

WORLD

POLI DAY
2020



Chairman's Address

World polio day - A potent reminder of the work still to be done

In my virtual travels around the world since the certification of Africa as a polio-free region, a recurring question that gets asked is "now that we are certified free of the wild polio virus what next?"

This question is usually asked in two contexts; the most common being what we need to continue doing to ensure that we remain polio free and the less common is what next now that we have eradicated polio in the context of what new project we should be embarking on?

The answer to the latter is none. Until we eradicate wild polio from the rest of the world in Pakistan and Afghanistan we will remain focused on only one Rotary corporate project- global polio eradication. So, I will be focusing on what we must do to get the job done in this piece.

We have gotten to Africa certification by working in four major thematic areas;

1. Advocacy
2. Awareness creation

and social mobilisation

3. Fundraising and
4. Field activities

All our interventions in these thematic areas are what gave us the victory in Africa. So there is no doubt that they are effective despite all the challenges. The main difference now is that it is going to be more difficult in view of our new polio free status. It was easier to convince our main target for advocacy; the government at all levels, federal, state and local governments to commit to polio eradication because there were polio cases to point to. It posed a real, vivid and present danger at the time. Even then, when we had real cases to point to, it was hard. Now it's going to be even harder.

Similarly, advocacy to the receiving communities in the face of other felt needs such as water and basic healthcare facilities will become an uphill task. Persuading governments and donor agencies to provide adequate funding will even assume a more daunting dimension in view of dwindling resources, and other health challenges

such as the COVID-19 pandemic.

However, we have not come this far only to rest on our oars. We have faced even more daunting challenges to get to Africa the wild polio-free certification. Some have even paid the supreme sacrifice for us to get here. So, let us dedicate this first World Polio Day after certification to reaffirming our goal of a world without polio and rededicating ourselves to the task that must be done- fulfilling our promise to the children of the world.

We've done it with the eradication of wild polio virus type 2 and type 3. We can do it will Type 1 wild polio virus.



DR. TUNJI FUNSHO
Chairman NNPPC

FROM EDITOR'S DESK

IT'S IN OUR HANDS

The first question that I get asked a lot is; will the world overcome the poliovirus and consign it to the dustbin of history? My answer is always an unequivocal YES. I am positive that we have the tools to achieve a polio-free world.

The next question is; how soon will it be achieved? That is one question I always find really difficult to answer. My answer is always qualified by "It depends." It depends on any number of factors which may come into play, the chief of which is Human-You and I. I am reminded at this time of a story once told to me by a man and it goes like this:

There once lived a really long time ago in a small village, a wise old man who had answers to all of life's questions. Whatever the question was, this old man had an answer. People came from far and near to ask him questions and all of them left in awe of the depth of wisdom with which he gave correct answers to all

of their questions. Meanwhile there also lived in another nearby village a mischievous little miscreant who had a talent for testing people. He would deliberately upset people and established orders just to provoke reactions in people. He came to find out about this wise old man and became determined to test him and cause him embarrassment. So he devised a test which he deemed sly enough to embarrass the old man and set out to meet him in order to ask him the question he was bound to fail that would leave him embarrassed. On the way, he caught a grasshopper and kept it in the palm of his hands. On getting to the old man, he waited till a little crowd had gathered and then proceeded to ask the old man his question. 'Wise one' he said 'I have a grasshopper in the palm of my hand, tell me, is it dead or alive?' He asked the question meaning to squeeze the grasshopper and kill it if the old man should answer that it was alive and to open his hands and let it go if the old man should answer that it was dead.

The old man paused, looked at him and answered 'Young man, I want you to know that the life of that grasshopper is in your hands.'

That is the same way that the major determination of how long it will take to totally rid the world of polio is in our hands. The number of children that will become infected, get paralyzed or killed by polio is in our hands. If we decide to relax, stop raising funds, stop creating the needed awareness, reduce our volunteering and raising volunteers, if we decide to stop our advocacy to the gatekeepers of the society, it will definitely take much longer and cost us more in terms of blood and sweat to achieve a polio-free world. However, if we decide that we won't stop, we won't let up, we won't relax, then the dream of a polio-free world might be realized sooner than many people imagined.

So, as we celebrate world polio day this month, I invite all of us to consider if we want to achieve a polio-free world sooner or later and act accordingly. Let the realization that it's in our hands to determine guide us as we participate in the celebrations and help determine our actions going forward. Happy World Polio Day to one and all.

NATIONAL POLIO EMERGENCY OPERATIONS CENTRE

Staggering of Round 2 of Sokoto Outbreak Response to cVDPV2

Date	Phase	Scope	Antigen	Remarks
16 th – 21 st October	Phase 1	1. OBR in 7 LGAs (Sokoto North, Sokoto South, Wamakko, Kware, Bodinga, Tureta and Dange Shuni)	fIPV + mOPV2 + I-MOP	I-MOP is integrated to deliver other RI antigens and commodities
		2. OBR in 4 LGAs (Gada, Gudu, Wurno and Sabon Birni)	fIPV	4 LGAs moved to phase 1 to ensure availability of required HR for Phase 2. HCWs from phase 2 LGAs will be deployed to address HR gap.
25 th – 30 th October	Phase 2	1. OBR in 12 LGAs (Binji, Gwadabawa, Goronyo, Rabah, Illela, Isa, Kebbe, Silame, Tambuwal, Tangaza, Shagari & Yabo)	fIPV	HCWs from phase 1 LGAs will be deployed to address HR gap.

