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Your Excellency President of the Federal Republic of Nigeria President Muhammadu Buhari

Your Excellency President of the Republic of South Africa Mr Cyril Ramaphosa

The President of Rotary Internal Holga Knaack

Your Excellency, Chairman of Nigeria Governors Forum Dr. Kayode Fayemi

Hon. Minister of Health, Dr. Osagie Ehanire.

Your Royal Highnesses

Your Excellency the US Ambassador to Nigeria Mary Beth Leonard

Rotary Leaders and Fellow Rotarians,

Good afternoon.

On behalf of the Nigeria National PolioPlus Committee of Rotary International, I welcome you to this historical celebration. It's been a long time coming. I want to give gratitude to God for keeping all of us to witness this day. Many who stared this journey with us are no more here today.

It's been a long tortuous journey with lots of highs and lows- a journey that started with Rotary's dream of a polio free world in 1985. You see, we Rotarians are dreamers; dreamers of the type the famous Beatles described in their song IMAGINE in the early 70's, dreamers of a world at peace. Not only peace of the absence of war but peace in its true sense of the word-food enough for everyone, adequate health care for all, mothers giving birth safely to babies and the babies surviving to be adults and having access to good quality education and taking care of our planet to ensure that just as it has served to sustain us it will continue to serve several generations unborn. Yes, Rotary is the dreamer that sold the idea of a polio free world to WHO in 1985 which culminated in the WHA declaring world polio eradication a priority in 1988. WHO projected it will require a commitment of \$120 million to eradicate polio by the year 2000. Rotary mobilised its members and we raised more than twice that amount by

Chairman's Address

1987. This partnership for good was expanded to become the GPEI comprising ROTARY, WHO, UNICEF, CDC and in about the past decade the BMGF. GAVI, the vaccine alliance has also now formally joined our group.

We started with the daunting task of eliminating polio from a world where 350,000 children were being paralysed by the wild polio virus in 125 countries annually in all regions of the world and here we are today with less than 200 children in just two countries.

This is a great milestone for the polio eradication effort-another region of the world declared polio free. Perhaps we would not have reached this milestone at this time but for the clarion call of President Mandela spurred by the Rotary leadership. It was four years to the target date of 2000 and the wild polio virus was still paralysing 70,000 children annually all across Africa and no mass campaign had started.

President Mandela joined Rotary's then President Herb Brown at a press conference to urge all African leaders to implement National Immunisation days (NIDS). Later that year Mandela launched the influential KICK POLIO OUT OF AFRICA campaign with 1996/1997 Rotary President Louis Giay and Rotary Foundation trustee chair Rajendra Saboo, who till date comes to Africa yearly to support the programme with surgical teams for polio corrective surgery.

The response was immediate. The campaign raised such awareness and commitment than at least 30 African countries organised their first NIDs and 420 million African children received the oral polio vaccine in 1996. Madiba led by example and even gave the precious OPV drops to children himself.

There have been many challenges on the way to reaching this milestone of Africa polio-free certification; vaccine opposition, poor funding, unfriendly terrain and insecurity which posed and still poses a great threat to our front line workers who ensure the vaccine reaches our children come rain or shine, floods and threats to life.

This has led to the loss of several lives of our front line workers who have paid the supreme sacrifice so our children can be saved from the ravages of the wild polio virus.

Please let us observe a moment's silence in their honour.

We are at this milestone of Africa poliofree celebration today because of the dogged commitment of the government of the Federal Republic of Nigeria to polio eradication over the past two decades.

We appreciate and commend President Muhammadu Buhari for leading by example and publicly immunising his grandchild and participating in NIDs activities to immunise children. As I always quote "you cannot shave a man's head in his absence". We are grateful to Mr. President.

Our traditional and religious leaders have been the game changers in ensuring acceptance of the vaccine and we owe them a debt of gratitude

Our very complementary roles within the partnership in Nigeria- the government represented by NPHCDA, WHO, UNICEF, CDC, BMGF and GAVI have yielded this very joyful result. We salute your commitment and tenacity.

As we bask in the euphoria of the moment we must keep our commitment to keep polio at zero in Nigeria with consistent funding, improvement in our routine immunization coverage and continued advocacy until we achieve our final goal: a world where no child will ever be paralysed again by the wild polio virus. Thank you all for honouring our invitation.

Being the text of an address delivered by the Chairman NNPPC at the Africa Polio-Free Certification Celebration in Abuja on 29th August,2020.



DR. TUNJI FUNSHO Chairman NNPPC

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FROM EDITOR'S DESK

THE FOURTH ELEMEN

If it's important to you, you'll find a way. If it is not, you'll find an excuse-

Ryan Blair

There are three important elements that must be present for any disease to be eradicated. The first is that it has to be identifiable, meaning that there is a definite way or test to find out if someone has that disease or not and not confuse it with another disease. The second is that it has to have no extra-human host or reservoir. That means it must not be able to survive in any other entity outside the human being. The third element is that there must be an effective vaccine against the disease. All these made a poliofree Africa a reality and have made a polio-free world a definite possibility.

