



The fight against polio – where do we stand today?

Bergen, 19 September 2026



A reality check



An Egyptian Stele of a man with polio;
1403-1365 BC



More than 17 million people are walking, who would otherwise have been paralyzed



A child with polio with deformities in the legs; Tajikistan, October 2016

Context: International spread of poliovirus remains a public health emergency of international concern (PHEIC)

POLIO GLOBAL ERADICATION INITIATIVE

45th meeting of the Emergency Committee held in Jan 2026, concluded that the risk of international spread of poliovirus continues to constitute a PHEIC



Statement of the Forty-fifth Meeting of the Polio IHR Emergency Committee

25 August 2026 | Statement | Geneva | Reading time: 24 min (6395 words)

The 45th meeting of the Emergency Committee under the International Health Regulations (IHR or Regulations) on the international spread of poliovirus was convened by the WHO Director-General on 14 May 2026 via video conference with affected countries, supported by the WHO Secretariat. The Emergency Committee reviewed the latest epidemiological data on wild poliovirus type 1 (WPV1) and circulating vaccine-derived polioviruses (cVDPV) in the context of the global targets to interrupt endemic WPV1 transmission in 2026 and to stop cVDPV2 outbreaks by 2028 with subsequent certification of WPV1 eradication and cVDPV2 elimination. Technical updates were received about the situation in the following countries: Afghanistan, Malawi, Nigeria, Pakistan, Somalia, and Togo.

Amendments to the IHR, adopted by the Seventy-seventh World Health Assembly, through resolution WHA77.17 in June 2024, entered into force, generally, on 19 September 2025.¹ Key amendments to the IHR include, *inter alia*, broader poliovirus notification requirements; the introduction of the determination of “pandemic emergency”², a higher level of global public health alert with respect to a public health emergency