Revised Polio 2020 SIA Calendar

Round	Implementation	Involved	No of LGAs involved	Details
Oct	24 th - 27 th	14		SIPDs in 14 states [i.e. 12 HR States (Borno, Sokoto, Kwara, Yobe, Niger, Zamfara, Kogi, Katsina, Kano, Bauchi, Kaduna and Jigawa) plus Anambra & Delta]
Nov	28 th Nov- 1 st Dec	8		SIPDs in 8 HR states namely Borno, Sokoto, Kwara, Yobe, Zamfara, Niger, Katsina and Kano
Dec	12 th – 15 th	1	21	2nd bOPV round in Sokoto



ROTN. OLUGBENGA OLAYIWOLE
Editor PolioStop

Remaining Challenges and Current Nigeria Polio Status as at September 30 2020

The WHO Africa Region was certified wild Poliovirus-free on 25th August 2020. Although Nigeria is wild poliovirus free, the presence of outbreaks of circulating vaccine derived poliovirus (cVDPV) implies that the country is yet to be completely free from polio.

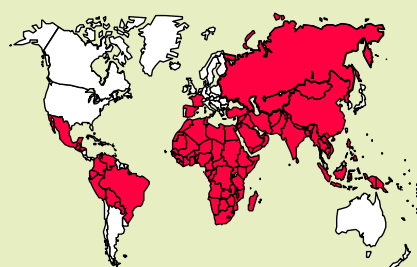
Nigeria as at 25 September 2020 has recorded 2 cVDPV2 cases in Sokoto and Anambra State with some positive environmental samples the most recent of which was collected in Lagos State. This has prompted outbreak responses in Anambra and Sokoto states with a plan for another outbreak response in Lagos State from 17 to 20 October 2020.

Global WPV and cVDPV Viruses

Globally only Pakistan and Afghanistan are still detecting cases of the wild poliovirus. The number of cases as at 13 October 2020 stands at 104 (Afghanistan 37 and Pakistan 67) compared to 84 for the same period in 2019. There were 174 wild poliovirus cases detected in both countries for the entirety of 2019. There have also been 303 cases of circulating Vaccine Derived Poliovirus (cVDPV) in 2020 compared to 113 for the same period in 2019. A total of 368 cases of vaccine derived poliovirus were detected in the entirety of 2019.

Nigeria has had no case of wild poliovirus since 2016. There were 18 cVDPV cases in 2019 and 2 so far in 2020.

Progress towards polio eradication (1988-Aug 2020)

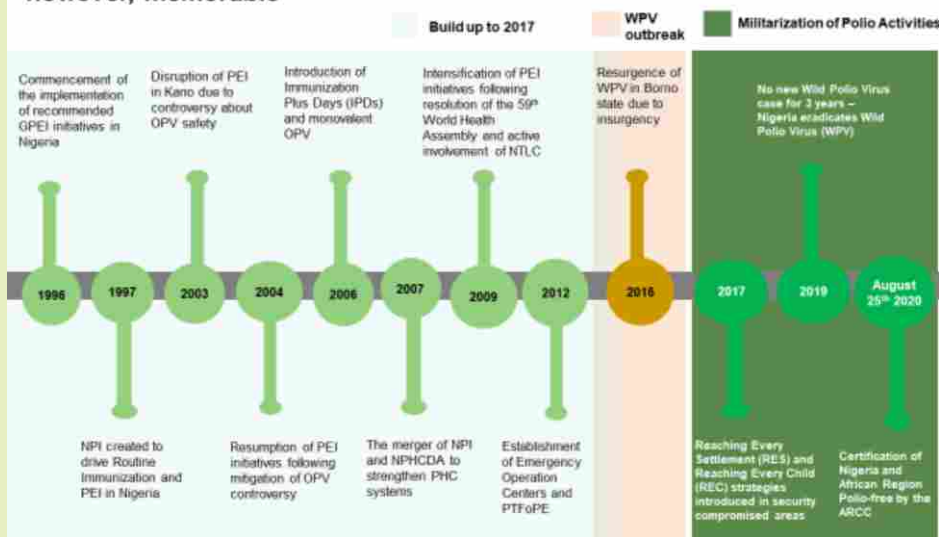


1988
> 125 endemic countries, over 350,000 cases of paralysis



Aug 2020
2 endemic countries, 120 cases of paralysis due to WPV

Nigeria's journey to a wild polio-free status was long and laborious however, memorable



- Nigeria did not actively begin polio eradication until 1996 which was 8 years after the landmark resolution at the 41st World Health Assembly (WHA) in May 1988
- In 1996, Nigeria accounted for 48.3% of the polio cases found in Africa and after seven years (2003), the proportion rose to 83.7% until 2020 where all efforts have been consolidated to achieve African region WPV-free certification



AMINU MUHAMMAD
NATIONAL PROGRAMME COORDINATOR

From our Frontline States: Kaduna State



Background Information:

Kaduna state is located in the northwest zone of Nigeria with 23 LGAs. It has 255 wards across 3 geographical zones namely northern, southern and central areas. The state has a total population of 9,176,219, with under-5 populations of 2,563,489 and under-1 population of 1,630,590. According to NBS projected population of 2016. The last case of WPV in Kaduna state was found in 2012 till date no case. While the last case of CVDPV in

Total Population	9,176,219 (projected 2006)
No of LGAs	23 (2 VVHR, 8 VHR, 5 HR, 8MR)
No of Wards	255
No of Emirates	3
No of Chiefdoms	29
No. of Surveillance Focal Sites	296 (72-HP, 106-MP, 118-LP)
Under 15 (AFP Surveillance) TP	4,367,880
Under 5 (OPV) TP	1,835,243
Under 1 (RI) TP	367,048
Total No. of HFs / HFs Offering RI	1,628 / 1,191 (includes 62 Private HFs offering RI)
No of H2H Teams	3,716
No of Transit Teams	1,626

No of PHCs	1,128 (1,083 Functional)
No of Secondary HFs	31
No of Tertiary HFs	3
HFs offering DOTS	165
PHCs Offering Reproductive Services	ANC (886), Delivery (760), Family Planning (294), PMTCT (194)

Kaduna was found in Zaria and Sabon Gari LGAs in August 2018.