There is however a fourth element that is not often spoken about. It's the engine that brings everything together and sets the process of eradication in progress. That crucial fourth element is desire to do what is necessary to achieve a polio-free universe also called "the will." It is this particular requirement that has become Rotary's specialty and makes the dream of a polio-free world impossible without us. For starters, it was Rotary that first brought up the idea that for the price of one

warship, it could be possible to get rid of a disease with more than half a million victims every year. It was Rotary that pushed to raise the initial seed money that convinced the World Health Assembly to make eradication of polio a goal in 1988 and it has been Rotary that has stepped in at every crucial point when there have been challenges to drive the process and ensure that one after the other, the world could keep ticking off region after region as being polio-free. It was Rotary that provided that fourth element at a time when Africa had no direction in its fight against polio and kick started the "Kick Polio out of Africa" campaign that changed the course of the fight and led us to this point. It was Rotary that, in 2016, with huge shortfalls in funding, rallied the world in Atlanta and secured over a billion dollars in fresh funding that has kept the programme afloat till today. Even though it is not well acknowledged, even among our partners, Rotary has been the engine moving this programme forward at every step.

Now that we have a wild poliofree Africa, the next challenge will be to keep it wild polio-free and counter the threat posed by an escalating crisis with the vaccinederived variant. Funds are drying up and donors are getting tired but the danger that we could still see as many as 200,000 cases of polio in the world annually, with most of them on this continent, remains very real. As long as there is any form of polio in circulation anywhere in the world, no part of the world is safe. A wild polio-free Africa is reason enough to celebrate but it also provides a convenient excuse to relax and renege on our agreements and commitments. The imperative of sustaining the programme will depend on how well Rotarians and friends of Rotary are able to generate and sustain the fourth The advocacy and element. fundraising we have always done so well has been the key to getting us where we are and will be important in getting us to a poliofree universe. In other words, you and I are the fourth element and a lot us will still be required if the continent is to remain wild poliofree and the world is to become polio-free.

REVISED POLIO 2020 SIA CALENDAR

Round	Date of implementation	No of States involved	No of LGAs involved	Details	Remark
August	22 nd – 27 th	з	17	Phase 2 (Kogi 12 LGAs + 5 LGAs in Edo and Enugu States) RI intensification using fIPV	Completed
	12 th - 15 th	1	7	OBR1: 7 LGAs (S/North, S/South, Denge shuni, Tureta, Kware, Bodinga, Wammakko)	Pending
Sept	19 th - 24 th	2	23	Anambra & Delta: RI intensification using fIPV	To be integrate with IMOP
	12 th - 15 th	1	23	OBR2 (fIPV + mOPV2 in 7 LGAS; fIPV only in the remaining 16 LGAs) in Sokoto	Pending
	17 th - 20 th	2	46	Anambra & Delta State NIDs (Missed bOPV round)	Pending
Oct	$17^{th} - 20^{th}$	18	417	SIPDS in 18 States (Adamawa, Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Niger, Ogun, Oyo, Sokoto, Yobe, Zamfara)	Pending
Nov	21 st - 24 th	11	270	SIPDs in 11 states (Bauchi, Borno, Jigawa, Kaduna, Kano, Katsina, Kwara, Niger, Sokoto, Yobe, Zamfara)	Pending



ROTN. OLUGBENGA OLAYIWOLE Editor PolioStop

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POLIO: REMAINING CHALLENGES

With the historic milestone of programme is also committed to representing over 90% of the eradication at all levels. world's population - are now free of the wild poliovirus, achieving global polio cases were reported in 2019. eradication. Only two countries worldwide continue to see wild Afghanistan poliovirus transmission: Pakistan As at 12 September Four wild and Afghanistan.

Nigeria

Nigeria is affected by circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks. No wild poliovirus type 2 has been detected in the country since 2016.

The Global Polio Eradication Initiative is focused on Pakistan strengthening surveillance to As at 12 September 2020 Three

the Africa Regional Certification advocating for sustained political Commission certifying the commitment and ensuring WHO Africa region polio-free, necessary financial resources and five of the six WHO regions - technical support for polio

There have been two cVDPV2 moving the world closer to cases in 2020 while 18 cVDPV2

poliovirus type 1 (WPV1) cases were reported; two each in Kandahar and Zabul provinces. There are 44 cases reported in 2020 so far while the total number of cases reported in 2019 remains 29. There are 44 cases reported in 2020 so far while the total number of cases reported in 2019 remains 29.

find and respond to the virus, wild poliovirus type I (WPVI) wherever it emerges, and cases were reported; one in closing immunity gaps to protect Balochistan and two in Punjab the population and stop the virus province. There are 68 cases from circulating. The reported in 2020 so far while the



¹Excludes viruses detected from environmental surveillance ; ²Onset of paralysis: 09 Mar. – 08 Sep . 2020

total number of cases reported in 2019 cases remains 147.

