks in non-endemic countries

7. As at 22 October 2025, 151 cases of circulating vaccine-derived poliovirus type 2 have been reported across 13 countries in 2025, compared with 182 cases across 16 countries in the same period in 2024. Despite the downward trend, transmission persists in areas with low routine immunization, notably northern Nigeria, the Lake Chad Basin, the Horn of Africa (especially south-central Somalia and Ethiopia) and Yemen.

8. Regarding vaccine-derived poliovirus type 1, the outbreak in Madagascar was declared closed in May 2025. In the Democratic Republic of the Congo, cases fell from 149 in 2022 to one in 2025. As at 22 October 2025, three cases had been reported – one each in Algeria, the Democratic Republic of the Congo and the Lao People's Democratic Republic – with environmental detection in Djibouti.

9. Vaccine-derived poliovirus type 3 was detected in Guinea in 2024–2025, with no cases reported since March 2025. Limited cases were reported in Cameroon and Chad in 2025. Outbreak responses are under way to prevent further spread.

10. Global efforts are focused on stopping residual transmission of circulating vaccine-derived poliovirus type 2. In Nigeria, the number of unreached children has declined substantially, although campaign quality varies. In south-central Somalia, access has improved through enhanced coordination and negotiation. In Yemen, northern areas remain constrained. Subregional outbreak responses in the Lake Chad Basin and Horn of Africa continue with cross-border coordination and partner support.

11. Strong progress continues in the Democratic Republic of the Congo, once a major source of circulating vaccine-derived poliovirus. Targeted outbreak responses have sharply reduced cases of vaccine-derived poliovirus type 1 and 2, with no detections of either strain in 2025, demonstrating that entrenched transmission can be stopped through timely, effective interventions.

12. The risk of international spread was underscored by the detection, in mid-2025, of vaccine-derived poliovirus type 2 in Papua New Guinea, linked to prior transmission in Indonesia. Since September 2024, environmental surveillance has detected vaccine-derived polioviruses in several European countries, including Germany in April 2025. An outbreak in the Gaza Strip in August 2024 appears to have been successfully controlled following an extraordinary response supported by a humanitarian pause.

13. Oral polio vaccine remains the main tool in polio eradication efforts. This includes the use of novel oral polio vaccine type 2 alongside inactivated poliovirus vaccine and new solutions such as the hexavalent vaccine. In 2025, with support from Gavi, the Vaccine Alliance, Senegal and Mauritania became the first countries to introduce the hexavalent vaccine into routine immunization. Once wild poliovirus eradication is certified, oral vaccines will be withdrawn globally to eliminate the risk of variant emergence.

## Enabling factors

14. The Gender Equality Strategy 2019–2026 of the Global Polio Eradication Initiative provides a framework for integrating gender into all programme areas. Gender analyses inform locally adapted strategies to reach missed and zero-dose children. A gender mainstreaming group of partners provides technical support and monitors gender-specific indicators. Targets include 50% female representation in national emergency operations centres and the Initiative's deployments, and 50% and 90% female frontline health workers in Afghanistan and Pakistan, respectively. Sex-disaggregated data collection is institutionalized through post-campaign monitoring. Oversight bodies such as the Polio Oversight Board and the Initiative's Strategy Committee regularly review gender integration to emphasize its importance to programmatic success.

15. The 2026 Action Plan[1] aims to strengthen implementation of the Polio Eradication Strategy 2022–2029. Subnational plans and an enhanced accountability framework support momentum towards eradication, applying programmatic efficiencies and a risk-based approach to areas of active transmission and high vulnerability.

16. Integration activities continue: building on collaboration with the Essential Programme on Immunization and the Big Catch-Up, coordination was enhanced through a joint meeting of the Polio Oversight Board of the Global Polio Eradication Initiative and the Board of Gavi, the Vaccine Alliance, in June 2025. The partnerships agreed to extend work to improve poliovirus vaccination, reaching zero-dose children with all essential vaccines in countries critical to eradication, and to systematize multi-antigen campaigns. The prominence of integration within the 2026 Action Plan reflects the Initiative's growing maturity in supporting routine immunization and integrated service delivery.

