



Progress report on poliomyelitis eradication and polio transition

Introduction

1. Polio remains a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (2005) (IHR). Afghanistan and Pakistan are the last two countries with endemic transmission of wild poliovirus type 1 (WPV1). Additionally, Djibouti, Palestine, Somalia, Sudan and Yemen are experiencing ongoing transmission of circulating vaccine-derived poliovirus type 2 (cVDPV2).
2. Based on risk assessments and poliovirus epidemiology, countries in the Region are characterized as either being endemic (Afghanistan and Pakistan), facing active outbreaks (Djibouti, Palestine, Somalia, Sudan and Yemen), being at high risk of polio outbreaks (Egypt, Iraq, Libya and the Syrian Arab Republic) and being at lower risk (other countries of the Region). The continued spread of cVDPV2, particularly in the northern governorates of Yemen where vaccination campaigns are not permitted, and in central and south Somalia from where cVDPV2 has spread to other countries in the Horn of Africa, poses a significant challenge, compounded by waning population immunity in several countries.
3. The resurgence of WPV1 transmission in Afghanistan and Pakistan in 2024 threatens recent progress made by the two countries. Despite the challenges, countries across the Region remain committed to eradicating polio, as demonstrated by intensified regional solidarity through the Regional Subcommittee on Polio Eradication and Outbreaks. Member States with endemic WPV1 transmission or cVDPV2 outbreaks have implemented robust vaccination campaigns and adapted strategies to address complex challenges, including conflict, political instability and climate-related disruptions. However, gaining unimpeded access to all children for vaccination campaigns remains a critical challenge in this final phase of eradication.
4. The Polio eradication strategy 2022–2026 of the Global Polio Eradication Initiative (GPEI) was extended in 2024, shifting the deadline for stopping WPV1 transmission to the end of 2025 and for stopping cVDPV2 to the end of 2026. The timeline for certifying the eradication of wild poliovirus was extended to the end of 2027 and for certifying the elimination of cVDPV2 to the end of 2029. The Independent Monitoring Board's (IMB) September 2024 review acknowledged strong regional commitment but warned that achieving eradication within these timelines remains uncertain.
5. The extension of the GPEI strategy increased total funding needs to US\$ 6.9 billion for 2022–2029, up from the originally projected US\$ 4.8 billion for 2022–2026. The additional funding supports eradication activities during the extended period through enhanced governance, accountability and adaptation of strategies to ensure eradication progress.
6. In November 2024, the Polio Oversight Board (POB) and GPEI partners conducted a high-level mission to Afghanistan and Pakistan, meeting with the national and provincial leadership and assessing progress. A second mission took place from 29 June to 3 July 2025, led by Dr Chris Elias, Chair of the POB, and joined by WHO and UNICEF regional directors. In Pakistan, the mission was joined by representatives from Rotary International and the King Salman Humanitarian Aid and Relief Centre. The delegation visited Kabul, Peshawar and Islamabad. In Pakistan the delegation met with the Prime Minister and provincial leadership. The delegation welcomed the high-level political commitment shown and

acknowledged the progress made in the “northern cross-border corridor” (comprising the East Region of Afghanistan and the Peshawar Bloc in Pakistan). However, they noted that while there had been a decline in poliovirus detections, progress had stalled in southern Khyber Pakhtunkhwa and the South Region of Afghanistan. Given the challenging health financing context, the delegation emphasized the urgency for both countries to seize the opportunity to end polio by the next low transmission season.

7. The Technical Advisory Group (TAG) for Polio Eradication in Pakistan met in Islamabad from 24 to 26 June 2025 to review progress against the epidemiological milestones set in January 2025 and recommend actions in support of the global goal to interrupt polio transmission. The TAG concluded that while partial progress had been achieved, the programme had not met the epidemiological milestones. The TAG recommended three strategic priorities for building immunity to poliovirus, including improving immunization coverage in southern Khyber Pakhtunkhwa, improving campaign quality across all high-risk districts and strengthening routine immunization coverage to interrupt transmission by the end of the next low season.