17 WPV1 positive environmental samples were reported; three each in Balochistan and Punjab provinces and II in Sindh province.

Officially reported wild poliovirus cases as of 08 Sep 2020

Wild poliovirus (WPV)

Total global WPV1 cases in 2020: 112 (compared with 78 for the same period in 2019) Total global WPV1 cases in 2019: 176

Circulating vaccinederived poliovirus (cVDPV) cases

Total global cVDPV cases in 2020: 364 (compared with 75 for the same period in 2019) Total global cVDPV cases in 2019: 369



NATIONAL PROGRAMME COORDINATOR

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FROM OUR FRONTLINE STATE-KANO



Kano State is situated in the northwest of Nigeria. Created on May 27, 1967, It is a commercial nerve centre and the second largest city in Nigeria. The current total population of Kano in 2020 is 14,783,518. Out of this 2,956,704 is the estimate of 0-59 months (Immunization plus Days target age group) while 6-11 months is 532,207 and 12-59 month is 2,128,827 all these groups falls within (Routine Immunization target age group. The state has fourty-four (44) Local Government Areas (LGAs), with 484 Political Wards which are subdivided in to three Geo political zones. thus; Central, North and South senatorial zones. There are several tertiary, Secondary and Primary Health Care facilities dispersed across the state. **Polio Case Update**



Kano State has overcome issues of non-compliance, no "felt" needs and block rejection to achieve a wild poliofree status for over 5 years. This was achieved through the dynamic leadership and support of the state government and the dedication of the state social mobilization team. The last wild polio case recorded in Kano was in Rimi ward of Sumaila LGA in June 2014. Five-year-old Isah Amadu from Rimi Village in Sumaila Local Government Area was the last workers.

government has constituted and decontamination and contact tracing. supported a state Taskforce team which conducts field supervision. This Future Plans for Polio Eradication in the Taskforce team consists of the State Governor, Deputy Governor, The Plans and recommendations put in routine immunization performance. These Units In collaboration with RI Taskforce hold monthly meetings which are documented for future reference.

Impact of COVID-19 on the Polio Program

The COVID-19 pandemic has had a negative effect on the regular schedule of activities in Kano State. All polio vaccinations and follow ups of related activities attached to AFP were forced to halt. Equally, Routine immunization while on going, had to stop for some times because of the lockdown to protect staff from security embarrassment pending when the situation improves.

Using Polio Resources for COVID-19 Pandemic Control

The Kano State Polio (EOC) was deployed in response to the COVID-19

confirmed case of polio in June 2014, in pandemic. Its functional units such as Kano state. The state has been polio- Coordination, Risk Communication and free since then due to the sustained Social Mobilization, Surveillance, efforts of the frontline immunization Epidemiology and Case Management were deployed in response to the pandemic. The State EOC has State Support for the Program spearheaded sensitization activities and The support, commitment and building the capacity of clinicians, health dedication of the state government officials, environmental health workers, towards polio eradication in the state is transport workers and Ulamas on worthy of commendation. The infection prevention and control,

Commissioners, Permanent Secretaries, place for the Polio Eradication in the State Directors and Team Leads. The after the verification visit of the government also supports independent African Regional immunization activity with counterpart Certification Commission (ARCC) to Kano funds. His Excellency, Governor state will be religiously pursued. Priority Ganduje of Kano State has been is to reach children in security steering the POLIO Taskforce compromised settlements with routine Committee since his days as deputy immunization antigens and carry out governor and has also entrusted the surveillance activities with the support of task to his indefatigable Deputy Dr. security agencies. The outbreak response Nasiru Yusif Gawuna even as he for the VDPV isolated in the state is to be continues to support and offer advice to done at the earliest possible time. Advice the polio eradication team. The Kano for actions needed have been given to State Taskforce on Polio Eradication keep the State polio-free after oversees the conduct of polio activities certification with focus on strengthening in the state. The EOC and partners surveillance and immunization systems in conduct frequent supervisory visits to order to find and respond to the virus the state's immunization units which wherever it emerges, and also close has led to improvements in the state's immunity gaps to protect the population and stop the virus from circulating. Advocacy is necessary for sustained political commitment to ensure that necessary financial resources and technical support are available at all levels.



Auwalu M. Yakassai, Kano State Field Coordinator

FIVE IMPORTANT TECHNOLOGICAL INNOVATIONS THAT HELPED AFRICA OVERCOME WILD POLIO



Ten years ago, health workers and volunteer vaccinators had to rely on hand-drawn maps and memory in order to reach every child. Today, Africa's polio eradication programme has been transformed by technology and innovation. New systems have also brought an unprecedented level of accountability to the programme, ensuring high standards and datadriven progress. These tools have played an essential role in accelerating progress toward polio eradication.