Related

Poliovirus IHR Emergency Committee

News



Statement of the Forty-fourth Meeting of the Polio IHR Emergency Committee

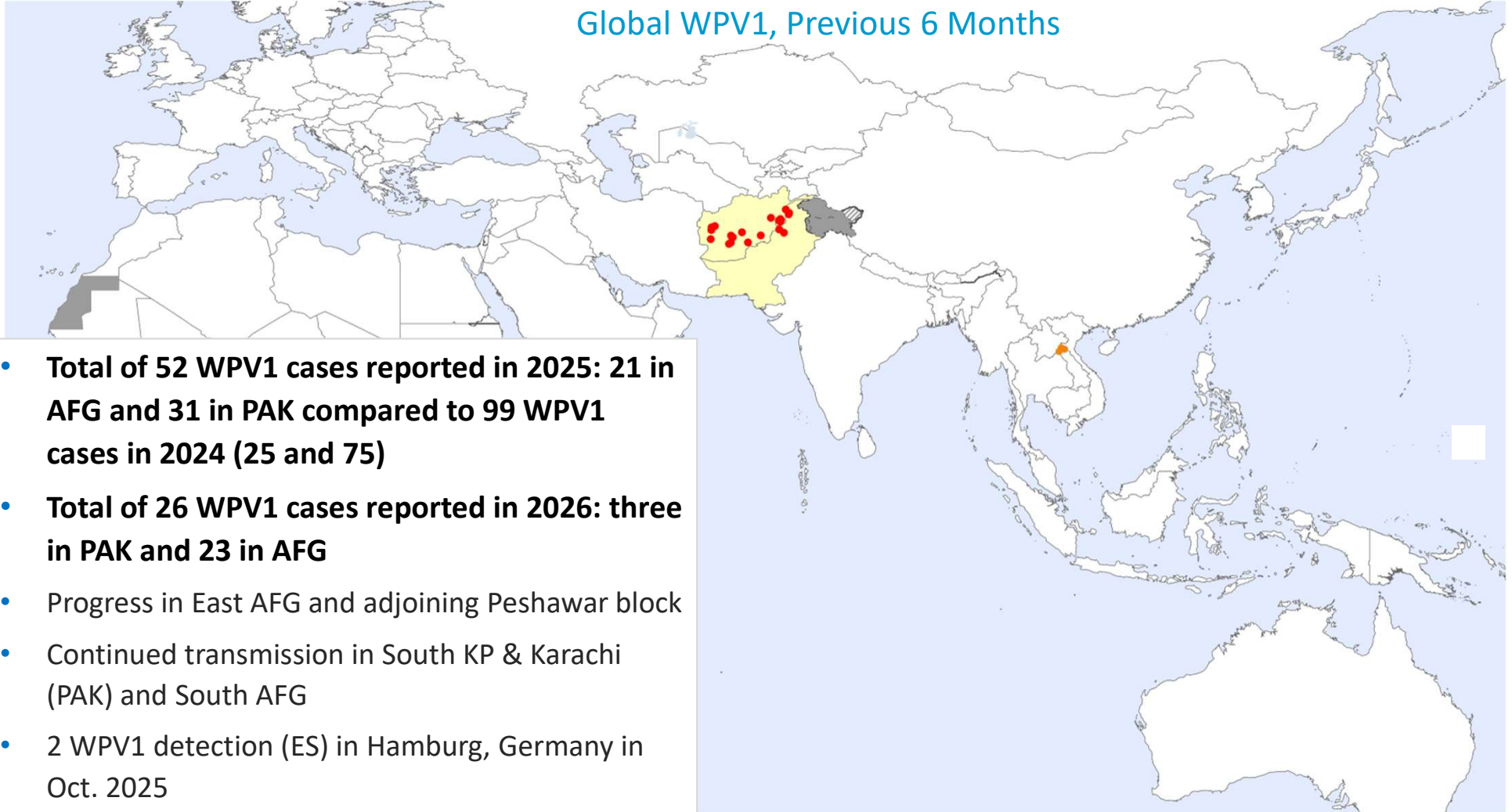


Context

- **Escalating geopolitical-security tensions**
 - Pakistan-Afghanistan tension
 - Regional instability—US-ISR-IRAN war and increase in fuel, freight, Ops cost, inflation
 - Insecurity/inaccessibility—North Yemen, Sudan, South Central Somalia, North Nigeria
- **Competing Priorities**
 - Ebola outbreak in DRC, Uganda, South Sudan
- **Global health and development landscape;** Complex and shrinking funding environment
- **Commitment and political support**
 - World Health Assembly, May 2026—All Member States expressed their commitment and support for Polio Eradication and Noted the “Sustaining Polio Free World Strategy”
 - Sustained national commitment in endemics

Goal-1; Stopping WPV1 outbreaks

Global WPV1, Previous 6 Months

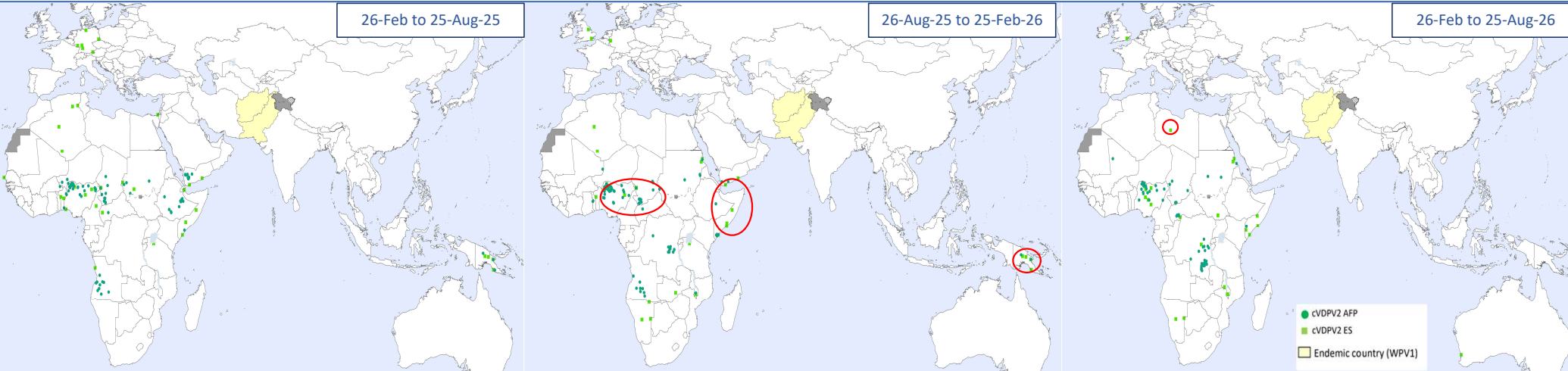


- **Total of 52 WPV1 cases reported in 2025: 21 in AFG and 31 in PAK compared to 99 WPV1 cases in 2024 (25 and 75)**
- **Total of 26 WPV1 cases reported in 2026: three in PAK and 23 in AFG**
- Progress in East AFG and adjoining Peshawar block
- Continued transmission in South KP & Karachi (PAK) and South AFG
- 2 WPV1 detection (ES) in Hamburg, Germany in Oct. 2025

