

Update on the ongoing public health emergencies of international concern

Poliomyelitis

Report by the Director-General

1. Securing a world free from poliomyelitis still depends upon reaching the remaining zero-dose children (children who are either unvaccinated or undervaccinated) in subnational parts of the most critical geographical areas,¹ which serve as engines for poliovirus transmission. These areas continue to be affected by different complex humanitarian emergencies, requiring the polio programme to adapt its operations to deliver polio vaccines within a broader humanitarian context.
2. In 2024, cases of poliomyelitis due to wild poliovirus type 1 continued to be reported in Afghanistan and Pakistan, the last two countries where the poliovirus remains endemic. The two countries reported 25 and 74 cases respectively, bringing the global total to 99 up to March 2025 (compared with 12 cases in 2023). Detection of wild poliovirus type 1 from environmental sampling in both countries has also increased. A total of 119 positive environmental samples in Afghanistan were reported (compared with 62 in 2023); in Pakistan, that number stands at 649 (compared with 126 in 2023). In 2025, three cases due to wild poliovirus type 1 have been reported up to March, one from Afghanistan and two from Pakistan. A total of 80 environmental samples positive for wild poliovirus type 1 have been reported so far, 9 from Afghanistan and 71 from Pakistan.
3. The Technical Advisory Group for Polio Eradication in Afghanistan and Pakistan recently noted the intensifying transmission and geographical spread of wild poliovirus type 1 in both countries. Moreover, endemic transmission has been re-established in the historic reservoirs of Kandahar in southern Afghanistan, and Peshawar, Karachi and Quetta block in Pakistan.

¹ Eastern Afghanistan and adjoining Peshawar block of Pakistan; southern Afghanistan and adjoining Quetta block of Pakistan; eastern Democratic Republic of the Congo; north-western Nigeria; the Karachi and the southern Khyber Pakhtunkhwa province of Pakistan; the southern and central areas of Somalia; and northern Yemen.

4. Both countries continue to implement an intensive and mostly synchronized campaign schedule, with a view to improving vaccination coverage in the endemic zones and providing effective and timely responses to detected cases due to wild poliovirus type 1 elsewhere in each country. Afghanistan implemented five subnational vaccination rounds during the second half of 2024, targeting infected and high-risk provinces, while Pakistan implemented one large-scale subnational and two nationwide vaccination rounds between September and December 2024. After encouraging progress during the first half of 2024, the Afghanistan polio programme has not been able to implement house-to-house vaccination campaigns since the second half of 2024. Although all possible operational and social mobilization measures are being taken to maximize coverage through site-to-site campaigns, these are not usually able to reach all children, particularly young children and girls. The house-to-house modality remains the best approach to reach the maximum number of children with polio vaccine. Pakistan reported overall high coverage of vaccination campaigns in 2024; however, there were quality variations at the subdistrict level, relating to operational challenges and increasing insecurity, particularly in the Balochistan and Khyber Pakhtunkhwa provinces. The polio eradication teams in Afghanistan and Pakistan continue to work closely on implementing tailored strategies to reach mobile populations, including by setting up vaccination points on major borders between the two countries and by incorporating the needs of such populations into the operational plans for wider vaccination campaigns.

5. There has been no transmission of wild poliovirus type 1 in the WHO African Region in 2025. The outbreak that occurred in Malawi and Mozambique in 2022 was officially declared closed in May 2024 following an independent outbreak response assessment to review epidemiology and the quality of surveillance and immunization activities. The outbreak was linked to poliovirus circulating in Pakistan and triggered an emergency response across five countries of the African subregion. The last case was reported in August 2022.

6. So far, 303 cases due to circulating vaccine-derived poliovirus have been detected globally in 2025, of which 288 were circulating vaccine-derived poliovirus type 2, 11 were circulating vaccine-derived poliovirus type 1 and four were circulating vaccine-derived poliovirus type 3. A total of 528 cases were reported in 2023, of which 393 were due to circulating vaccine-derived poliovirus type 2 and 134 were type 1 (with one reported case of coinfection with type 1 and type 2). In 2024, Nigeria reported the highest caseload of circulating vaccine-derived poliovirus type 2, with 36%. Emergency outbreak response efforts continue in countries with active transmission. There was a significant reduction in the number of circulating vaccine-derived poliovirus type 1 cases from 134 in 2023 to 11 in 2024, 10 of which were reported in the Democratic Republic of the Congo and one in Mozambique. In 2024, Guinea and the French overseas department of French Guiana reported circulating vaccine-derived poliovirus type 3 outbreaks, with three positive environmental samples and four cases respectively. It is to note that no such outbreaks were reported globally in 2023.

7. The total number of circulating vaccine-derived poliovirus type 2 emergence groups detected in 2025 to date is 26, compared with 27 in 2023, 22 in 2022, 29 in 2021, 36 in 2020 and 44 in 2019. Of these, 11 are newly detected in 2025. The novel oral polio vaccine type 2 continues to demonstrate significantly higher genetic stability and substantially lower likelihood of reversion to neurovirulence relative to Sabin type 2 oral poliovirus vaccine. Much of the risk of vaccine-derived emergences is attributed to a combination of inaccessibility, insecurity, high concentrations of zero-dose and undervaccinated children, and population displacement. These factors continue to be most evident in the eastern Democratic Republic of the Congo, northern Nigeria, the southern and central areas of Somalia and northern Yemen. The current resource-constrained environment further challenges the full and effective implementation of critical eradication activities.

8. Global efforts to eradicate poliovirus continue and the international spread of poliovirus remains a public health emergency of international concern, as per the recommendation of the Emergency Committee under the International Health Regulations (2005) on the international spread of poliovirus. The Director-General, on the advice of the Emergency Committee, has issued temporary recommendations addressed to countries infected with poliovirus or those that remain vulnerable to reinfection.²

Action by the Standing Committee

9. The Standing Committee is invited to note the report. In its discussions, it is further invited to provide comments and guidance in respect of the question set out below.

- What additional steps should be taken to sustain political will in support of polio eradication?
- Given the current resource constraints, what effective approaches could be adopted to ensure continued support for polio eradication?

² See [statement of the fortieth meeting of the Emergency Committee under the International Health Regulations \(2005\) \(IHR\)](#) on the international spread of poliovirus (accessed 20 March 2025).