1. GIS Mapping – data management with mobile technology



Geographic information system (GIS) technology combines mobile devices and mapping software to capture, analyse and present data. While GIS software has been used for over 20 years to analyse health data and produce maps, "no other programme has used GIS in the structured way that the polio programme has taken," says Kebba Touray, GIS Manager for the Polio Eradication Programme at the WHO Regional Office for Africa. First used by the polio programme in northern Nigeria after a surge of polio cases in 2012, GIS allowed polio teams to use their mobile phones in order to target poorly covered areas and deliver polio vaccines.

These systems are not limited to polio eradication, however. When an outbreak of Ebola began in August 2018 in the Democratic Republic of the Congo (DRC), just a few hundred kilometers from Uganda, GIS surveillance data established for polio showed the location of cases along with population movement patterns. This enabled health officials to accurately target the 24 health zones along the 800 kilometre border that were most at risk. Uganda, as a result, managed to avoid a large-scale Ebola outbreak.

2. AVADAR – Auto Visual AFP Detection and Reporting



Formal healthcare is sparse in some parts of Africa where there is insecurity or weak health systems with limited reach. In these areas, some 10,000 trained community members have been trained to use Auto-Visual AFP Detection and Reporting (AVADAR). The network spans across ten countries in the African region. From traditional healers to village leaders, these community members report cases of polio-like symptoms to the ministries of health and WHO using an SMSbased technology on their mobile phones. The application was first piloted in 2016 in Nigeria, where

insecurity had created blind spots in polio surveillance. Funding from the Bill & Melinda Gates Foundation then allowed AVADAR to be scaled up to other parts of the country.

Today AVADAR has also been used to find and report cases of Lassa fever, cerebrospinal meningitis and yellow fever, among others.

During the COVID-19 pandemic, the technology and vast AVADAR community network has proved invaluable. WHO stays in regular contact with community members, sending explanatory videos to help them spot and report potential COVID-19 cases, which means health officials across Africa are better able to detect potential outbreaks and target hot spots.

3. e-SURV – electronic surveillance for real time monitoring of field activities



Like maps, data collection for disease surveillance was once all done on paper. When reporting a suspected case of polio, health workers and community volunteers would fill out forms, which would pass through a number of hands before they, often days later, reached a health officer who could process the information and take action. Not only was this slow, but often involved significant duplication of efforts. "There were many polio staff visiting health facilities asking the same things," says Dr Ticha Muluh, Polio Surveillance Officer for the Polio



Eradication Programme at WHO AFRO. "We needed a system that could monitor and visualize who went where in real-time, on a shared server."

To address this challenge, polio surveillance officers in Maiduguri, Nigeria, developed a small checklist, which then became an electronic platform known as e-SURV. The tool comprises an electronic form accessed through a mobile application that also records staff movements for accountability. Rolled out in 44 African countries, e-SURV is now used beyond polio eradication to monitor routine immunization and identify disease outbreaks happening in an area.

4. Digital Elevation Modelling – improving environmental surveillance

While traditional poliovirus surveillance relies on finding and testing children with paralysis, testing wastewater and fecal material along sewage lines can serve as an early warning system for the presence of poliovirus. Environmental poliovirus surveillance was first used in Pakistan and Egypt, but is now used in 32 countries across the African region, with samples from 300 sites sent regularly for laboratory testing.

Although an effective method, environmental surveillance could still be 'hit or miss'. In 2014, the addition of digital elevation modelling made it much more precise. It works by using threedimensional maps that help teams adjust the location of sample collections to yield better results. The modelling also pinpoints with greater accuracy which areas might be affected if a sample tests positive for polioviruses. Particularly helpful in isolating circulating

vaccine-derived polio (cVDPV), digital elevation modelling has recently been used successfully in four cities in Angola, where there are repeated outbreaks, prompting vaccination teams to respond quickly. During an outbreak of cholera in South Sudan, the technology was also successfully used to identify the area in which children needed to be vaccinated, allowing the targeted rollout of oral cholera vaccines.

As wild poliovirus is eradicated and funding reduces, environmental surveillance – which is highly sensitive – will be a core tool in detecting cVDPVs.

5. eLQAS – electronic tracking of vaccination campaign quality

Since 2008, various quality assessments have been introduced to the African region's polio programme. The most important of these are Lot Quality Assurance Sampling (LQAS) surveys which measure the quality and approximate coverage of supplementary immunization activities and highlights where and why children are missed. As with other data collection, this used to be done by hand. Each stage the data passed through, there was also an additional risk of human error.

Electronic questionnaires avoid these shortfalls. Programmed onto smartphones, eLQAS is used to identify areas and households that are missed during immunization campaigns. In 2013, when eLQAS was used during supplementary vaccination campaigns in South Sudan, the results gave a much faster, more detailed analysis than previous paper-based LQAs. This information was then used to conduct mop-up campaigns and improve subsequent campaign quality. TIME 100 MOST INFLUENTIAL PERSONS OF 2020: TUNJI FUNSHO



TIME100

It's not often an entire continent eradicates a disease, but on Aug. 25, 2020, that happened when Nigeria was declared poliofree, clearing the virus from its last redoubt in all of Africa. The person who did more than any other to drive polio to continent-wide extinction was Dr. Tunji Funsho, a former cardiologist and now the chair of Rotary International's polio-eradication program in Nigeria.