## A lasting polio-free world

17. Progress continues towards a polio-free world, guided by technical and advisory bodies including the Strategic Advisory Group of Experts on Immunization, the Global Commission for the Certification of the Eradication of Poliomyelitis and the Polio Transition Independent Monitoring Board. In 2025, work advanced to transition polio infrastructure, knowledge and assets to national governments. Progress was made on planning bivalent oral polio vaccine cessation, poliovirus containment and certification. In response to evolving global health priorities, WHO and partners developed *Sustaining a Polio-free World: A strategy for long-term success*,[2] updating the polio Post-Certification Strategy.

18. Implementation of the Polio Transition Strategic Framework continues at the country level, supported by a monitoring and evaluation framework. Between 2023 and 2024, immunization coverage rose or remained stable in 71% of priority countries, below the 90% target. Some 85% of priority countries are meeting or nearing acute flaccid paralysis surveillance sensitivity goals. However, gaps persist in emergency management, with 57% of countries reporting indicators below regional averages.

---

[1] Global Polio Eradication Initiative 2026 Action Plan. Geneva: Global Polio Eradication Initiative; 2025 (accessed 11 November 2025).

[2] Sustaining a Polio-free World: A strategy for long-term success. Geneva: Global Polio Eradication Initiative; 2025 (accessed 11 November 2025).

19. These insights help to operationalize regional strategies and action plans. In the African Region, efforts link outbreak response with maintenance of polio essential functions. In the Eastern Mediterranean Region, country-tailored actions focus on strengthening service delivery. In the South-East Asia Region, a three-pronged approach is used to strengthen health systems, build workforce capacity and promote financial sustainability. Polio essential functions are being transitioned to national systems wherever feasible. Fragile health systems are entering an intermediate phase with time-limited external support while national capacity and ownership grow. However, vulnerabilities remain, especially in financial sustainability.

20. A critical element of preparing for a polio-free world is withdrawing bivalent oral polio vaccine from routine use. In 2025, a policy framework for cessation defining guiding principles, mandatory pre-withdrawal conditions and enablers of success was finalized and endorsed by the Strategic Advisory Group of Experts. Regional offices began discussions on implementation in April 2025, to be continued in 2026. If eradication or variant elimination is delayed, contingency measures will be defined in 2026.

21. Member States continue implementing resolution WHA71.16 (2018) on poliovirus containment. In November 2023, the Global Commission for the Certification of the Eradication of Poliomyelitis set the end of 2026 as the deadline for facilities retaining polioviruses to achieve certified containment. Twenty-one Member States report retention of infectious materials in 71 designated facilities, and 20 have established a national authority for containment. Two facilities in two countries hold valid containment certificates, and 16 facilities in nine countries hold interim certificates. Of the remaining 53 facilities, 14 will cease poliovirus work by certificate expiry, 22 retain viruses with valid participation certificates, 24 retain viruses with expired certificates and seven in two countries have never applied for certification. In total, 39 facilities in 13 countries lack certification. Data are updated as applications are reviewed.

22. The Global Commission certified eradication of wild poliovirus types 2 and 3 in 2015 and 2019, respectively. By 2025, all WHO regions except the Eastern Mediterranean Region have interrupted indigenous wild poliovirus type 1 transmission and been certified for elimination. Certification requires at least two years with zero detections, supported by high-quality surveillance and secure containment. For circulating vaccine-derived polioviruses, the Global Commission recommends a phased, serotype-specific process – certification of elimination followed by global eradication – once oral polio vaccine use ends. The Global Commission will continue monitoring virus patterns and refining criteria in 2026.

## Sustaining a polio-free world

23. *Sustaining a Polio-free World: A strategy for long-term success* defines the technical standards that must be sustained after wild poliovirus type 1 eradication is certified and circulating vaccine-derived poliovirus type 2 is eliminated. The strategy supports the integration of polio essential functions into national health systems.