Polio case update

Between 2010 and 2018, 14 cases of wild polio were found in Kaduna State. 3 were found in Birnin Gwari, 1 in Chikun, 3 in Ikara, 1 in Kubau, 1 in Makarfi, and 4 in Zaria. In the same period, one positive environmental sample for wild poliovirus was found in Zaria. In the same period, 11 circulating vaccine derived poliovirus (cVDPV) cases were found in Kaduna State as follows: 1 in Ikara, 2 in Kubau, 2 in makarfi and 1 in Zaria. At the same time 10 cVDPV positive samples were collected in the following places: 1 in Igabi, 1 in Sabon Gari and 8 in Zaria. There were also 14 compatible samples found in the state during this period with 1 being found in Birnin Gwari, 2 in Giwa, 1 in Kachia, 1 in Kaduna North, 4 in Kaduna South, 1 in Sabon Gari and 2 in Sanga.

Deploying PEI resources for COVID-19 Since the onset of the global COVID-19 pandemic and its spread to Kaduna State, polio eradication resources have been deployed at various levels in order

to marshal an effective response. Some of the ways in which polio eradication resources have been deployed include:

- Supporting the State Emergency Operations Center.
- Supporting the COVID-19 Pillars at the state level
- Support of Rapid response teams at LGA level
- Coordination at the ward levels

The following are the COVID-19 pillars and areas supported at the state and LGA levels:

- Coordination/Partnership/ Inter-sectoral collaboration
- Surveillance/Epidemiology
- Infection Prevention and Control
- Risk Communication
- Operational research
- Point of Entry
- Logistics and supplies
- Case management
- Laboratory
- Data management

Future plans in the state:

The state plans to deploy polio resources towards the revitalization of primary healthcare in the state. There are also plans to use polio resources for the operationalization of the CHIPS/ Community engagement programme. The polio structure will also be deployed to support RMNCH+N activities as well as in outbreak responses and in between round activities in the state.

I'm glad you are being recognized globally, President Buhari tells Dr Tunji Funsho, Chairman Rotary International's NNPPC



President Muhammadu Buhari is delighted that among four Nigerians listed in 2020 TIME 100, is Dr Abdulrahman Tunji Funsho, Chairman of The Nigeria National Polio Plus Committee of Rotary International.

The President expressed joy that Dr Funsho, a distinguished cardiologist, and former District Governor of Rotary International, came up for global recognition, saying it is an attestation to “the good work you did for Nigeria and Africa, in getting us to be free from wild polio virus.”

President Buhari believes that the recognition by TIME is just one of the many accolades that will come Dr Funsho's way, “having fought a yeoman's battle to rid Nigeria and Africa of polio, which once disabled 75,000 African children every single year.”

Other three Nigerians in the 2020 TIME 100 Roll of Honour are: Mr Tony Elumelu, economist, entrepreneur, philanthropist, Chairman, Heirs Holdings, United Bank of Africa, and Founder, The Tony Elumelu Foundation; Giannis Antetokounmpo (a Greek rendition of Adetokunbo) a star basketball player born to Nigerian parents; and Tomi Adeyemi, bestselling Nigerian-American novelist and creative writing coach.

Dr. Funsho's recognition comes on the heels of his significant role and contribution to Nigeria achieving a significant milestone of becoming free of the wild poliovirus. Consequent upon that achievement the WHO Afro region was certified wild poliovirus-free by the Africa Regional Certification Committee (ARCC).

Source: *Encomium.ng*

The GPEI congratulates Dr. Tunji Funsho, Rotary's Nigeria National Polio-Plus Committee Chair for being named one of TIME's 100 Most Influential People in the world.



The Global Polio Eradication Initiative would like to congratulate Dr Tunji Funsho (Chair, Nigeria's PolioPlus Committee, Rotary) for being named as one of TIME's 100 Most Influential People of 2020. His work coordinating National Immunization Days, to reach millions of children across Nigeria with OPV doses, was central to certifying the WHO African Region free of wild poliovirus last month.

Dr. Tunji Funsho, Chair of Rotary's Nigeria National Polio-Plus Committee, joins 100 pioneers, artists, leaders, icons, and titans as 'one of TIME's 100 Most Influential People. TIME announced its 2020 honorees during a 22 September television broadcast on ABC, recognizing Funsho for his instrumental leadership and work with Rotary members and partners to achieve the eradication of wild polio in the African region.

He is the first Rotary member to receive this honor for work toward eradicating polio.

A Rotarian for 35 years, Funsho is a member of the Rotary Club of Lekki, Nigeria, he is a past governor, and serves on Rotary's International Polio-Plus Committee. Funsho is a cardiologist and a fellow of the Royal College of Physicians of London. He lives in Lagos, Nigeria with his wife Aisha. They have four children; Habeeb, Kike, Abdullahi and Fatima; and five grandchildren.

TIME 100 comprises individuals whose leadership, talent, discoveries, and philanthropy have made a difference in the world. Past honorees include Bono, the Dalai Lama, Bill Gates, Nelson Mandela, Angela Merkel, Oprah Winfrey, and Malala Yousafzai.

“I'm honored to be recognized by TIME for my part in ensuring that no child in Africa will ever again be paralyzed by wild polio, a disease that once disabled 75,000 African children every single year,” said Funsho. “Eradicating the wild poliovirus in Africa was a team effort that required cooperation and dedication of governments, partners, Rotary members, hundreds of thousands of health workers, and countless parents who chose to have their children vaccinated against polio.”

