

Polio: A global threat that knows no borders

Parliamentary Advisory Board | End Polio Now



1988: World Health Assembly Resolution for global eradication of polio

Health
ministries



NGOs



20 million
volunteers



Donors

(governments, development banks, private foundations, etc.)



Federal Ministry
for Economic Cooperation
and Development

Strategy



Core activities to achieve eradication

- Repeat, high-quality vaccination campaigns
- Surveillance – acute flaccid paralysis (AFP) and environmental
- Strengthened routine immunization
- Advocacy, communications and social mobilization

Other key factors underpinning success

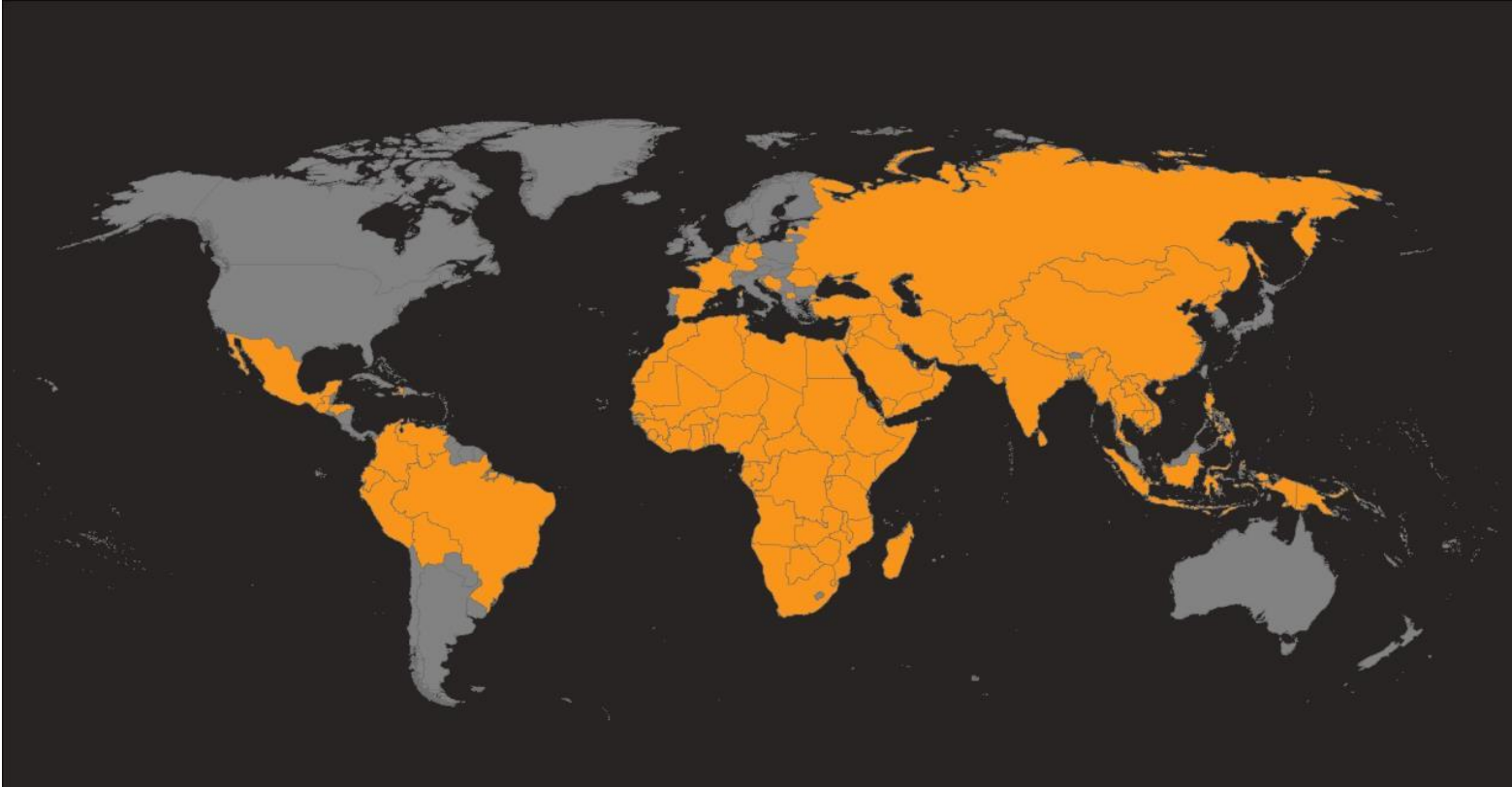
- Gender mainstreaming
- Integration of services
- Vaccine stockpiling and forecasting
- Containment of polioviruses
- Transition management
- Continuous innovation and R&D



Impact



Polio-endemic countries in 1985



Before the launch of the GPEI, 125 countries globally were polio-endemic, with an estimated 350,000 cases of wild poliovirus per year.