Funsho could have retired years ago, but in 2013, with polio still paralyzing children across Nigeria, he decided to step up to lead the Rotarians' effort. Together with the Bill a n d Melinda Gates Foundation, the WHO, the CDC and UNICEF, Funsho and Rotary helped lead National Immunization Days, getting millions of doses of the polio

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vaccine to children in cities and villages around the nation. They also sponsored healtheducation initiatives at community centers, mosques and even birthday parties. This summer, the country marked four years without a case of wild polio, qualifying it for its polio-free certification, leaving Afghanistan and Pakistan as the only places in the world in which polio remains endemic.



Certification will be an achievement," Funsho told TIME in 2018. "But we're not in a hurry for that. We're in a hurry to make sure no child is paralyzed." In Nigeria and in Africa as a whole, that moment has arrived.

BY JEFFERY KLUGER TIME Editor at Large

GLOBAL POLIO ERADICATION INITIATIVE APPLAUDS WHO AFRICA REGION FOR WILD POLIO-FREE CERTIFICATION

POLIC GLOBAL ERADICATION INITIATIVE every fast child

The Africa Regional Certification Commission certified the WHO Africa Region as wild polio-free after four years without a case. With this historic milestone, five of the six WHO regions – representing over 90% of the world's population – are now free of the wild poliovirus, moving the world closer to achieving global polio eradication. Only two countries worldwide continue to see wild poliovirus transmission: Pakistan and Afghanistan.

The Global Polio Eradication Initiative (GPEI) has congratulated the national governments of the 47 countries in the WHO African Region for today's achievement.

"Ending wild polio virus in Africa is one of the greatest public health achievements of our time and provides powerful inspiration for all of us to finish the job of eradicating polio globally," said WHO Director-General Dr Tedros Adhanom Ghebreyesus. "I thank and congratulate the governments, health workers, community volunteers, traditional and religious leaders and parents across the region who have worked together to kick wild polio out of Africa."

Strong leadership and innovation were instrumental in stopping the wild poliovirus in the region. Countries successfully coordinated their efforts to

overcome major challenges to immunizing children, such as high levels of population movement, conflict and insecurity restricting access to health services, and the virus's ability to spread quickly and travel across borders. In addition, the continued generosity and shared commitment of donors including governments, the private sector, multilateral institutions and philanthropic organizations - to achieving a polio-free world helped build the infrastructure that enabled the African region to reach more children than ever before with polio vaccines and defeat wild polio.

"During a challenging year for global health, the certification of the African region as wild poliovirus-free is a sign of hope and progress that shows what can be accomplished through collaboration and perseverance," said Rotary International President Holger Knaack. "Since 1996, when Nelson Mandela joined with Rotary, the Global Polio Eradication Initiative, and governments of the African region we've achieved something remarkable. Today's milestone tells us that polio eradication is possible, as long as the world remains committed to finishing the job. Let us work together to harness our collective energies to overcome the remaining challenges and fulfil our promise of a polio-free world."

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The resources and expertise used to eliminate wild polio have significantly contributed to Africa's public health and outbreak response systems. The polio programme provides farreaching health benefits to local communities, from supporting the African region's response to COVID-19 to bolstering routine immunization against other vaccine-preventable diseases.

While this is a remarkable milestone, we must not become complacent. Continued commitment to strengthening immunization and health systems in the African region is essential to protect progress against wild polio and to tackle the spread of type 2 circulating vaccinederived poliovirus (cVDPV2), which is present in 16 countries in the region. Pockets of low immunity mean such strains continue to pose a threat and the risk is magnified by interruptions in vaccination due to COVID-19, which have left communities more vulnerable to cVDPV2 outbreaks.

The GPEI calls on countries and donors to remain vigilant against all forms of polio. Until every strain is eradicated worldwide, the incredible progress made against polio globally will be at risk.

The WHO African Region's success against wild polio has shown the world that progress against some of the biggest global health challenges is possible. The GPEI is grateful for every person, partner, donor and country who helped bring about this incredible achievement.

Source: polioeradication.org

HOW THE POLIO PROGRAMME IS REACHING EVERY LAST CHILD



The polio eradication programme has been remarkably dynamic: the strategies used have varied between regions, countries and even villages. Adaptation has been vital for success.

Africa's sheer size, geographic, cultural and linguistic diversity, high levels of insecurity and migration, as well as weak health systems and poor sanitation, are among the unique factors that have shaped the polio eradication response in the region.