As the Chair of Rotary's Nigeria National Polio-Plus Committee, since 2013 Funsho has led PolioPlus efforts in the country, building upon the work of his predecessors. He has worked alongside Rotarians in Nigeria to raise awareness about the importance of polio immunization, encouraged governments and public figures to support polio eradication, and served as a vocal leader and advocate for Rotary and its fight to end polio. He works closely with the Global Polio Eradication Initiative partner organizations: the World Health Organization (WHO), UNICEF, the U.S. Centers for Disease Control and Prevention, the Bill & Melinda Gates Foundation, and Gavi, the Vaccine Alliance.

As a member of Nigeria's Presidential Task Force on Polio, he has coordinated immunizations and advocacy campaigns with the Minister of State for Health and the Inter-Agency Coordination Committee for Polio Eradication. He has also worked closely with the Sir Emeka Ofor Foundation, the Dangote Foundation, the Traditional Leaders Council and the Federation of Muslim Women's Association of Nigeria.

In August 2019, Nigeria reached three years without a case of wild poliovirus. Nigeria's progress, led by Rotary, its partners and local and national governments, was the result of decades of sustained efforts, including domestic and international financing, the commitment of hundreds of thousands of health workers, and innovative strategies to immunize children who previously couldn't be reached due to insecurity in the country's northern states.

On 25 August, the African region was certified wild polio-free. This historic announcement means that five of the WHO's six regions, representing more than 90 percent of the world's population, are now free of the wild poliovirus. The virus is still endemic in Afghanistan and Pakistan.

With Africa's milestone, Rotary and its partners took a major step forward toward their goal of global eradication. Funsho told TIME magazine of the achievement: “The polio eradication program in Nigeria has gone through some difficult times, but I never once doubted that this day would come. Any time that we've experienced a setback, Rotary and our partners have been able to find solutions and develop strategies for reaching vulnerable children.”

He added: “One thing I know for certain is if Nigeria could eliminate the wild poliovirus, any country can eliminate it.”

By Ryan Hyland

We Committed \$4.2m to Fight Wild Polio in Nigeria - Emeka Offor Foundation



The Sir Emeka Offor foundation has disclosed that the philanthropic organization committed \$4.2 million to help end the scourge of the wild poliovirus in the country. This was disclosed by the Chief of Staff to Sir Emeka Offor, Chris Ezike who spoke in Jalingo, Taraba state capital while handing over 100 hospital beds, accessories and medications valued at N72 million to Federal Medical Centre, Jalingo. The donation was done in partnership with Mrs. Aisha Buhari through her pet project, Future Assured Program.

The World Health Organization, WHO, recently declared Nigeria free of wild polio virus after recording no new cases in four years, leading to the certification of the WHO Afro region as wild poliovirus-free.

Ezike who is a retired AIG of Police, explained that Nigeria's attainment of free polio status would afford the organization the opportunity to use the available structures on ground to combat COVID-19. He said, "Today, Nigeria is free from wild poliovirus and indeed, Africa is free; but the world is not yet free because two countries still have wild polio." "We are grateful to the WHO, the president of Nigeria and all the people who felicitated with our foundation."

"As a matter of fact, our founder committed \$4.2 million through Rotary International for the eradication of polio in Nigeria. "Today we are happy that this modest commitment has yielded fruit and we want to plead with everyone to help us keep polio at zero.

"It is not yet Uhuru which is why robust vaccination, surveillance and advocacy must continue." "The structure we have used for the eradication of polio is gradually being transferred to mitigate the challenges of COVID-19.

"We are in discussion with the Federal Ministry of Health and Rotary International to use the same structure to impact on COVID-19"

The Chief Medical director of FMC Jalingo, Dr. Aisha Adamu in her appreciation said the donated items would serve as a major boost in the provision of affordable and quality healthcare to residents of the state. She however charged staff members of the health facility to live up to expectation in the discharge of their duties.

The First Lady, Aisha Buhari, who was represented by Kabiru Dodo, also pledged continuous partnership with Emeka Offor's foundation, especially in health intervention.

*Source: Femi Bolaji for
vanguardngr.com*

Polio eradication: Health Workers honour Ehanire, Shuaib and others



THE Medical and Health Workers Union of Nigeria (MHWUN) has honoured individuals who have contributed to Nigeria's feat in being declared free of the wild poliovirus.

Among the 56 awardees were the Minister of Health, Dr. Osagie Ehanire; Chairman, National Primary Health Care Development Agency (NPHCDA), Alhaji Salihu Aliero; Executive Director/CEO of NPHCDA, Dr. Faisal Shuaib; Senator Chukwuka Utazi, Senator Ibrahim Oloriegbe, Hon. Tanko Sununu, and Dr. Ayuba Wabba.

Posthumous awards were also received by families of six

individuals, whose contributions pushed Nigeria to an historical breakthrough. In his solidarity message during the event to celebrate Nigeria's polio-free declaration the Chairman of MHWUN, FCT chapter, Comrade Abubakar Shanabo, lauded Nigeria's achievement of the WPV-free status and urged stakeholders to strengthen surveillance and immunisation programmes to sustain the success achieved so far.

In an interview, Dr. Osagie Ehanire, said: "The challenge is to rebuild the health sector and the occurrence of COVID-19 pandemic presents a situation that draws attention to these needs. Most countries of the world have seen defects in

their own health systems just as we have in Nigeria.

"There is going to be reforms in management, and of course, funding is important. But we also have to learn to make better use of the funds that we get and be able to achieve targets that show that we are spending money properly for Nigerians and getting the results that we are expecting and getting the position that Nigeria should be in global affairs, with regards to health."

The Executive Director/CEO NPHCDA Dr. Faisal Shuaib said the lessons learnt from polio eradication would help in solving problems in several areas in the health sector.

"We are going to use the same strategy and resources that have made it possible for us to eradicate the wild poliovirus. We have learnt so much from the almost three decades of trying to eradicate wild poliovirus disease," he said.