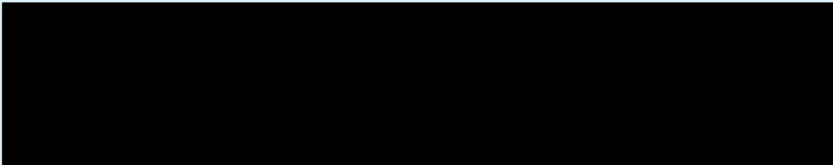
Today, there are only two endemic countries -- Afghanistan and Pakistan. The case count for 2024 was 99.



2025
Only two endemic
countries

Impact of eradication efforts to date

- 99.9% reduction in cases since 1988
- 2/3 strains of wild poliovirus have been eradicated
- 20 million+ people walking today who would otherwise have been paralyzed by polio
- 3 billion children vaccinated globally, 370 million children vaccinated annually
- Polio networks and infrastructure serve as backbone for many public health responses, strengthening global health security



Challenges



Persistent wild poliovirus in endemic countries

Afghanistan

- **Primary challenge:** Weak political commitment resulting in poor quality SIAs, especially in south region.
- Limited ownership by provincial authorities in south contributed to incomplete implementation of 'Reset Strategy.'
- Ban on female community-based workers, particularly in the south.

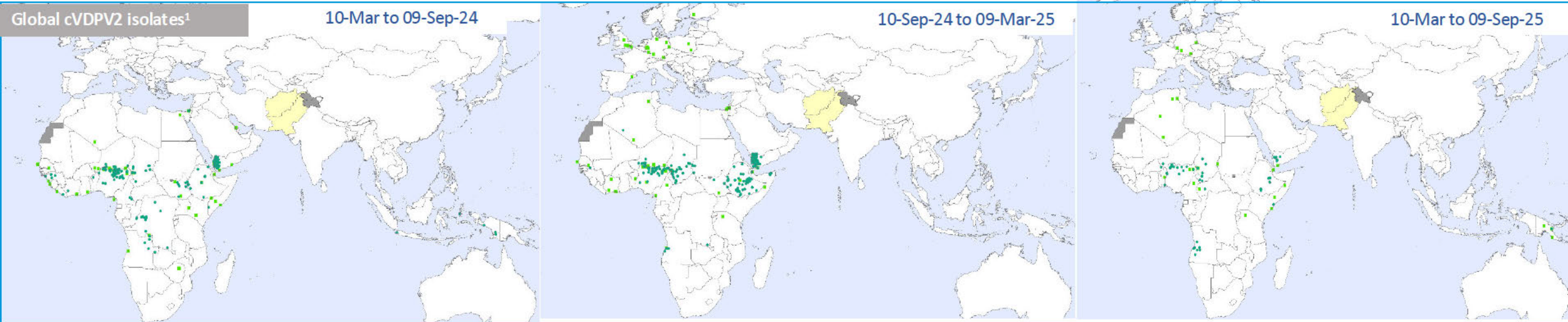
Pakistan

- **Primary challenge:** Persistent inaccessibility in South KP contributing to significant number of unreached children.
- Challenges to consistent high-quality vaccination campaigns in historic reservoir areas.
- SIA quality and coverage compromised by vaccine hesitancy.

Common across the epidemiological bloc

- Low RI coverage in polio-affected areas.
- Intense population movement in-country and across borders, including returnees, requires constant mapping and flexible and targeted strategies to vaccinate mobile and migrant populations (MMPs).
- Misinformation about polio and polio vaccinations creates distrust and loss of confidence in eradication efforts.