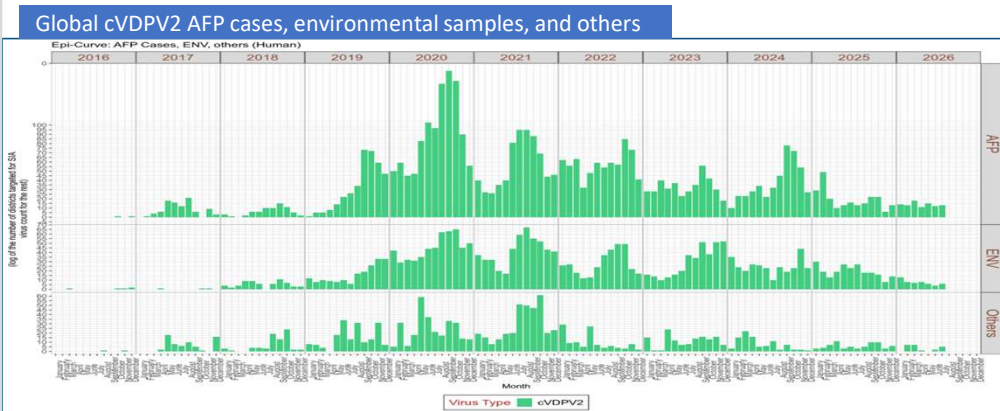
Data in WHO HQ as of 08 Sep. 2026

Goal 2: Stopping Outbreaks of variant poliovirus type 2 (cVDPV2)

Lake Chad Basin Countries and Horn of Africa - main drivers of the cVDPV2 transmission



- Overall downward trend
- 114 cVDPV2 cases reported in 2026, compared to 228 cases during all of 2025 & 448 in 2024
 - New detection of cVDPV2 in the newly infected country of Libya
 - Sudan late detections from 2025
 - No cVDPV2 detection from Gaza since March 2025 (OBRA done in Q-1 2026)
- Most of cVDPV2 cases reported from Lake Chad and Horn of Africa
 - Continued challenges with Yemen samples shipment
- Some progress in DRC but detections continue, outbreak continues in Angola with spread to Namibia
- New detections in Malawi & Zambia
- cVDPV2 outbreak in PNG in WPR