"The great thing is that the National Assembly, working with the Executive, has made the basic healthcare provision a reality and just a few days ago, the Minister of Health approved the disbursement of funds all the way to the states and primary health care sectors."

Source: Moses Emorinken
thenationonlineng.net/

Bill Gates Warns against Resurgence of Polio in Nigeria



The co-Founder of the Bill and Melinda Gates Foundation, Mr. Bill Gates, has said Nigeria must do all within its powers to ensure there's no resurgence of the wild polio virus in the country.

He said the country should also invest more in primary healthcare; especially in Northern Nigeria where 10 to 15 per cent of children die from preventable diseases before their fifth birthday.

He said: "It is a huge achievement that Nigeria has gotten rid of the wild polio virus. It required amazing work. In all the states, health workers went out to deliver vaccines. Aliko Dangote was a huge help to our Foundation also and was very generous in making that happen, just like he is doing with the Coalition against COVID-19 (CACOVID). "We are not done yet. We have a form of the virus called vaccine-derived polio that is in Nigeria and other African countries. We have to do campaigns against that, and we have to make sure that the wild polio virus, still existing in two other countries – Pakistan and Afghanistan, does not find its way back into Nigeria. Nigeria needs to make sure it has enough immunisations to ward off the resurgence of the virus.

"So, we will, for some years to come, have to keep doing these campaigns; targeting both the vaccine-derived and this wild polio type 1 that is still in those two countries. State governors really need to think about primary healthcare and polio activities. These are the priorities," he said. He said despite the devastation caused by the COVID-19 pandemic, Nigeria must put health services back in shape, especially in Northern Nigeria, where 10 to 15 per cent of children of under-five years lose their lives due to poor healthcare and other factors.

Gates said: "So, even if there is a challenge over the next two years due to the pandemic, countries like Nigeria must put health services back in shape particularly in the North where over 10 per cent or in some cases 15 per cent of children die before they clock five years. "This really shouldn't be the case if investment in primary healthcare is modest enough. This should not be like funding for hospitals where the funding is small and the impact is very high. If we renew commitment to primary healthcare the right way, we will be able to see dramatic improvements, particularly in Nigeria, even if we fall short of the specific SDG goal."

He also called on the Nigerian government and stakeholders to expand internet access so that children can continue their education through e-learning platforms being adopted by nations due to protocols against COVID-19.

Gates said: "The educational interruption is tragic all over the world, and it will be very hard to catch up on that. For children up to 10 to 12 years, e-learning may not work so well, so classroom learning is still desirable. Even for the kids who are older than that, without the internet with high-quality connections on a large screen, they are still disadvantaged. The phone screen doesn't work for a lot of e-learning.

"So, in Nigeria, the availability of internet connections for the number of kids who have that type of compatible device is small. Even if we get the content right, which we need to do; and even if we train teachers, which we need to do, the portion of the students that can be reached with e-learning is still pretty small in Nigeria. We need to expand the internet scope for e-learning so that these children won't be disadvantaged," he added.

"I do believe in e-learning. I think it's very important. It should expand, but mostly we need to end this pandemic through the use of the vaccine so that we can mostly go back to normal school activities, and simply where e-learning is an extra compliment for some of the courses, where you can access a teacher who might have an expertise that the local teachers do not have," he added.

*From the reporting of Martins Ifijeh
for thisdaylive.com*

WHO Representative urges Borno, the last polio sanctuary, to remain vigilant despite Certification



The World Health Organization (WHO) Representative to Nigeria, Dr Walter Kazadi Mulombo has congratulated Borno, the last wild polio virus (WPV) sanctuary in Africa, for making Nigeria and Africa proud. The WR made the remark when he met Six-year old Modu Busami, the last case of WPV in Africa who hails from security-compromised Monguno local government area (LGA) of Borno state.

After more than two years without the detection of WPV in Nigeria, the government reported four laboratory confirmed WPV1 cases with onset between July and August 2016. All four cases were detected from Borno State, in children between 2 and 5 years of age. Modu Busami is the last surviving case of WPV in Nigeria and by extension, Africa.

On 25 August 2020, the independent Africa Regional Certification Commission for Polio Eradication officially declared that the WHO African Region was free of WPV. Dr Mulombo acknowledged that WPV-free certification is undoubtedly the greatest public health triumph in the annals of Nigeria and indeed Africa and Borno played a crucial role towards achievement of the milestone.

In his words, the WR said, “Although, Africa has been certified polio free, following this last case in Borno state,

Nigeria should remain vigilant and sustain active surveillance especially across the borders to forestall resurgence or importation of polio virus from any quarters. Nigeria should not lower its vaccination guards until global eradication of wild polio virus is achieved.”

The Borno state WHO field office organized for the WR to meet with the last surviving polio case of WPV on 18 September 2020 in Maiduguri, Borno state during the UN team's advocacy visit to the humanitarian emergency states of Borno, Adamawa and Yobe states, led by United Nations Resident Coordinator, Edward Kallon and WHO Representative to Nigeria, Dr. Walter Kazadi Mulombo

During the meeting, the UN Resident Humanitarian Coordinator, Mr Edward Kallon, explained that eradication of polio was a renewed hope for a better life to victims of the paralyzing disease. According to him, little Modu has typified polio eradication in Africa and globally. “It is only now that I can see and feel polio eradication initiative,” says Kallon. “In little Modu, I can now feel the impact of the decades of efforts to save the world from this debilitating disease. Congratulations, Modu.”

Mr Kallon offered life scholarship to little Modu and called on parents to always avail their children to be vaccinated against polio to prevent resurgence.

As at 2016, when Modu was diagnosed with WPV, he had never been vaccinated against polio virus either during routine or supplemental immunization days. Aisha, Modu's mother recounts her ordeal when her son fell ill that fateful day.