8. In February 2025, during the fourth Riyadh International Humanitarian Forum, Saudi Arabia signed an agreement with WHO and UNICEF as implementing partners to provide US\$ 500 million to the GPEI to support the vaccination of 370 million children annually.

Progress towards interruption of wild poliovirus transmission

9. Poliovirus transmission intensified in Afghanistan and Pakistan in 2024. Historic reservoirs, including Peshawar, the Quetta bloc, Karachi and Lahore in Pakistan and the South Region in Afghanistan, have re-established endemic transmission. The resurgence of poliovirus has peaked in both countries and the incidence of paralytic poliomyelitis is declining, as are wild poliovirus detections in environmental samples. There is strong progress in the northern cross-border corridor. The last case of polio detected in the corridor was in February 2024 and the East Region has not detected any wild poliovirus in the environment for more than three months. No paralytic cases have been reported since 2020 in the Peshawar Bloc and detections in environmental samples are sporadic introductions from other areas without local transmission.

10. Key challenges include large-scale population movements, vaccine refusal, operational barriers and insecurity resulting in large numbers of children being left out of vaccination campaigns. Cross-border coordination between Afghanistan and Pakistan continues, although gaps remain.

11. Higher-quality vaccination campaigns remain central to progress, with a renewed focus on reaching previously missed children and delivering measurable results within the GPEI’s extended strategy time frame.

12. In Afghanistan, efforts are underway to optimize the site-to-site vaccination strategy by improving microplanning, strengthening community engagement and mobilizing government support at all levels. Key strategies include bringing vaccination services closer to communities, tracking and reducing missed children and enhancing social mobilization to increase vaccine acceptance. The government is also leveraging polio programme assets to strengthen routine immunization in high-risk areas, ensuring a more integrated approach to immunization service delivery.

13. To strengthen Afghanistan’s health system while maintaining the focus on polio eradication, the Polio Legacy Challenge was launched under the leadership of regional Member States and with funding commitments from Qatar, Saudi Arabia and the United Arab Emirates. This results-based financing initiative, administered by the Islamic Development Bank with financial contributions by the Gates Foundation, links progress in stopping polio to broader health system strengthening efforts, ensuring sustainable health benefits beyond polio eradication. To date, three instalments have been released to qualifying regions.

14. In response to increased transmission of the virus in Pakistan, the National Emergency Action Plan (2024–2025) was updated, featuring a three-phase strategy focusing on improved oversight, management and accountability, improved-quality vaccination campaigns, consistent access to children in insecure areas, stronger essential immunization and service delivery, enhanced surveillance, community engagement and sustained security and political support, including regular progress reviews by the Prime Minister to generate nationwide support and momentum.

Progress towards interruption of vaccine-derived poliovirus transmission

15. Outbreaks of cVDPV2 have persisted, particularly in conflict-affected areas, largely due to population movement and lack of access to vulnerable populations. In addition to the ongoing outbreaks in Somalia and Yemen, a cVDPV2 outbreak was confirmed in the Gaza Strip (Palestine) in July 2024 and in Djibouti in March 2025. Egypt detected imported VDPV2 in the environment in 2024, further highlighting the risk of international poliovirus spread from countries grappling with transmission in the Region. Sudan is responding to detection of multiple importations of cVDPV2 circulating in neighbouring Chad in the bordering Darfur states.

16. Djibouti reported cVDPV2 detection in one child and 25 environmental samples between August 2024 and May 2025. The isolates were genetically linked to poliovirus strains from Ethiopia, Somalia and Yemen, underscoring the urgent need for coordination and synchronized immunization responses across these geographies. More recently, between February and May 2025, Djibouti also detected nine cVDPV1 strains in the environment. These viruses do not have any genetic linkage with previously detected VDPV1 strains in the global database and are therefore considered a new emergence in Djibouti or in one of its neighbouring countries.