These challenges have driven innovation and creativity, says Dr Pascal Mkanda, Polio Eradication Coordinator for the WHO Regional Office in Africa (WHO AFRO). "What has been African has been our innovative way of doing things."

Before mass vaccination campaigns for polio started in the African region in 1996, the only way to protect a child against polio was by way of routine immunization programmes, delivered through health facilities or outreach posts. Although successful, many communities were not easily reached.

To reach more children in underserved areas, polio teams ramped up the delivery of the oral polio vaccine (OPV), along with other vaccines, using a strategy known as 'periodic intensification of routine immunization' (PIRI). Teams also conducted periodic outreach and mobile vaccination activities in hard-to-reach places. In 1996, Kenya, Tanzania and Uganda led the way in polio eradication by implementing supplementary immunization activities, which included national and subnational immunization days, and mop-up campaigns in addition to routine immunization. These mass vaccination campaigns aimed to administer supplementary doses of OPV to each child aged under five years, regardless of whether they had been vaccinated before or not.



Rugged terrain and poor infrastructure were some challenges overcome by vaccination teams.

While supplementary immunization activities were first carried out through fixed posts that families had to travel to, starting in 1999 several innovations brought vaccinations directly to children, ensuring even the most vulnerable were immunized.

"Nigeria was the first country in Africa to implement house-to-house polio campaigns," says Dr Sam Okiror, who has worked with the Polio Eradication Programme at WHO AFRO since the late 1990s. "We immunized 40% more children in 15 states than we were doing using the fixed-post approach." After this success, he says, "we used house-to-house campaigns everywhere."

After initially focusing on national campaigns, polio teams realized that due to Africa's porous borders, the many people who frequently crossed them were being missed. As such, in 2000, tens of thousands of volunteers and health workers went

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door-to-door across the entire west and central Africa region, made up of 17 countries, vaccinating 67 million children, including two million who had never been immunized before.

This colossal event marked the start of many synchronized vaccination campaigns: simultaneous mass campaigns targeting millions of children in multiple countries to create enough population immunity to stop transmission across the region.

In 1999, Kofi Annan, then UN Secretary General, negotiated Africa's first-ever ceasefire agreement between the government of DRC and rebel forces to allow national immunization campaigns across the country. Since then, numerous ceasefire agreements and conflict-free days, called 'days of tranquility' have been negotiated throughout conflict areas to carry out large-scale immunization campaigns.

Where there were no channels for negotiation with insurgent groups, like in Nigeria's Borno State in 2013, 'reach every settlement' strategies were devised. Working with government security, intelligence agents and local groups, windows of calm were identified where vaccination teams were able to quickly enter settlements to vaccinate children and leave undetected.

In conflict areas that were still impenetrable, there was a risk that caregivers leaving with their unvaccinated children to look for food and basic items would carry the virus into surrounding areas. For this, 'transit teams' were placed along the routes used to enter and leave insecure areas, as well as markets, nomadic crossing points, check points and border areas to vaccinate children and search for signs of paralysis.

To further stop polio from 'seeping out' from the trapped population, using a strategy known as 'fire-walling,' polio teams periodically ran ramped-up vaccination campaigns in the areas surrounding conflict zones, creating a 'wall' of population immunity.



Volunteer Community Mobilizers played an important role in identifying vaccination opportunities and creating demand for the polio vaccine

Across Africa, vaccination efforts were hampered by pockets of vaccine refusal in the 1990s and 2000s due to rumors and misinformation. In northern Nigeria, however, this became an even bigger issue: in some northern states polio vaccinations were stopped for nearly two years between 2003 and 2004. This unleashed a resurgence of polio cases, which rippled across the country and the rest of the continent, spawning wild polio outbreaks in 20 other African Across Africa. countries. vaccination efforts were hampered by pockets of vaccine refusal in the 1990s and 2000s due to rumors and misinformation. In northern Nigeria, however, this became an even bigger issue: in some northern states polio vaccinations were stopped for nearly two years between 2003 and 2004. This unleashed a resurgence of polio cases, which rippled across the country and the rest of the continent, spawning wild polio outbreaks in 20 other African countries.



Vaccination teams took along "pluses" such as soap, sugar, noodles and milk to help overcome vaccine refusal

Vaccine refusal prompted a big shift in communication and social mobilization strategies across the African region, which included building strong links with traditional and religious leaders. Polio teams started to address other community needs by providing basic household items like soap, sugar or noodles as well as healthcare alongside polio vaccines, which created demand among caregivers for vaccines for their children.

Road shows further created visibility and awareness around polio and 'health camp days' offered basic treatment during mass campaigns. Teams also worked extensively with networks of religious leaders, Qur'anic schools, women's associations and motorcycle riders among others to spread messages about polio and build community trust.

In some parts, particularly in northern Nigeria, skeptical parents would persuade the volunteer vaccinators moving house-to-house to mark their children's fingers, a sign they had been vaccinated, without having received the vaccine. These areas continued to face polio outbreaks.