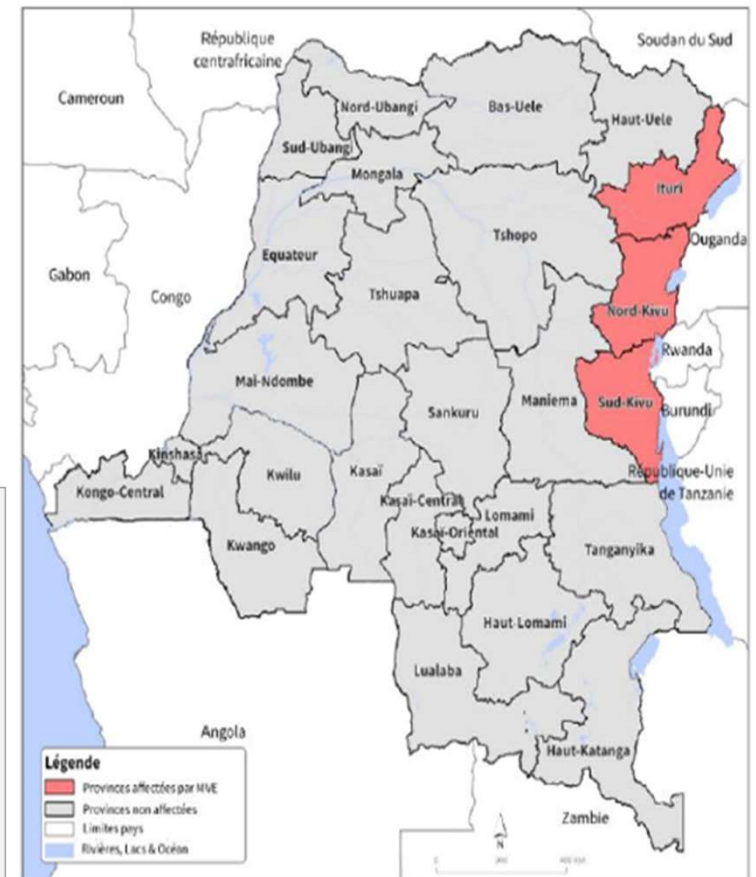


Ebola outbreak in DRC; Posing further challenges for PEI

- cVDPV outbreak; Significant Progress during the first half of 2026
- As of August 22, >5500 confirmed Ebola cases, ~2600 deaths reported
- Ebola cases reported from Ituri, North & South Kivu, Tshopo provinces
- PHEIC declared
- PEI networks supporting Ebola outbreak response

PEI closely collaborating with Ebola Disease Management team

- Polio outbreak response SIAs
- Infection Prevention and Control (IPC)
- Sensitization and integrated messaging on Polio and Ebola
- Options are being discussed; delays in polio SIAs in the 3 provinces or conduct the SIAs while observing IPC
 - No harm policy (safety of polio workers & population, top priority)



In the context of the challenges, the GPEI Strategy Committee:



Goal 1

Recognizes there is a window of opportunity to finish WPV1 in the next 6-12 months. **Ending WPV1 in Afghanistan and Pakistan is the most cost-efficient way to protect all countries against WPV1.**

Goal 2

Remains fully committed to ending all forms of poliomyelitis. Ending cVDPV2 transmission is a key step in polio eradication and the SC recognizes that inadequate funding and/or vaccines have contributed to the extended timelines for Goal 2. **Under current circumstances, the most efficient use of resources will be to aim for phased elimination of type 2.**

Summary

- **WPV1**

- Core Reservoirs in Pakistan & Afghanistan are driving the WPV1 transmission.
- Efforts are directed towards addressing challenges in the reservoirs

- **cVDPV2**

- Progress in Southern Africa
- Persistent cVDPV2 transmission in Lake Chad basin, especially Nigeria as well as in HoA

- **Strategic imperatives for success**

- Making the programme work efficiently and deliver under a changing geopolitical paradigm
- All-hands-on-deck for WPV1; maximizing support for Afghanistan and Pakistan
- Overcoming challenges in Lake Chad Basin and the Horn of Africa
- Increase efficient use of available resources, diversify funding sources and advocate for long-term donor commitments

