

Zeroing in on Zero

A Call to Action to close the final gaps in polio eradication across Eastern and Southern Africa

Despite remarkable progress in reducing polio cases globally, Eastern and Southern Africa remains vulnerable to outbreaks of poliovirus, threatening gains made over decades.

Polio is a highly infectious and debilitating disease and was once the leading cause of paralysis among children worldwide. It impacts a child and their family for life. While there is no cure, the success of polio vaccines means we can eradicate this life-altering disease.

We know what works. Timely and effective high-quality outbreak responses, alongside the strengthening of routine immunization. Engaging caregivers and communities to build vaccine confidence and ensure

effectiveness of efforts. Reaching the most vulnerable children – especially zero dose children, children on the move, and children living in fragile, conflict, and remote settings. Revitalizing primary health care is key – it's the foundation of child survival and national resilience.

As international aid for health declines, national governments must lead in financing and scaling immunization, including for polio, anchored in strong and resilient primary health care systems.

Without urgent, collective and coordinated action, polio could regain a foothold in Eastern and Southern Africa – reversing hard-won progress and placing millions of children at risk.



THE SITUATION:

As of end September 2025: **58 polio cases** were reported in Eastern and Southern Africa. UNICEF, as part of the Global Polio Eradication Initiative (GPEI), is responding to polio outbreaks in **4 countries** across Eastern and Southern Africa: **Angola, Ethiopia, Somalia and Tanzania.**

While coverage for the first dose of the Inactivated Poliovirus Vaccine (IPV1) reached 79%, the second dose (IPV2) lagged significantly behind at just 39%. This means that approximately **11.2 million children missed out on receiving IPV2 in 2024.**

Focusing on Key Geographies: Horn of Africa

Thanks to surveillance efforts, we know where the majority of polio cases occur in the region – they are concentrated in the Horn of Africa. This ‘engine room’ for polio is the consequence of fragile health care systems, conflict and climate shocks, and population movement. **It is imperative that countries in, and surrounding, the Horn of Africa, prioritize polio campaigns in response to outbreaks, reinforce routine immunization, and strengthen cross-border coordination and collaboration.**

Youth Voices on Polio:

We asked young people about ending polio – nearly 50,000 youth shared their views:

- **51%** of youth responders across Eastern and Southern Africa think polio is super urgent.
- **1 in 3** of youth respondents believe better health services is the best way to improve vaccination.



Call to Action

UNICEF is calling on governments and partners across Eastern and Southern Africa to place polio eradication at the forefront of national health priorities and to accelerate broader immunization and primary health care efforts. The following actions are required:

- 1 Revitalize and resource primary health care as the foundation of child survival and invest in resilient primary health care:** To achieve immunization coverage and equity goals, countries must transition from fragmented immunization systems to robust, integrated primary health care (PHC). According to evidence from UNICEF and WHO, over 90% of essential child health interventions can be delivered through strong PHC systems including at the community level.
- 2 Mobilize sustainable financing – both domestic and ODA:** Increase flexible, pooled, and equitable resources for health that can reach the last mile. Ensure the co-financing of campaigns with the GPEI. Donors must sustain and increase funding for polio eradication until the virus is eradicated.
- 3 Prioritize polio campaigns in response to outbreaks and reinforce routine immunization through the expansion of bOPV/IPV/Hexa coverage:** Ensure timely and quality response to polio outbreaks - especially across the Horn of Africa. Strengthen cross-border coordination through harmonizing vaccination schedules, data sharing, and joint outbreak response plans. Strengthen national immunization programmes to reach over 90% coverage ensuring gender equity.
- 4 Accelerate integration with broader immunization and nutrition services:** Ensure that every child receives the full schedule of life-saving vaccines. Leverage opportunities for integrated rollout of vaccines, including multi-antigen campaigns. Ensure timely and appropriate health services delivered alongside nutrition (notably early initiation and exclusive breastfeeding), WASH (notably practice of hand washing and improved sanitation), and other essential services across the life course.
- 5 Engage caregivers and communities to build and sustain vaccine confidence:** Make sure that local messages are informed by insights, and partner with local leaders, faith-based groups, social media influencers, and child and youth networks to reach communities where they are. Identify and stop rumours, misinformation and disinformation. Ensure trust in government health care by enabling access to timely and quality services.
- 6 Address inequities head-on:** Ending polio in Eastern and Southern Africa requires reaching the most vulnerable children – zero-dose children, those in remote, mobile, or conflict-affected settings. Deploy bold, innovative approaches to ensure access, and deliver integrated health interventions tailored to local realities. Consistent engagement with local authorities is key to sustaining high-quality and contextualized responses.

Leadership in Action

It is possible to interrupt polio transmission in Eastern and Southern Africa – in fact, thanks to Country Leadership, together with GPEI partners, we have seen a steady decline in cases since 2023. **However, we must not be complacent, and continued action is required to achieve the goal of polio eradication.**

- **Madagascar**
May 2025 - Variant Polio Virus type 1 transmission officially closed
- **Mozambique and Malawi**
May 2024 – Wild Polio Virus transmission officially closed
- **Uganda**
IPV2 coverage rose from 43% in 2023 to 73% in 2024
- **Somalia**
IPV2 coverage rose from 36% in 2023 to 50% in 2024



“We have witnessed the power of collective action in response to this debilitating disease. Today, Eastern and Southern Africa stand at a historic crossroads – equipped with the tools, expertise, and partnerships to end polio forever and protect every child. Now is the time for bold leadership and decisive action. Let future generations say: this was the moment we chose courage and consigned polio to history.”

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