It started like a fever and then progressed with excruciating pains on both legs, says Aisha Kolo, 28-year-old mother of Modu Busami who was confirmed as a case wild polio virus with date of onset being 06 August 2016. We applied local herbs to no avail. In less than 24 hours, my son who was strong and agile the previous day, started limping as the pain progressed. Day after day, I took my son from one community medicine vendor to another, with little or no improvement.

Nigeria's battle with wild polio has been long and complex. There have been numerous setbacks along the way to achieving wild poliovirus free status. In the northern part of Nigeria where Borno is located, polio eradication initiative was greeted with pockets of mistrust, myth and vaccine hesitancy. Modu's parents suspected that an evil spirit was responsible for their son's misfortune until Modu was confirmed a case of WPV type 1.

“Unable to understand what else it could be, I concluded that an evil spirit must have infected my son. In fact, I suspected and initially resisted the team that came to collect his stool sample until neighbours and father-in-law pressured me to consent. They collected his stool twice and came back later to inform us that wild polio virus was responsible for my son's condition. I thank God, the government and WHO for the free medications and rehabilitation. At least my son can still walk though limping”.

Source: WHO

How To Certify A Region As Wild Polio Free

Professor Rose Leke on polio eradication, gender and women in science.



Prof Rose Leke speaks to the media in Dakar Senegal in 1998

After the World Health Assembly passed a resolution to eradicate polio worldwide in 1988, the Global Certification Commission led the way in establishing a formal certification process, asking each of the six WHO regions to set up a Regional Certification Commission. Then in 1996, the WHO Regional Director for Africa created the Africa Regional Certification Commission (ARCC) for Polio Eradication: a 16-person independent body tasked with overseeing this process, and later on containment activities in the African region.

Professor Rose Leke, an infectious disease specialist, has been the chairperson of the ARCC since it was set up in 1998. A trailblazer for women in global health, Leke has fought throughout her career to improve women's representation in science and global health leadership. In 2018, she was one of nine women honored with a Heroine of Health award, recognizing her outstanding contribution to health care.

Professors Leke explains her motivation to join the polio eradication cause, "When I was invited to be part of the ARCC in 1998, I was not involved in any polio-related work. But I could see the havoc that polio was reaping on the continent. I had a nephew who was paralyzed from polio and suffered brain damage, and another relative who contracted polio and continues to inspire me. Back then, you saw so many paralyzed young people on the streets. You don't see that today."

Ridding the African continent of wild poliovirus is a huge achievement, many years in the making. Nigeria, the last bastion of the wild virus, proved a particularly tough setting in which to vaccinate every child and ensure that no trace of the virus remained.



Members of the ARCC during an annual meeting in Yaounde, Cameroun

Professor Leke reflects, "It's been such a long road. When Nigeria didn't report any cases of wild polio for two years from 2014 to 2016, we were apprehensive but satisfied. We were so close to eradication as a region, everything was going so well, and then wild polio was reported again in Nigeria in August 2016, and certification had to go on the back burner."

"The Nigerian response to their outbreaks has been extraordinary. Everyone is committed and highly involved. In Sokoto and Kano states, where I was recently for a field verification visit, and in all other states, everyone – from government officials, traditional leaders, health staff and field teams, community health workers and informants, polio survivors to traditional birth attendants – was heavily engaged in the response. The innovative technologies that have emerged have similarly been incredible. The Nigerian Emergency Operations Centre is a well-coordinated structure that is behind Nigeria's success. Other disease programs in Africa are learning from this."

Professor Leke never lost her drive to end polio, even during difficult years and despite the tough choices her role sometimes presented.

"When we started, we were aiming for wild polio to be eradicated by 2000; the thought of this success really kept me motivated and still does. At times it has been a huge sacrifice; as Temporary Advisers, ARCC members are not paid, and I've sometimes given up consultancies

to do this work. My husband, children and grandchildren will tell you, there was a huge amount of traveling and many meetings. But I don't regret the time spent for a moment on such a cause."

"When Dr Moeti was appointed as WHO Africa Regional Director in 2011, this was further motivation to continue: I wanted to support a fellow woman. In the beginning, I was the only female in the Global Certification Commission. The commission has addressed this imbalance and we are now two females out of the six members. We need more women in senior positions on the African continent."

In 2011, Professor Leke won the Kwame Nkrumah Award for the best female scientist in Central Africa for her research on malaria. As part of her acceptance of the award, she took a pledge "to help promote the participation of women in science in Cameroon."

Within a year, she had helped set up HIGHER Women, a mentoring programme for senior female scientists to deliver hard and soft skills training to their early career counterparts. To support the programme, Professor Leke contributed some of her own funds.

Professor Leke says, "As a woman I encountered blocks on the way during my career – at times men asked me to leave the laboratory space I was working in."

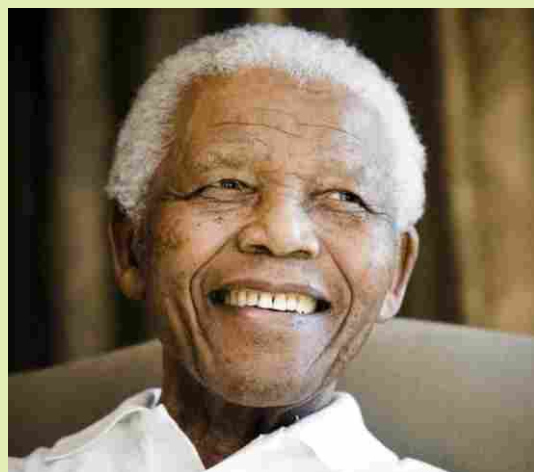
"Science can be a pyramid – there are many early women researchers, but far fewer at the top of the field. Research and academia have a 'publish or perish' culture which disadvantages women who have responsibilities outside of the lab – such as raising a family."