What should success look like by end of the low season in 2026

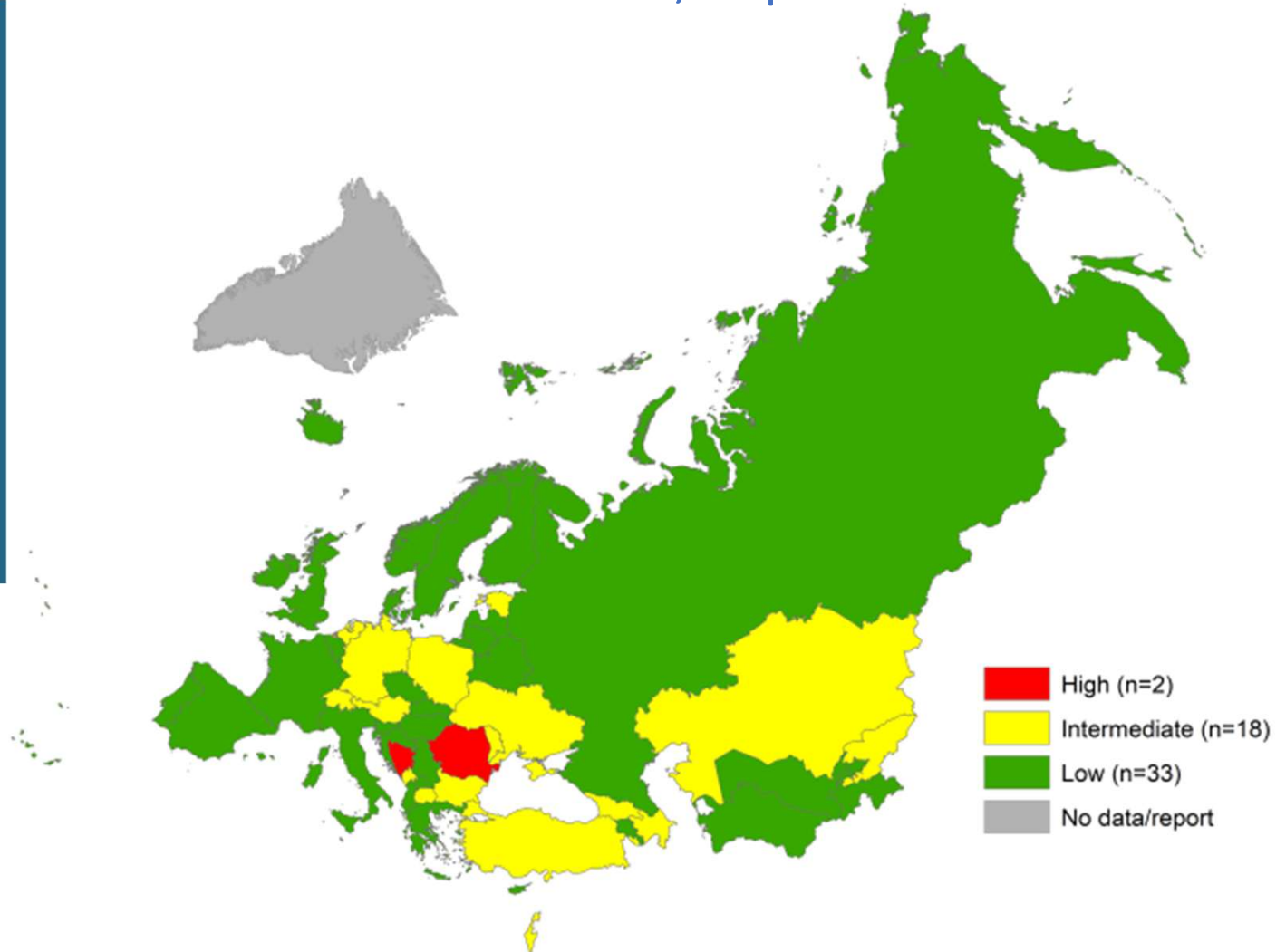
- Substantial progress in Afghanistan and Pakistan
- Substantial progress in ending cVDPV transmission in the Lake Chad Basin, West Africa, Horn of Africa
- All active cVDPV1 outbreaks closed; continued vigilance against type 1 and type 3 outbreaks
- Outbreaks in Madagascar, DRC and many other Central, Southern and Eastern Africa countries closed

