

Polio: A defining moment for eradication

With transmission rates near historic lows and global health funding under threat, the world faces a defining moment in polio eradication: either finish the job now or face recurring outbreaks and continued preventable suffering.

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Polio is entirely preventable. Yet, while eradication is within reach, it now stands at a crossroads. The level of political commitment in 2026 will determine whether we finally eliminate the disease or continue managing it through costly outbreak responses.

Polio is a highly infectious viral disease that was once the leading cause of paralysis among children worldwide, paralyzing around 1,000 children daily¹. Today, it stands on the brink of eradication – the result of a safe and effective vaccine and remarkable global commitment.

The number of wild polio cases has fallen by 99.9 per cent since 1988. The disease remains endemic in only two countries – Afghanistan and Pakistan – down from 125 countries when the global eradication effort began 37 years ago². Worldwide, cases are now at some of the lowest levels in history: 188 polio cases were recorded between 1 January and 5 October this year³, compared to 562 polio cases recorded in 2024; 1,253 in 2020⁴; and 106 in 2015.

Efforts to eradicate polio have saved 1.5 million lives and prevented 20 million people from paralysis⁵. Since 1988, these efforts have also generated savings of more than US\$27 billion⁶. Looking ahead, investing

US\$6.9 billion between 2022 and 2029 could yield billions of dollars over the next couple of decades by eliminating the long-term costs of controlling polio^{7,8}.

Cuts to global health funding – compounded by ongoing conflicts, access constraints, weak routine immunization systems, vaccine hesitancy fueled by misinformation and budget limitations in both endemic and outbreak-affected countries – make this final stage of eradication the most challenging yet.

Decades of eradication efforts have shown that when immunization rates stall and surveillance systems weaken, polio regains ground. The resurgence of the virus in countries that were previously polio-free demonstrates just how fragile and non-linear progress can be.

Polio's high transmission rate means that no one is safe until every child in every community is vaccinated.



01

Polio transmission in endemic and outbreak countries



Polio threatens children's lives in both endemic and outbreak-affected countries, with potential global consequences. This includes the last two countries where wild poliovirus (WPV1) remains endemic – Afghanistan and Pakistan – as well as circulating vaccine-derived poliovirus (cVDPV) outbreaks across Africa, the Middle East and parts of Asia. Both require urgent, sustained attention to end polio once and for all.

Despite strong national and regional commitments in Afghanistan and Pakistan, complex political, operational and technical challenges have delayed progress, and milestones for halting transmission have been missed. Both countries have developed plans to regain momentum, and the upcoming low-transmission season, ending mid-2026, represents a critical window

to interrupt WPV1 transmission. In endemic countries, poliovirus transmission is typically lower between December and May, allowing eradication campaigns to operate more predictably and increasing the opportunity to stop the virus before the higher-risk months.

Outside of endemic countries, variant poliovirus outbreaks continue, concentrated mostly in countries in sub-Saharan Africa, despite improvement in recent years.

Above: © UNICEF/UNI756171/Meerzad

Bibi Hawa, a vaccinator, marks the finger of a baby, in Abroz village, Bargimatal district, Nuristan province, Afghanistan, after receiving their polio vaccine. *December 2024.*

02

Key facts

99.9%

global reduction in wild polio cases since 1988

400m+

UNICEF helps to vaccinate more than 400 million children against polio globally



Wild poliovirus is now endemic in just two countries – Afghanistan and Pakistan

20m

20 million children spared paralysis and 1.5 million lives saved since 1988



106 polio virus cases were reported in 2015⁹, 1,253 polio virus cases were reported in 2020¹⁰, compared to 188 reported between 1 January and 5 October 2025 (total cases of all polio strains)

4.4m

Childhood immunization prevents 4.4 million deaths annually¹¹



Global commitments and key policy frameworks and partners

3 GOOD HEALTH AND WELL-BEING



SUSTAINABLE DEVELOPMENT GOALS (2015)

SDG 3

Good health and well-being

Target 3.8: Achieve universal health coverage, including [...] safe, effective, quality and affordable essential medicines and vaccines for all.



Global Polio Eradication Initiative (GPEI)

Established at the World Health Assembly in 1988 to eradicate polio through vaccination, surveillance, and outbreak response. GPEI is led by national governments with six core partners: WHO, UNICEF, Rotary International, Gavi, the Vaccine Alliance, The Gates Foundation and CDC.

Public Health Emergency of International Concern (PHEIC)

Polio was declared a Public Health Emergency of International Concern (PHEIC) in 2014 due to its ongoing international spread. This designation remains in effect, making it the longest standing PHEIC in history. Polio continues to pose a risk to other countries and demands a coordinated international response.

Convention on the Rights of the Child 1989

Article 24: States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

Immunization Agenda 2030 (2020)

This global strategy, endorsed by the World Health Assembly in 2020, aims for a world where everyone, everywhere, at every age, fully benefits from vaccines for good health and well-being.



Gavi, the Vaccine Alliance

Established in 2000 with a mission to save lives, reduce poverty and protect the world against the threat of epidemics and pandemics.