17. Palestine conducted three rounds of polio vaccination campaigns in the Gaza Strip between September 2024 and February 2025 despite unprecedented challenges, vaccinating between 560 000 and 600 000 children per round. All samples from environmental surveillance sites have been negative since April 2025. None of the samples from cases of acute flaccid paralysis (AFP) have detected any circulating poliovirus since July 2024.

18. In Somalia, strong political commitment to polio eradication was demonstrated through the establishment in 2024 of the Somali Immunization and Polio Eradication Task Force (SIPE) and the Child Survival Forum, which are chaired by the Prime Minister. The National Immunization Technical Advisory Group (NITAG) has been revitalized. Between August 2024 and July 2025, Somalia conducted three subnational and three nationwide campaigns, focusing on improving surveillance, campaign quality and cross-border coordination under the Somalia Emergency Action Plan III.

19. Despite the protracted conflict since mid-April 2023, Sudan conducted two large-scale type 2 novel oral polio (nOPV2) vaccine campaigns between August 2024 and July 2025 in response to cVDPV2 emergence, covering eight states in the first round and seven in the second, while three rounds were conducted in Red Sea State. Access to states in Sudan improved considerably in early 2025, particularly in the Darfur states bordering Chad, which are repeatedly detecting cVDPV2 strains from Chad. This access has created the opportunity for the restoration and expansion of surveillance activities. AFP and environmental samples continue to be transported to Egypt for testing, and efforts are underway to reach inaccessible areas where security allows.

20. In the northern governorates of Yemen, mass vaccination campaigns have been suspended since December 2020. In the south, one round of house-to-house campaigns was conducted between August 2024 and July 2025. Authorities and partners in the north are working towards implementing the Health

Emergency Extension Response (HEER) plan to strengthen immunization, implement responses to outbreaks of polio, measles and other vaccine-preventable diseases and revitalize the health infrastructure.

21. The outbreak of cVDPV2 detected in north Sinai, Egypt, in mid-2024, was controlled effectively through an intensified immunization response and improved surveillance. The outbreak was formally declared closed in June 2025.

Poliovirus surveillance

22. In line with the Global Polio Surveillance Action Plan (2022–2024), the polio programme maintained strong surveillance and continued strengthening AFP and environmental surveillance across the Region to detect and track poliovirus transmission. To ensure the quality of poliovirus surveillance, surveillance reviews were conducted in the Syrian Arab Republic in 2024 and in Jordan in 2025.

23. Currently, 17 of the 22 countries/territories in the Region conduct environmental surveillance through more than 400 environmental sites. Additional sites were established in Afghanistan, Oman, Pakistan and Somalia, with further expansion planned in Libya, Morocco, Qatar, Tunisia and the United Arab Emirates.

24. Afghanistan and Pakistan expanded community-based surveillance networks, improving the ability to detect poliovirus in high-risk populations.

25. The polio programme in Sudan implemented an AFP surveillance emergency action plan following disruption caused by conflict, with AFP and environmental samples transported to Egypt for testing.

26. In response to the cVDPV2 outbreak in the Gaza Strip, surveillance strengthening activities were conducted in Palestine, Jordan and the Syrian Arab Republic.

27. A poliovirus environmental surveillance diagnostic laboratory was inaugurated in Muscat, Oman, in February 2025, enhancing the Region's ability to process environmental samples and detect poliovirus early.

Programme response to the decisions of the Government of the United States of America

28. Following the decision of the Government of the United States of America to freeze financial support for polio eradication and other global health programmes, WHO and partners have taken pre-emptive steps to protect critical polio eradication activities in the near term, ensuring continued high-quality surveillance, adherence to planned vaccination activities, surge support to maintain detection and response capacity, quality control monitoring, and oversight and cost-cutting measures, such as limiting travel. The cost-effectiveness of operational activities has been reviewed by the two endemic countries and corrective measures are being taken to make the programme more focused and agile.