Teams enlisted the help of older children who – in exchange for milk sachets, sweets or whistles – brought younger siblings and friends in the targeted age-group to be vaccinated under observation of senior polio personnel. 'Directly observed polio vaccination' reduced the harassment faced by vaccinators and the temptation of vaccination team members to fabricate vaccination rates.

This strategy is believed to have broken the last chains of poliovirus transmission in the most vaccineresistant communities of Nigeria, where the last case of wild poliovirus in the region was reported in 2016

BORNO: AFRICA'S SUCCESSFUL LAST STAND AGAINST WILD POLIO



A vaccination team goes house to house on the streets of Borno

When Aisha took her son Busami Modu to his grandmother's house in Kuya, a village in Borno state, Nigeria, she waved goodbye to a healthy, happy little boy. A "beauty to behold," she recalls. The next time she saw him, he was paralysed and unable to walk. Wild poliovirus was thought to have been interrupted in Africa in 2016, when the disease struck Busami. His case was a blow to everyone in northern Nigeria who had fought an uphill battle to rid their region of polio. Their disappointment echoed far beyond the region's borders.

Polio eradication efforts were initially slow to get underway in this corner of Nigeria but by the early 2000s, they were making progress. A huge setback reversed this in 2003. Rumours swept across Borno, Kano and other northern states that polio vaccines were a ploy to sterilize Muslim children, leading to widespread vaccine boycotts. "Our people did not agree with this immunization," recounts Aminu Ahmed, who chairs Nigeria's Polio Victims Association. "People feared their wives would not be able to have children."

Amid the backlash, polio vaccination campaigns were cancelled altogether. Polio cases soared in Nigeria and the virus spread across the continent; eventually 20 countries were infected. Even when vaccination campaigns were reinstated, communities were still reluctant to accept vaccines for their children. By 2009, almost a quarter of the world's wild polio cases were in Nigeria.

Slowly, this reluctance morphed into acceptance and finally widespread support for vaccination. This was thanks to the work of polio survivors like Mr Ahmed, and in large part to the region's traditional and religious leaders. After the boycott in 2004, these leaders took up the mantle for polio from our top hierarchy down to the workers to do monitoring so that we don't miss one single case," said His Royal Highness, the late Shehu of Bama, Alhaji Kyari Umar Ibn Umar El-Kanemi, when interviewed in February 2020. As the chairman of the Northern Traditional Leaders Committee on Primary Health Care Delivery and the Traditional Force on Immunization, he was known for his absolute never missed a single meeting, immunization.



The late Shehu of Bama was at the forefront of the Northern Traditional Leader's response to polio

Unfortunately, as support for polio eradication in the region grew, so too did insecurity, fuelled by insurgency. Sadly, several polio vaccinators lost their lives as they worked to deliver vaccines; yet, frontline workers courageously continued their work. Despite their perseverance, vaccinators could not reach settlements that were occupied by insurgents.

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Care Delivery and the Traditional Leaders Forum of the State Task Force on Immunization, he was known for his absolute dedication. The Shehu, who never missed a single meeting, championed community engagement as a way to increase demand for immunization. The Shehu for all of us—especially those who had dedicated years towards its eradication," says Peter Hawkins, UNICEF Representative for Nigeria.



Dr Sule Mele, Executive Director of the Borno State Primary Health Care Development Agenncy strategizes with Dr.Audu Idowu, the WHO State Coordinator

Although disappointing, the news was not completely unexpected. That year, insurgency had spread across the state. Thousands of children missed their vaccinations as vaccination teams could not reach communities in areas under the control of the insurgents. A new strategy was needed. "We knew that the old ways wouldn't cut it. We had to think outside the box," says Dr Audu Idowu, who was appointed as the WHO State Coordinator for Borno in September 2016, to lead the response against this new wild poliovirus outbreak. "Political leaders threw their support behind the task at hand, no holds barred. This unconditional commitment at the top "trickled down and translated all the way to the communities," says Dr Faisal Shuaib, Executive Director of National Primary Health Care Development Agency (NPHCDA) in Nigeria. "The traditional leaders, the religious leaders," in these communities, "really took a cue" from the country's leadership.

National leaders, state officials, local government health authorities, the military, traditional and religious leaders, local polio survivors, and frontline health workers all came together behind their shared goal. UNICEF deployed more than 4,000 community mobilizers to help build support for polio vaccination in communities. Everyone set to work, devising and rolling out the new approach, coordinated by the National Polio Emergency Operations Centre (NEOC). "The approach for coordination of the response from the NEOC was aggressive, and the commitment of all our partners was simply phenomenal," says Dr Usman Adamu, Incident Manager for the NEOC.