04 Challenges



Decades of progress towards eradicating polio are at risk due to political, financial and operational challenges. Cuts to funding for immunization programmes are causing health-worker shortages, clinic closures and disruptions to services such as routine childhood vaccination, increasing the risk of outbreaks. Currently, global funding gaps remain for 2026, and a US\$ 1.7 billion gap remains for the GPEI 2022–2029 Strategy¹¹.

In conflict-affected and humanitarian settings, insecurity and displacement make it increasingly difficult to reach children with vaccines and to strengthen immunization systems. Without access and robust surveillance, the virus can circulate undetected and cause serious harm. In crises such as Sudan and Gaza, widespread displacement and insecurity have disrupted immunization efforts. In protracted emergencies in northern Nigeria, Somalia and Yemen, millions of children remain hard to reach and unvaccinated.

Recent detections of poliovirus in countries previously considered polio-free, including environmental samples in Germany, Israel, Poland, Spain and the United Kingdom, as well as a confirmed case in the United States, underscore that as long as polio exists, all countries remain at risk.

Vaccine hesitancy and misinformation also threaten eradication efforts. Trust in immunization is essential, and where confidence falters, coverage drops and children are left unprotected.

Limited access to safe water and sanitation, combined with overcrowded living conditions, increases the risk of polio transmission. Poor sanitation facilitates the spread of the virus, which is primarily transmitted through fecal contamination. The polio virus can also survive for weeks in contaminated water and soil, making improving hygiene practices essential to prevention.

While the introduction of tools such as nOPV2 and the hexavalent vaccine offers new opportunities, implementation challenges remain. Integrating these innovations requires training, supply chain management and public awareness – each of which depends on adequate resources.

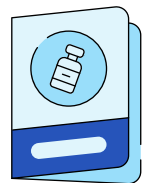
Above: © UNICEF/UNI622834/Karimi

Two-year-old Roqia is carried up the steep wooden stairs that connect the different levels of their mountainside village in Afghanistan. Roqia contracted polio last winter. UNICEF and partners continue efforts to end polio in Afghanistan, which, along with Pakistan, are the last two polio endemic countries in the world. *July 2025.*



05

UNICEF's role in polio eradication



Vaccination is a fulfilment of every child's right to life, health and development, as outlined in the Convention on the Rights of the Child. Protecting children from disease is at the core of UNICEF's mandate, and delivering vaccines is central to that mission.

UNICEF's immunization efforts focus on ensuring every child, especially in hard-to-reach communities, receives life-saving vaccines. As the world's largest vaccine buyer, we procure and deliver billions of doses annually, and support countries with cold chain infrastructure, planning and logistics.

We reach zero-dose and under-vaccinated children through community engagement and social mobilization, supported by partnerships at global, national and local levels. UNICEF strengthens national immunization systems, leverages data and innovation to improve coverage, and advocates for equity, resilience, and sustainable financing. Our 2022–2030 roadmap guides recovery from COVID-19 setbacks and aims to close global immunization gaps by 2030.

UNICEF is committed to eradicating polio and ensuring no child suffers from a preventable disease. As a core partner in the Global Polio Eradication Initiative (GPEI), we help vaccinate 400 million children against polio each year and supply over 1 billion doses of the polio vaccine. We strive to ensure vaccines reach every child, especially those in humanitarian settings and remote areas.

We work closely with local communities to ensure families have accurate information and are motivated to vaccinate their children. Using Social and Behaviour Change (SBC) strategies, we build trust and increase demand for vaccines through community engagement, dialogue and culturally appropriate communication. Hundreds of thousands of frontline workers have been trained to visit households, counter misinformation and work with community leaders to promote vaccination.

Above: © UNICEF/UNI789261/Franco

Natalia Adriano, 18, with daughter Rabia Malike, 6 months, receiving the IPV/polio vaccine at the mobile brigade in the Impire community in Cabo Delgado. "The mobile brigade is very good for our community. It gives us medicine and vaccines for our babies and keeps them healthy," says Natalia. *April 2024.*

UNICEF also strengthens health systems. The infrastructure built for polio eradication supports broader health priorities, including routine immunization and emergency responses, such as COVID-19 surveillance during the pandemic. Collaboration between Gavi, GPEI and other initiatives further enhances coordination and expands access to essential health services.

UNICEF supports the introduction and scale-up of innovative tools to accelerate polio eradication. New vaccines, including the genetically stable nOPV2 and the hexavalent vaccine (a combination of six essential childhood vaccines, including polio, in a single shot), are simplifying immunization and increasing coverage. Advanced technologies, such as genomic sequencing and geospatial mapping, enable faster and more precise outbreak responses.

UNICEF also helps countries maintain ownership of their polio response. With strong political commitment and sustained domestic funding, India has retained its polio-free status. Countries such as Nigeria and Pakistan have developed national strategies, local surveillance systems, and rapid response teams tailored to their contexts, reducing reliance on external support and strengthening resilient health systems. By building local capacity, including manufacturing, training health workers and providing technical assistance, UNICEF ensures that polio eradication efforts deliver lasting benefits for child health and development.