Polio outbreaks in under-immunized communities

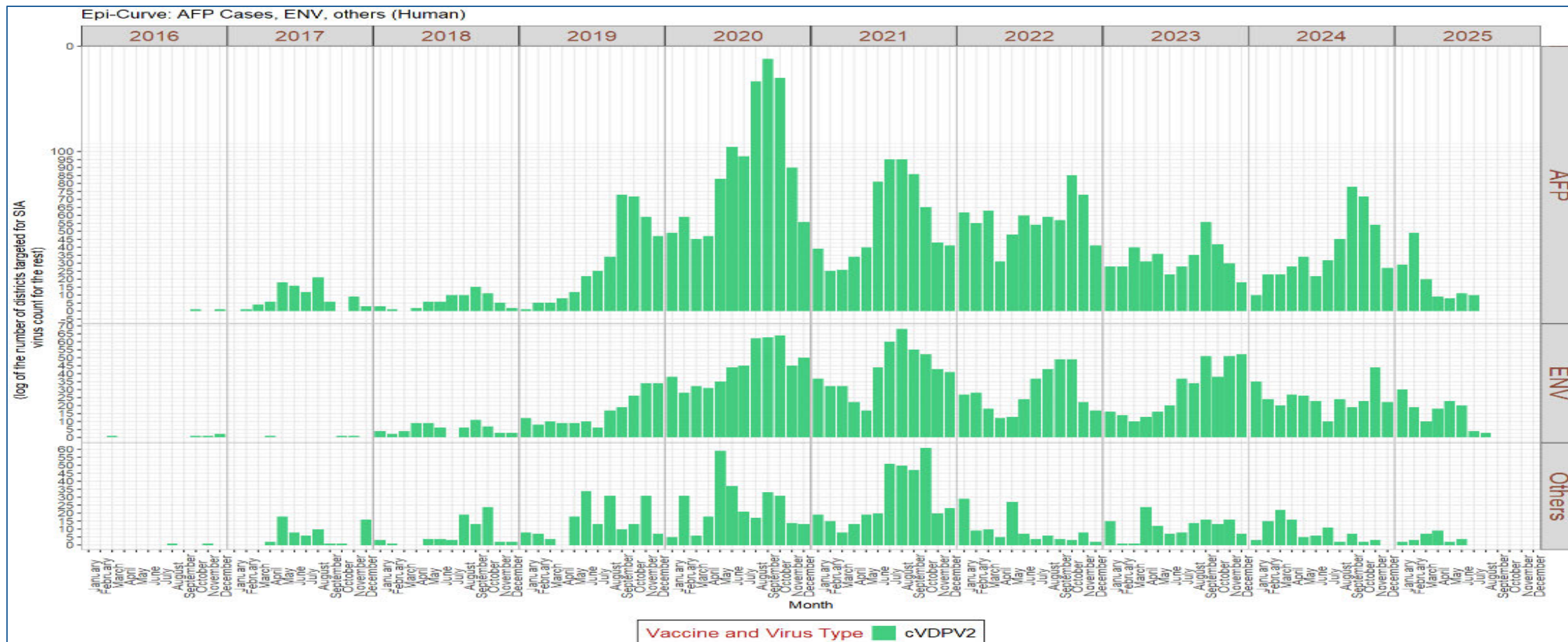


The risk of polio resurgence in countries where it has been eradicated remains real and urgent. Without sustained funding and vigilance, the virus can return, threatening to undo years of progress.

- 448 cVDPV2 cases in 2024, compared to 395 in 2023 (688 in 2022) — After a general decline since 2020, cVDPV2 cases showed an uptick in 2024 compared to the previous year.
- Total of 136 cVDPV2 cases reported in 2025 (as of 09 Sep)
- Lake Chad Basin and Horn of Africa driving transmission
- cVDPV2 detections from wastewater samples from multiple countries of European Region

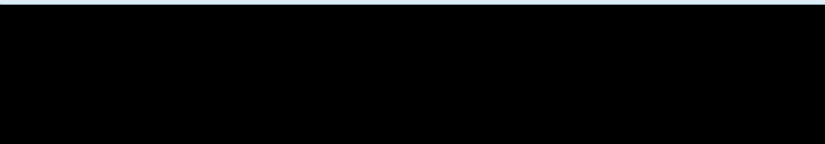
¹includes viruses detected from AFP (onset date) and environmental surveillance (collection date)

Epicurve of Acute Flaccid Paralysis (AFP) and environmental cVDPV2 cases



Polio eradication needs sustained investment

- **2022-2029 Budget:** \$6.9 billion
- **Available funding:** ~\$5.2 billion
- **Funding gap:** ~ \$1.7 billion
- **Challenges**
 - shifting global priorities impacting resources
 - declining technical and financial support in polio-affected countries
 - GPEI operating with ~25% fewer resources than in recent years
- **Implications**
 - Efficiency gains help – but won't close the gap
 - Strategic cuts risk reversing hard-won gains
- **With continued commitment and innovation, we can finish the job.**



Risks of deprioritizing eradication



If we don't finish the job...

- Estimated global cost of US\$ 50+ billion – lost productivity, increased healthcare burden, disruption of education and livelihoods
- Thousands of new cases annually
- Over 80 million children at risk – immunization disruptions from COVID-19, conflict and insecurity, and climate-related crises have resulted in wider immunity gaps
- Global setback in trust in health systems
- Lost opportunity for legacy and global solidarity