Professor Leke has continually used her position to promote women in science and global health, even sharing her favorite motivational track about women's empowerment.

Whilst great progress towards gender balance has been made since she started her career, Professor Leke is firm in noting that there is more to do. In the African regional polio programme, women still lead only a small number of national committees.

Source: polioeradication.org

How Nelson Mandela Encouraged African Leaders to Take Action on Polio



In 1995, every country in Africa was affected by polio. More than 75,000 children became paralyzed each year, and health efforts on the continent were focused elsewhere — until renowned leader Nelson Mandela decided it was time to kick polio out.

Thanks to Mandela's launch of the Kick Polio Out of Africa campaign in 1996, and the efforts of governments, health workers, and committed parents, today we celebrate a wild poliovirus-free Africa. It is therefore important that as we celebrate, Mandela's commitment to the eradication of polio should be remembered as an important part of the South African leader's legacy.

Polio is a highly infectious disease that can cause paralysis and death, and in 1988, it plagued 350,000 children per year around the world. It was then that the World Health Assembly established the Global Polio Eradication Initiative (GPEI) with the initial goal of eradicating the disease by the year 2000.

While polio efforts were undertaken in many continents following the launch of the GPEI,

Africa continued to struggle to implement health initiatives to tackle this disease.

Immunizations against polio were not yet routine across the continent, and many governments did not place polio efforts as high on their list of priorities, given the lack of financial resources and contending health issues.

In 1996, Rotary approached Mandela, who agreed it was important to tackle polio across Africa. Mandela joined Rotary's then president, Herb Brown, at a press conference to urge all African leaders to implement National Immunization Days (NIDs).

Later that year, Mandela launched the influential Kick Polio Out of Africa campaign with 1996-1997 Rotary President Luis Giay and Rajendra Saboo, Rotary foundation chair



The campaign raised awareness in such a way that more than 30 countries in Africa organized their first NIDs. Thanks to Mandela's initiative, 420 million African children were vaccinated in 1996. The impact of this and Mandela's other important work was so recognized by Rotary that in 1997, they presented him with the Rotary Award for World Understanding, which is awarded to a person or organization whose

work serves and represents Rotary ideals, especially when it comes to international understanding, goodwill and peace.

The success of the campaign would continue in the fight to eradicate polio, in conjunction with GPEI's other initiatives around the world.

In 2001, 575 million children were vaccinated across 94 countries, including 16 million in conflict-ridden countries in central Africa, according to GPEI.

In 2004, coordinated NIDs were carried out across 23 countries in Africa, targeting 80 million children. This was the largest synchronized polio immunization effort ever held on the continent. While there have been ups and downs with resurfacing outbreaks, the disease has now been eliminated from the African continent.

Sparked by Mandela's leadership, African leaders have played key roles in eliminating polio across the continent through the Kick Polio Out of Africa campaign, and they must continue to progress by improving immunization efforts that can successfully reach every last child. All countries must continue to support global polio eradication efforts and improve access to vaccines and health care around the world if we're truly going to reach the goal of eradicating polio once and for all.

Adapted from the writing of Jackie Marchildon for globalcitizen.org

Shehu of Bama thanks Rotary PolioPlus for Presenting a Posthumous award to his father



HRH, The Shehu of Bama, Alhaji Umar Kyari Umar El-kanemi, has received a delegation led by Ambassador Aminu Mohammed, the National Programme Coordinator of Rotary International's PolioPlus programme in Nigeria accompanied by members of the leadership of the National Primary Healthcare Development Agency. The delegation was accompanied to the palace by Director and members of the Borno state primary healthcare development agency.

They were in Bama to present a condolence letter from Rotary International to His Royal Highness over the demise of His late Father and also present the award given to the late Royal Father, Alhaji Kyari Umar El-kanemi, by Rotary International. While making the presentation, Ambassador Aminu asserted that the award was given to only two people in the whole of Africa, the late Madiba, Nelson Mandela and the late Shehu of Bama Alhaji Kyari Umar El-kanemi.

It was with great emotion that Ambassador Aminu recalled his numerous encounters with the late Shehu of Bama spanning a period of over 20 years. He extolled the contributions of the late Shehu to the fight against Polio, saying "his efforts have saved not only the Nigerian child, but the African child as well."

His Royal Highness, in his address, thanked ROTARY INTERNATIONAL and the PHCDA for the honor done to his late Father and for finding him worthy to continue the fight against Polio from where his late Father stopped.



ROTARY Ovwian campaign to sustain zero Polio in Nigeria

Rotary Club of Ovwian, Udu Local Government area has appealed to residents of Delta state to observe measures in place that will continue to keep Nigeria at zero polio level. Speaking after erecting a sensitization bill board on keeping Nigeria Polio free at the head of Udu bridge in the local government, Assistant Governor Zone 8, district 9141, Rotarian Akinyemi Akinfaloje and the President of Rotary Club of Ovwian, Rotarian Akatakpo Jonathan said the bill board was erected by the club to enhance sensitization on making Nigeria remain at zero polio level. They said with Nigeria at zero polio level Africa was polio free.

Continuing, they explained that the campaign was part of activities on Disease control and prevention campaign, one of the seven focus areas of Rotary International.

The President of the Rotary Club of Ovwian Rotarian Akatakpo, said they would partner with management of the Udu harbour market /slaughter waterside to keep the slaughter environment clean. "Polio is zero in Africa and we will continue to take steps to maintain this. We will partner with the management of the Udu harbour/slaughter waterside to keep the place clean as part of our Disease control and prevention programme. ", he said Rotarian Akatakpo further enjoined residents of Ovwian to join the rotary club, saying it was a club for all.