Poliovirus containment

29. All countries in the Eastern Mediterranean Region have complied with Phase I of the Global Action Plan III (GAP III) for poliovirus containment and have destroyed all poliovirus type 2 materials that were not designated for retention.

30. Two countries in the Region – the Islamic Republic of Iran and Pakistan – have obtained certifications of participation for poliovirus-essential facilities to support critical international functions.

Equity and gender

31. Gender equity remains central to the Region's polio eradication efforts, ensuring that both male and female health workers and caregivers are actively engaged in vaccination campaigns and decision-making processes. Systematic efforts continue to engage female vaccinators and community leaders in improving vaccine uptake, especially in areas with persistent refusals.

32. In October 2024, gender focal points from regional and country levels attended the GPEI gender mainstreaming workshop, which led to the development of gender-responsive programming plans for 2025.

33. Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, renewed her commitment to gender equity in polio eradication by becoming a GPEI Gender Champion in March 2025. Dr Balkhy's leadership will help ensure that gender equality remains a priority in the final phase of polio eradication.

34. In Pakistan, the national programme is implementing key findings from the Female Frontline Workers Co-Design Initiative, aimed at improving workforce safety, retention and effectiveness. The polio programme has adopted antiharassment guidelines to ensure a safe work environment for female frontline workers, who play a critical role in vaccination outreach.

Polio transition

35. Significant progress has been made in the polio transition process across the Region, with most of the eight priority countries advancing in their transition efforts.

36. Iraq and Libya have fully transitioned from GPEI and associated transition funding and integrated polio assets into the national health system. They have maintained polio surveillance at certification standards despite not receiving GPEI financing since January 2024, demonstrating strong national ownership and commitment to sustaining their polio-free status.

37. The Syrian Arab Republic and Yemen have integrated polio essential functions into their national health systems but continue to depend on external funding to maintain the core functions.

38. Sudan has successfully transitioned more than 75% of essential polio functions to activities supported by Gavi, the Vaccine Alliance. The GPEI continued to fund the polio outbreak response through the Outbreak Surge budget in 2024 and 2025.

39. Afghanistan, Pakistan and Somalia continue to rely on GPEI support to sustain surveillance and other critical functions due to ongoing poliovirus circulation. Transition planning in these countries will commence once transmission is interrupted, ensuring a structured and sustainable shift to national and partner-led support mechanisms.

The way forward

40. Despite significant progress, polio remains a threat and reaching eradication requires urgent, sustained action. Countries and partners must seize this moment to overcome the final barriers and protect future generations from polio.

41. The countries and territories of the WHO Eastern Mediterranean Region are urged to:

- strengthen regional coordination and collaboration to reinforce cross-border efforts, share data and ensure synchronized responses to stop polio transmission;
- expand vaccination access to all children by prioritizing high-quality house-to-house vaccination campaigns in polio-endemic and outbreak-affected countries and areas, including Afghanistan, Pakistan, Somalia, Sudan and Yemen;
- mobilize support for health systems and humanitarian responses to prevent the collapse of health services in polio-affected countries and ensure continued immunization despite ongoing crises;
- sustain commitment to eradication at all levels by ensuring that national leaders, health officials and community workers prioritize polio eradication as a top public health goal;
- scale up surveillance and outbreak response preparedness by enhancing AFP and environmental surveillance, particularly among mobile and high-risk populations, to rapidly detect and contain any poliovirus transmission;
- protect and support health workers by ensuring their safety and strengthening efforts to engage female vaccinators, who play a key role in reaching missed children;
- ensure sustainable financing by increasing domestic and international investments to fully fund eradication efforts and sustain essential polio functions as GPEI funding declines;
- prepare for regional certification by ensuring high-quality surveillance, strengthened immunization coverage and robust outbreak preparedness to sustain a polio-free future.