EURCC Risk Assessment, Sep 2026

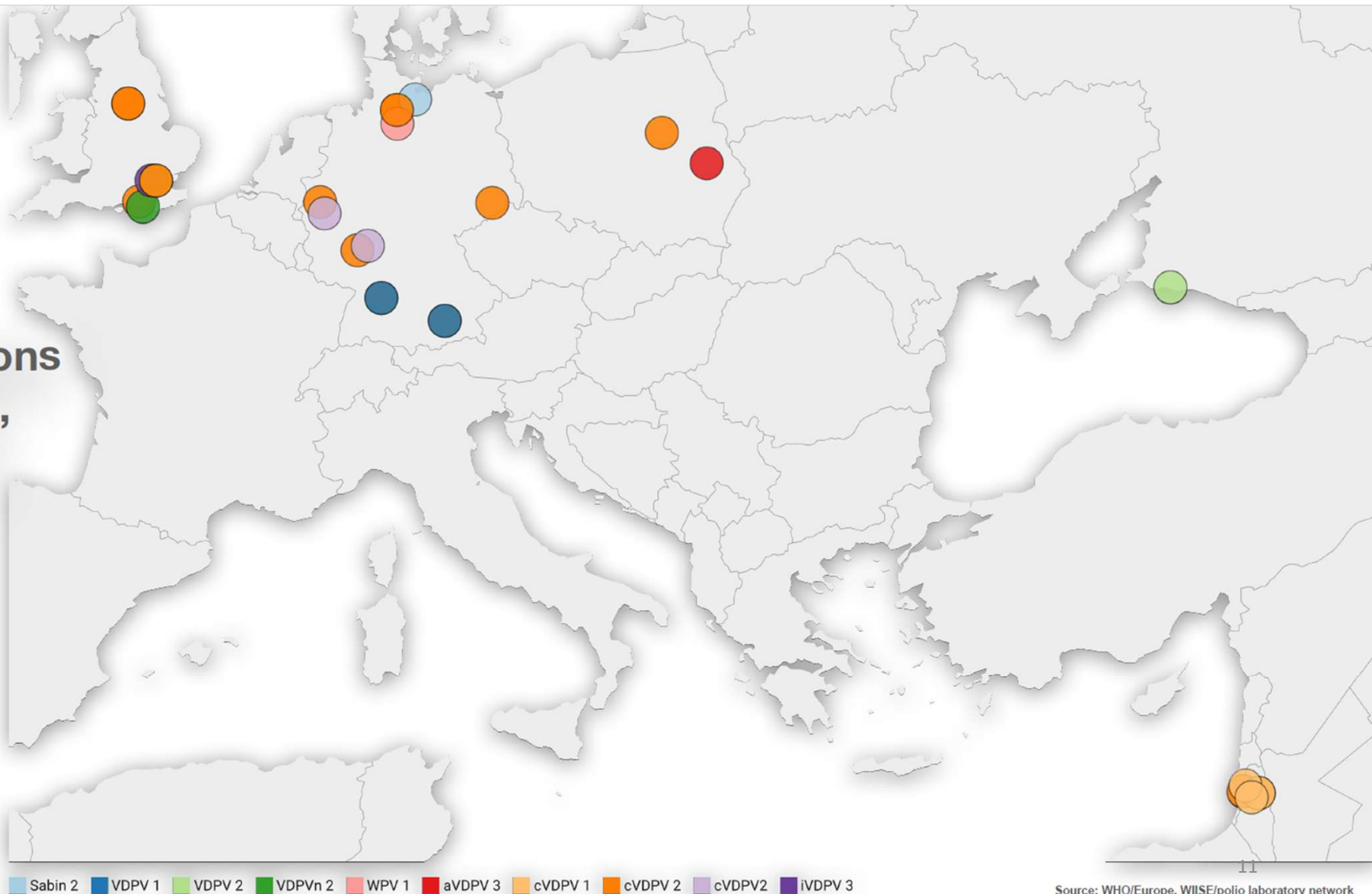


Report of the thirty-ninth meeting of
the European Regional Commission
for Certification of Poliomyelitis
Eradication

23–24 September 2025
Copenhagen, Denmark



PV detections of concern, 2025-2026



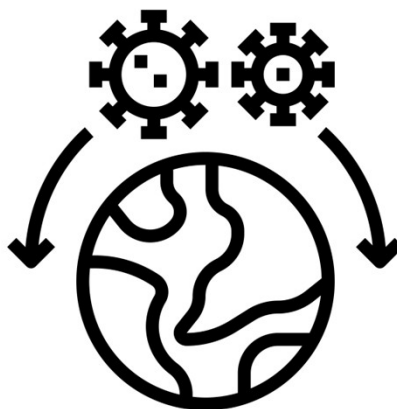
Source: WHO/Europe, WIISE/polio laboratory network

Broader benefits from polio eradication – effective use of opportunities and available resources



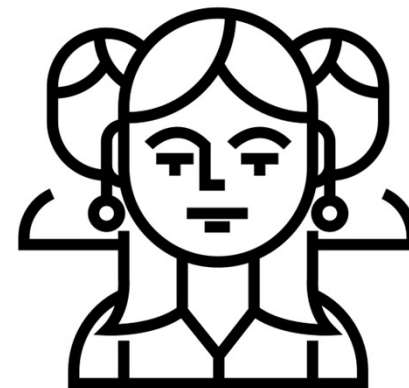
Other health and social care services

(Vitamin A, hand-operated tricycles, access to clean drinking water, bed-nets, soap for hand washing, deworming tablets for children, health promotion activities like exclusive breastfeeding)



Support to other outbreaks

(Yellow fever, Ebola, Lassa fever, Cholera, Measles)



Women's empowerment

(highly-skilled workforce of community vaccinators, front-line health workers and social mobilizers)

Mainstreaming polio eradication functions into other ongoing public health programs – reaching un- & under-vaccinated children with routine vaccines



Determination – Adaptation – Opportunities

**WHY END POLIO NOW?
TOP 5 REASONS
TO END POLIO
NOW**

**TO SAVE
MONEY**



**TO INVEST IN
THE FUTURE**



**TO IMPROVE
LIVES**



**TO IMPROVE
CHILD HEALTH**



**TO MAKE
HISTORY**