Continuing, he said the impression in some quarters that the club was for the rich was wrong, stressing that as a service club it was for all category of Nigerians with a heart for humanitarian service.

Written by Jimitota Onoyume for Vanguardngr.com

The fight against polio vaccines misconception in Northern Nigeria - Professor Umaru Shehu



Today Nigeria is polio-free but the country's battle with wild polio virus has been long and complex. There have been numerous setbacks along the way to achieving wild poliovirus free status

and extraordinary efforts and investments have been made to reach this goal.

In 2003, five northern Nigeria states boycotted the oral polio vaccine due to fears that it was unsafe. 90-year-old Professor Umaru Shehu was one of the legions of health experts and leaders who took up the challenge of ensuring that children were fully protected from lifelong paralysis.

A Professor Emeritus in Public Health, Medical Doctor, Administrator, past WHO Country Representative and consultant, Professor Shehu was invited to wade in to avert the worrisome misconception about the polio vaccine. As a specialist with over 40 years of experience in disease prevention and eradication, he was one of the northern experts who certified the Oral Polio Vaccine 'safe and effective'.

As a result of his determination, Nigeria now celebrates the victory over the wild poliomyelitis virus. Here, Professor Shehu recounts his experience during the polio eradication journey.

I can rarely start talking about polio vaccination without recalling my participation in the smallpox eradication campaign. Smallpox was officially declared eradicated globally in 1980.

In 1989, the WHO Regional Committee for Africa adopted WHA resolution and endorsed the goal of polio eradication on the continent. At that time, many children were devastated by this debilitating disease.

Many children were devastated by this debilitating disease. It was a great challenge that had to be tackled. On my part, I participated in the polio-eradication activities as a Polio Eradication Ambassador due to the misconception of the polio vaccine. The misunderstanding had created apprehension among some religious groups that the vaccine had antifertility agents which were against the tenets of the religion.

The rumours and non-compliance with immunisation activities were fuelled and festered by a combination of factors and circumstances which was compounded by a group of religious leaders, the Jammatul Nasril Islam (JNI), some Islamic sects such as the Boko Haram (BH) which had disabused the minds of many parents quoting wrong information about polio vaccination across the country.

The problem was compounded by some religious leaders and academicians who were engaged to correct the misconceptions but were also against the polio-vaccination. They gave credence to anti-vaccine campaigners who linked polio vaccines with birth control mechanisms against the growing population of developing countries.

At that stage, I had to ensure that surveillance was strengthened to improve search for cases. I had to jump into the wagon of leadership and spearhead the fight against polio through interfacing with the religious and traditional leaders as well as the mass media. The role I played reversed the false impression about polio-vaccine being used as a birth control

Mechanism.

The World Health Organisation headquarters in Geneva had tasked me with the responsibility of coming in to solve these problems. The key to solving the problem then was to use indigenes to intervene and find solutions.

Aside from the important task of resolving the non-compliance issue, training of staff on vaccine administration, cold chain management supervision, monitoring of teams were additional tasks added to my terms of reference.

Another challenge we had to combat was convincing parents to present their children for vaccination. Some parents went to the extent of denying the presence of children in their households to avoid vaccination. We had to go from door to door convincing parents on the importance of vaccines and also employed the help of some parents as community influencers to speak with other parents.

I had to give many talk sessions to the members of the Jammatul Nasril Islam (JNI) to disabuse their minds of all the bad stuff about polio vaccination across the countries. I had to directly interface with the leaders of the Boko haram sect as they had confidence in me as an unbiased

medical professional. The leader of the Boko Haram sect had earlier said he believed in Professor Umaru Shehu as a person.

It was a daunting task as it was tied up with a religious belief that the vaccine has to do with population control. To change their mindset about polio-vaccine, we had to give a descriptive analysis of how vaccines were used in other parts of the world without it harming their population.

A lot of effort was made to make the different groups see the picture of the polio burden across the world. I drew maps that showed the whole world ravaged by poliovirus and how the virus was eradicated in the developed nations over time using the polio vaccine.

We understood that education at the lowest level was necessary. We had to take to the streets, running after families and parents to educate them in favour of vaccination. We worked hard giving examples and illustrations to the safety and efficacy of the vaccine.

Back then, many people did not understand the importance and benefits of global efforts to rid the world of polio. A polio-free country means that children born in Nigeria will be more able-bodied and fit to achieve a means of livelihood. Such healthy children will grow up and be beneficial to others and the country at large.

Education will be undemanding for healthy children, this would increase the workforce and productivity in the country. Nigeria will also be able to channel the saved funds into other sectors for development.

Now wild poliovirus in Nigeria is non-existent. The eradication has worked the magic. The legacy that is left in terms of polio infrastructure can still be useful to citizens of the country. The network should not be allowed to disappear.

From experience, the legacy left can be found very useful in the future, who knows?

The Global Polio Eradication Initiative (GPEI) and other partners have made huge contributions that were very beneficial to the nation in terms of supplies, education, training, materials, developing new methods of dealing with human behaviour and other types of support.

The partnership is crucial in the fight against diseases. Most importantly, they have helped us successfully combat polio. If there is any danger to health and happiness, there has to be a change in human behaviour to address the problem.

COMMISSIONING OF ROTARY SOLAR BOREHOLE IN KALTUNGO, GOMBE STATE



DG Jumoke Bamigboye commissioning the solar borehole



Mai Kaltungo, HRH Alhaji Sale Mohammed Drinking water from the borehole



DG Jumoke Bamigboye drinking water from the borehole



Rotary solar powered borehole project in Kaltungo



Group photograph by Rotarians and Mai Kaltungo, HRH Alhaji Sale Mohammed



24TH OCTOBER



WORLD POLIO DAY

NIGERIA NATIONAL POLIOPLUS COMMITTEE