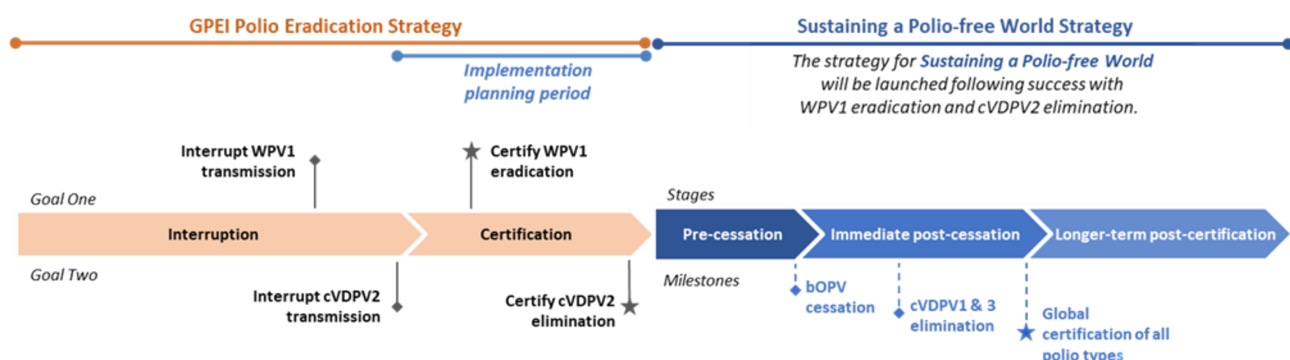
24. The strategy is applicable to all Member States and represents the first phase of a planning process to sustain eradication. This initial phase involves defining which polio essential functions must remain and will be followed by phases outlining how they will be transitioned, who will be accountable for delivery and what future governance structure will support coordination and monitoring to sustain gains.

25. The strategy is structured around three technical goals:

- **protect populations** by implementing a globally synchronized cessation of bivalent oral polio vaccine use in routine immunization and by providing access to safe, effective vaccines;
- **detect and respond** by promptly detecting poliovirus through a sensitive surveillance system and maintaining adequate capacity and resources to effectively contain or respond to a polio event or outbreak; and
- **contain polioviruses** by achieving and sustaining safe and secure containment in laboratories, vaccine manufacturers and other facilities to prevent reintroduction.

26. The strategy includes sections on research activities, governance and accountability and a cost estimate. To prepare for its implementation, a three-year period of overlap with the Polio Eradication Strategy 2022–2029 is envisioned (Fig.). The priority during this period will be defining accountability mechanisms and funding to support the strategy's goals and activities.

**Fig. Timeline for the Polio Eradication Strategy and Sustaining a Polio-free World: A strategy for long-term success**




## International support for the Global Polio Eradication Initiative

27. The extension of the Polio Eradication Strategy to 2029 reaffirms global commitment to a polio-free world. However, humanitarian crises and economic pressures are reshaping global health priorities and straining resources, necessitating a focus on areas with ongoing transmission and the highest risk.

28. Partners and donors have pledged US$ 4.7 billion against the US$ 6.9 billion budget for the period 2022–2029, leaving a US$ 2.2 billion gap. In June 2025, Rotary International and the Gates Foundation committed to raise up to US$ 450 million: Rotary International will raise US$ 50 million annually over three years, matched by the Gates Foundation in a 2:1 ratio.

29. The first in-person meeting of the Polio Legacy Challenge – led by the Governments of Qatar, Saudi Arabia and the United Arab Emirates with support from the WHO Regional Office for the Eastern Mediterranean and the Gates Foundation – showcased strong regional solidarity towards strengthening Afghanistan's health system and sustaining eradication efforts. This results-based financing initiative forms part of a regional drive championed by the ministers of health of the three countries and the Eastern Mediterranean Regional Subcommittee on Polio Eradication and Outbreaks.

30. *Sustaining a Polio-free World*: *a strategy for long-term success* estimates global resource needs at US$ 6.9–8.7 billion over 10 years. Early resource mobilization is critical. In parallel, polio transition efforts aim to build country ownership and financing capacity to sustain eradication.

## Action by the Executive Board

31. The Executive Board is invited to note the report and provide guidance on the following questions.

- What additional measures are required to reach all remaining zero-dose children?
- What steps should be taken to secure the necessary resources to fully implement the Polio Eradication Strategy?
- What efforts are required at the national, regional and global levels to prepare for and sustain a polio-free world?

---