Every child needed to be reached even where insecurity was raging. In areas where civilian vaccinators could still go, local security groups - armed to protect health workers - started escorting vaccinators. In areas where they could not, these groups did the vaccinating themselves. Polio teams also set up shop on the boundaries of these insecure areas. Here, they could vaccinate children as they crossed back and forth and also enlist men and women to spot and report polio and other diseases from inside areas under insurgent control. In the camps for internally displaced persons (IDPs), polio teams stepped up their efforts, from carrying out vaccinations to taking stool samples from children to be tested for polio as they arrived. Aisha finally discovered the cause of her son's paralysis within days of arriving in an IDP camp, where a state surveillance system had been set up. Less

than three weeks after the onset of Busami Modu's paralysis, the family had a laboratory confirmation of wild poliovirus. Four years on from his diagnosis, Busami Modu remains the last child paralysed by the wild poliovirus in Nigeria, and therefore in Africa. "It is great news to us all in this community," says Aisha, after hearing that wild polio was on the brink of eradication in Africa.



Borno State EOC in a strategy session

When the African Regional Certification Commission (ARCC) for Polio Eradication confirmed Nigeria's wild polio-free status on 18 June 2020, the pride in having finally vanquished wild polio, against all odds, was shared by everyone across Nigeria.

Today, the infrastructure, the strategies, the innovations, the networks, and above all the resilience, which the polio programme leaves as its legacy are helping the country, and the African region tackle COVID-19 head on. Few parts of the world know what it takes to fight off an insidious disease better than the northern states of Nigeria.

Source: africakicksoutwildpolio.com

PHOTO NEWS

AFRICA POLIO-FREE CERTIFICATION CELEBRATION



From right - PDG Ijeoma Okoro PAG Yakubu Ndanusa DG Virginia Major (D9141) Sir Emeka Offor DG Ndukwe Chukwu(D9142) and DG Jumoke Bamigboye (D9125)



Dr Tunji Funsho media interview at Voice Of Nigeria on Africa Polio Free Certification



H.E. Mr Thami Mseleku, Head of Mission, South African High Commission (left) receives award on behalf of African Union Chairman, H.E. Cyril Ramaphosa South African President



Dr Tunji Funsho addressing guests at the celebration



Dr Tunji Funsho - right, presents Certificate of Appreciation to Dr Ehanire Osagie , Hon. Minister of Health, Federal Republic of Nigeria



PRIVP Yinka Babalola presents award to His Excellency President Muhammadu Buhari, represented by Dr Osagie Ehanire, Hon. Minister of Health.



DG Jumoke Bamigoye (right) and Dr Tunji Funsho



Dr Tunji Funsho and DG Virginia Major at the Africa Polio Free Certification Celebration



DGE Ayo Oyedokun (Chairman Planning Committee) and some NNPPC members

DC Jumaka Ramirawa (risht)

PHOTO NEWS



Right - H.E. Mr Thami Mseleku, Head of Mission, South African High Commission and U.S.A. Ambassador to Nigeria, Her Excellency Ms Mary Beth Leonard



Presentation of Appreciation Certificate to Sir Emeka Offor



Presentation of Appreciation Certificate to Dr Kayode Fayemi, Chairman Nigeria Governors' Forum



Left- PRIVP Yinka Babalola Dr Osagie Ehanire, Hon. Minister of Health, receiving award from Dr Tunji Funsho.



Sir Emeka Offor (in white attire) receives an award on behalf of Sir Emeka Offor Foundation



HRM Dr Haliru Yahaya Emir of Shonga, Kwara State arrives the venue of the celebration



HRM Dr Halliru Yahaya Emir of Shonga, exchange pleasantries with Past RI President Jon B. Majiyagbe and Spouse



Left - Dr Tunji Funsho, U.S.A. Ambassador to Nigeria, Her Excellency Ms Mary Beth Leonard, PRIVP Yinka Babalola and Dr Kazeem Mustapha



Past RI President Jon B. Majiyagbe with some NNPPC members

COMMISSIONING OF ROTARY BOREHOLE IN SAGAMU, OGUN STATE



Group photograh by Rotarians and the Traditional Leader during the commissioning ceremony



Cross section of some residents of Eleja Sagamu



Borehole commissioning by HRH. Oba Oyesola Akinsanya, the Ewusi of Makun Sagamu



PDG Yomi Adewunmi (right) presents Rotary's sourvenirs to HRH Oba Oyesola Akinsanya



Left - The Headmaster, teachers and some pupils of United African Methodist School, Eleja, Sagamu during the borehole commissioning



Rotary Motorized borehold at United African Methodist School Sagamu, Ogun state

REGION 21 SIR EMEKA OFFOR FOUNDATION POLIO CHALLENGE FOR 2019-20 ROTARY YEAR



DG Bola Oyebade(2nd from left) receives a trophy & \$5,000 cheque on behalf of R.C. Ogudu GRA, - Highest Giving Club



Sir Emeka Offor (left) presents cheque of \$5,000 to DG 9110, Bola Oyebade, being the Highest Giving District to Pol - Copy



Sir Emeka Offor and PDG Ijeoma Okoro during the presentation ceremony



Group photograph at the event

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