Below: © UNICEF/UNI755763/UNICEF Somalia

Salma Mohamed, a baby girl, receiving her polio vaccine during in a polio vaccination campaign in Somalia. *February 2025.*





06

Polio eradication: How we can get there



Polio eradication is a political choice. The global community, heads of government and Ministries of Health and Finance must drive action and ensure accountability at all levels to sustain momentum and reach every child. The GPEI Action Plan 2026 focuses on integrating polio eradication efforts with broader immunization and health initiatives, strengthening national capacities and ensuring rigorous accountability at every level.

We know what works: high community engagement and trust – especially through health workers who can reach households; integrated service delivery models that combine polio vaccination with other essential health services, which are crucial for reaching underserved populations; and timely, robust outbreak responses. The low-transmission season presents a critical

opportunity to break the final chains of poliovirus transmission, particularly in endemic countries.

We've already seen remarkable progress. Synchronized campaigns across the Democratic Republic of the Congo resulted in a 90 per cent drop in variant polio cases between 2023 and 2024. Rapid responses in Madagascar and Malawi successfully contained outbreaks, while strengthened cross-border collaboration in Afghanistan and Pakistan enabled more children from high-risk and mobile populations to be reached.

Above: © UNICEF/UNI863850/Mirindi Johnson
Matthieu Munganga, a UNICEF-supported vaccinator, marks a child's finger after vaccinating him against polio in Ihusi village, Kalehe, South Kivu province, DR Congo. *September 2025.*



RECCOMENDATION 01

Mobilize sustainable financing for eradication and system strengthening.



Ending polio requires predictable, flexible and equitable financing. Domestic resources and external support must be aligned to fully fund eradication activities, strengthen routine immunization, respond to outbreaks and build long-term health system resilience.

- Ministries of Finance should cofinance polio campaigns and ensure sustained investment in immunization systems.
- Donor governments must maintain support for GPEI, Gavi, as well as WHO- and UNICEF-led efforts until eradication is achieved.

RECCOMENDATION 02

Ensure the delivery of high-quality vaccination campaigns in all settings, with particular focus on humanitarian and fragile contexts.



High-quality vaccination campaigns that reach every child are central to polio eradication. Children in high-risk mobile populations or those affected by conflict or disasters are most likely to be missed. Special strategies are required to maintain immunization services in insecure and hard-to-reach areas.

- Enable humanitarian access and safe passage for vaccinators through negotiation, local engagement and coordination with humanitarian partners.
- Ensure immunization systems, including vaccine stockpiles and cold chain equipment, are resilient to shocks and adaptable to complex settings.

RECCOMENDATION 03

Strengthen routine immunization as the foundation for sustaining polio eradication post certification.



To reach every child with life-saving vaccines and sustain polio eradication post certification, governments must strengthen routine immunization.

- Ministries of Health and Finance should jointly invest in immunization systems, the health workforce and supply chains.
- Ministries and partners should integrate immunization with child health, nutrition, WASH and maternal care services to build efficiency and trust.
- Ministries and partners should sustain and integrate polio-funded infrastructure – including nationwide social mobilization networks, cold chain systems and vaccine supply – into national health systems after eradication.

08

Call to action

With sustained leadership at global and national levels – ensuring quality door-to-door immunization campaigns, robust financing, community engagement and health system integration – polio eradication is within reach. Global commitments must be upheld, and governments, led by Heads of State and in collaboration with the Ministries of Health and Finance, must act in partnership with international and local stakeholders to eradicate polio, once and for all.

Image: © UNICEF/UNI430900/Mirindi Johnson

A UNICEF-supported vaccinator crosses the Ulindi bridge over the Ulindi River in South Kivu province, the Democratic Republic of Congo, to vaccinate children against polio. August 2023.



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¹¹ United Nations Children's Fund, 'Immunization', UNICEF, <<https://data.unicef.org/topic/child-health/immunization>>, accessed 7 October 2025.



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Mukthar Sani Doki, 50, picks up his children from school in Sokoto State, Nigeria. Mukthar is a polio survivor and the secretary of the Association of Polio Survivors Group (APSG). He advocates for parent and caregivers to vaccinate their children. The Sokoto State house-to-house polio campaign targets the region's high number of zero doses, aiming to vaccinate every child under five. *March 2024.*



© UNICEF/UNI832865/Alfilastini

Children smile and raise their marked fingers after receiving the polio vaccine at their neighborhood in Aden, Yemen. They have been vaccinated in the UNICEF-supported door-to-door polio vaccination campaign carried out across 12 Yemeni governorates to ensure every child is protected in an effort to eradicate polio from Yemen. *July 2025.*



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Intesar, a vaccinator, vaccinates a young child against polio at Al Thorwa health centre in Kassala state, Sudan. *July 2025.*

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UNICEF is a core partner in the Global Polio Eradication Initiative (GPEI), a public-private partnership with the goal to eradicate polio worldwide.

Cover: © UNICEF/UNI862904/Benekire Anastasie Fundi, a UNICEF-supported vaccinator, administers a polio vaccine to Iptismu, 3 months, in Goma, North Kivu province, DR Congo. *September 2025.*

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for every child